BOX_01A
=======

```
---------------------------------------------------
|   IF ROUND 3, CONTINUE WITH BOX_01B             |
---------------------------------------------------


---------------------------------------------------
|   OTHERWISE (I.E., IF NOT ROUND 3), GO TO BOX_01 |
---------------------------------------------------
```

BOX_01B
=======

```
---------------------------------------------------
|   IF OM ITEM TYPE IS GLASSES/CONTACT LENSES,    |
|   CONTINUE WITH OM01A                           |
---------------------------------------------------


---------------------------------------------------
|   OTHERWISE (I.E., IF OM ITEM TYPE IS NOT GLASSES/ |
|   CONTACT LENSES), GO TO BOX_01                 |
---------------------------------------------------
```

OM01A
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EVN-DT}

Of the times (PERSON) obtained glasses or contact lenses since
(START DATE), how many were during 2004?

```
        [Enter Number of Times].................
        REF.................................... -7
        DK..................................... -8
```

OM01B
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EVN-DT}

Of the times (PERSON) obtained glasses or contact lenses since
(START DATE), how many were during 2005?

```
        [Enter Number of Times].................
        REF.................................... -7
        DK..................................... -8
```

| IF THE CHARGE/PAYMENT (CP) SECTION HAS NOT BEEN |
| ASKED FOR THE EVENT BEING ASKED ABOUT, GO TO THE |
| CP SECTION. |

| OTHERWISE, GO TO THE EVENT DRIVER (ED) SECTION. |

BOX_01
======

| IF THE OM ITEM TYPE IS NOT INSULIN OR OTHER |
| DIABETIC EQUIPMENT OR SUPPLIES, CONTINUE WITH OM01 |

| IF THE OM ITEM TYPE IS INSULIN OR OTHER DIABETIC |
| EQUIPMENT OR SUPPLIES, GO TO OM02 |

OM01
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

NOTE:

NO UTILIZATION SECTION IS REQUIRED FOR **{GLASSES OR CONTACT LENSES/AMBULANCE SERVICES/ORTHOPEDIC ITEMS/HEARING DEVICES/ PROSTHESES/BATHROOM AIDS/MEDICAL EQUIPMENT/DISPOSABLE SUPPLIES/ ALTERATIONS OR MODIFICATIONS/{TEXT FROM OTHER SPECIFY}}.**

PRESS ENTER TO CONTINUE.

```
---------------------------------------------------
| DISPLAY 'GLASSES OR CONTACT LENSES' IF EVENT TYPE |
| IS OM AND ITEM TYPE IS CODED '1' (GLASSES OR      |
| CONTACT LENSES.)  DISPLAY 'AMBULANCE SERVICES'    |
| IF EVENT TYPE IS OM AND ITEM TYPE IS CODED '4'    |
| (AMBULANCE SERVICES).  DISPLAY 'ORTHOPEDIC ITEMS' |
| IF EVENT TYPE IS OM AND ITEM TYPE IS CODED '5'    |
| (ORTHOPEDIC ITEMS).  DISPLAY 'HEARING DEVICES'    |
| IF EVENT TYPE IS OM AND ITEM TYPE IS CODED '6'    |
| (HEARING DEVICES).  DISPLAY 'PROSTHESES' IF EVENT |
| TYPE IS OM AND ITEM TYPE IS CODED '7'             |
| (PROSTHESES).  DISPLAY 'BATHROOM AIDS' IF EVENT   |
| TYPE IS OM AND ITEM TYPE IS CODED '8' (BATHROOM   |
| AIDS).  DISPLAY 'MEDICAL EQUIPMENT' IF EVENT TYPE |
| IS OM AND ITEM TYPE IS CODED '9' (MEDICAL         |
| EQUIPMENT). DISPLAY 'DISPOSABLE SUPPLIES' IS      |
| EVENT TYPE IS OM AND ITEM TYPE IS CODED '10'      |
| (DISPOSABLE SUPPLIES).  DISPLAY 'ALTERATIONS OR   |
| MODIFICATIONS' IF EVENT TYPE IS OM AND ITEM TYPE  |
| IS CODED '11' (ALTERATIONS/MODIFICATIONS).  FOR   |
| 'TEXT FROM OTHER SPECIFY', DISPLAY THE TEXT       |
| ENTERED IN THE OTHER SPECIFY FIELD FOR OM EVENTS  |
| WHEN OM ITEM TYPE IS CODED '91' (OTHER).          |
---------------------------------------------------


---------------------------------------------------
| IF THE CHARGE/PAYMENT (CP) SECTION HAS NOT BEEN   |
| ASKED FOR THE EVENT BEING ASKED ABOUT, GO TO THE  |
| CP SECTION                                        |
---------------------------------------------------


---------------------------------------------------
| OTHERWISE, GO TO THE EVENT DRIVER (ED) SECTION    |
---------------------------------------------------
```

OM02
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EVN-DT}

NOTE:

{**INSULIN/OTHER DIABETIC EQUIPMENT OR SUPPLIES**} WILL BE PROCESSED
LIKE A PRESCRIBED MEDICINE.

AT THIS TIME, NO UTILIZATION OR CHARGE/PAYMENT SECTION WILL BE
ASKED.

PRESCRIBED MEDICINE QUESTIONS AND CHARGE/PAYMENT DATA WILL BE
COLLECTED LATER.

PRESS ENTER TO CONTINUE.

```
-------------------------------------------------------
|  DISPLAY 'INSULIN' IF OM ITEM TYPE BEING ASKED       |
|  ABOUT IS INSULIN.  DISPLAY 'OTHER DIABETIC          |
|  EQUIPMENT OR SUPPLIES' IF OM TYPE BEING ASKED       |
|  ABOUT IS OTHER DIABETIC EQUIPMENT OR SUPPLIES.      |
-------------------------------------------------------
```

```
-------------------------------------------------------
|  FLAG THE OM CHARGE/PAYMENT (CP) SECTION AS          |
|  'PROCESSED'.  INSULIN AND OTHER DIABETIC EQUIPMENT  |
|  AND SUPPLIES WILL BE PROCESSED THROUGH CP AS        |
|  PRESCRIBED MEDICINES.                               |
-------------------------------------------------------
```

BOX_02
======

```
-------------------------------------------------------
|  GO TO THE EVENT DRIVER (ED) SECTION                 |
-------------------------------------------------------
```