MV01
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER......} {EVN-DT}
Did (PERSON) visit (PROVIDER) on (VISIT DATE) in person or was
this a telephone call?

```
     SAW PROVIDER .......................... 1
     TELEPHONE CALL ........................ 2
     REF ................................... -7
     DK .................................... -8
```
                    [Code One]

          | IF MV01 IS CODED '1' (SAW PROVIDER), FLAG EVENT AS|
          | 'MV-IN-PERSON' AND CONTINUE WITH MV02A |

          | IF MV01 IS CODED '2' (TELEPHONE CALL), '-7', |
          | (REFUSED), OR '-8' (DON'T KNOW), FLAG EVENT AS |
          | 'MV-TELEPHONE' AND GO TO MV03 |

MV02
====

OMITTED.

MV02A
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER......} {EVN-DT}
What kind of place is that -- a managed care plan center or
HMO, a clinic, a doctor's office, or some other place?

```
     DOCTOR'S OFFICE OR GROUP PRACTICE .....  1
     MEDICAL CLINIC ........................  2
     MANAGED CARE PLAN CENTER/HMO ..........  3
     NEIGHBORHOOD/FAMILY HEALTH CENTER .....  4
     LASER EYE SURGERY CENTER ..............  5
     OTHER FREESTANDING SURGICAL CENTER ....  6
     RURAL HEALTH CLINIC ...................  7
     COMPANY CLINIC ........................  8
     SCHOOL CLINIC .........................  9
     OTHER CLINIC .......................... 10
     WALK-IN URGENT CENTER ................. 11
     VA FACILITY ........................... 12
     COMMUNITY HEALTH CENTER ............... 13
     LABORATORY/X-RAY FACILITY ............. 14
     SOME OTHER PLACE ...................... 91
```
                    [Code One]

MV03
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER......} {EVN-DT}
{Did (PERSON) see a medical doctor during this particular
visit?/Was this telephone call about (PERSON)'s health with a
medical doctor?}

```
     YES ................................... 1
     NO .................................... 2 {MV04}
```

```
                    REF ................................. -7 {MV04}
                    DK .................................. -8 {MV04}
                         PRESS F1 FOR DEFINITION OF MEDICAL DOCTOR.
              -------------------------------------------------------
             |  DISPLAY 'Did (PERSON) see a medical doctor during  |
             |  this particular visit?' IF MV01 IS CODED '1' (SAW  |
             |  PROVIDER), '-7' (REFUSED), OR '-8' (DON'T KNOW)     |
             |  FOR THIS EVENT.                                     |
             |                                                     |
             |  DISPLAY 'Was this telephone call about (PERSON)'s  |
             |  health with a medical doctor?' IF MV01 IS CODED    |
             |  '2' (TELEPHONE CALL) FOR THIS EVENT.               |
              -------------------------------------------------------
```

MV03A
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER......} {EVN-DT}
What was the doctor's specialty?
IF TALKED TO MORE THAN ONE DOCTOR, PROBE FOR MAIN PROVIDER.

ALLERGY/IMMUNOLOGY	1	ONCOLOGY (TUMORS, CANCER) ...	18
ANESTHESIOLOGY	2	OPHTHALMOLOGY (EYES)	19
CARDIOLOGY (HEART)	3	ORTHOPEDICS	20
DERMATOLOGY (SKIN)	4	OSTEOPATHY (DO)	21
ENDOCRINOLOGY/METABOLISM		OTORHINOLARYNGOLOGY	
(DIABETES, THYROID)	5	(EAR, NOSE, THROAT)	22
FAMILY PRACTICE	6	PATHOLOGY	23
GASTROENTEROLOGY	7	PEDIATRICIAN	24
GENERAL PRACTICE	8	PHYSICAL MEDICINE/REHAB	25
GENERAL SURGERY	9	PLASTIC SURGERY	26
GERIATRICS (ELDERLY)	10	PROCTOLOGY	27
GYNECOLOGY-OBSTETRICS	11	PSYCHIATRY/PSYCHIATRIST	28
HEMATOLOGY (BLOOD)	12	PULMONARY	29
HOSPITAL RESIDENCE	13	RADIOLOGY	30
INTERNAL MEDICINE		RHEUMATOLOGY (ARTHRITIS)	31
(INTERNIST)	14	THORACIC SURGERY (CHEST)	32
NEPHROLOGY (KIDNEYS)	15	UROLOGY	33
NEUROLOGY	16	OTHER DR SPECIALTY	91
NUCLEAR MEDICINE	17		

[Code One]

```
              -------------------------------------------------------
             |  GO TO BOX_01                                        |
              -------------------------------------------------------
```

MV04
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER......} {EVN-DT}
What type of medical person did (PERSON) talk to on (VISIT
DATE)?
IF TALKED TO MORE THAN ONE MEDICAL PERSON, PROBE FOR MAIN
PROVIDER.

```
        CHIROPRACTOR .......................... 1
        DENTIST/DENTAL CARE PERSON ............ 2
        MIDWIFE ............................... 3
        NURSE/NURSE PRACTITIONER .............. 4
        OPTOMETRIST ........................... 5
        PODIATRIST ............................ 6
        PHYSICIAN'S ASSISTANT ................. 7
```

```
        PHYSICAL THERAPIST ....................  8
        OCCUPATIONAL THERAPIST ................  9
        PSYCHOLOGIST ......................... 10
        SOCIAL WORKER ........................ 11
        TECHNICIAN ........................... 12
        RECEPTIONIST, CLERK, SECRETARY ....... 13
        ACUPUNCTURIST ........................ 14
        MASSAGE THERAPIST .................... 15
        HOMEOPATHIC/NATUROPATHIC/HERBALIST .... 16
        OTHER ALTERNATIVE/COMPLEMENTARY
          CARE PROVIDER ...................... 17
        OTHER ................................ 91
        REF .................................. -7
        DK ................................... -8
                  [Code One]
        PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.
```

MV05
====

          OMITTED.

BOX_01
======

         | IF MV01 IS CODED '1' (SAW PROVIDER) AND MV03 IS |
         | CODED '1' (YES), GO TO MV07 |

         | IF MV01 IS CODED '2' (TELEPHONE CALL), '-7' |
         | (REFUSED), OR '-8' (DON'T KNOW) AND MV03 IS CODED |
         | '1' (YES), GO TO MV08 |

         | OTHERWISE, CONTINUE WITH MV06 |

MV06
====

          {PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
          PROVIDER......} {EVN-DT}
          TYPE OF PERSON HAD CONTACT: {MEDICAL PERSON TYPE FROM MV04}
          CODE WITHOUT ASKING IF OBVIOUS. OTHERWISE, ASK:
          Do any medical doctors work at {the same location as
          (PROVIDER)/(PROVIDER)}?
                YES 1
                NO 2
                REF .... -7
                DK .... -8
                  PRESS F1 FOR DEFINITION OF MEDICAL DOCTOR.

         | DISPLAY 'the same location as (PROVIDER)' IF |
         | PROVIDER IS FLAGGED AS 'PERSON-TYPE-PROVIDER'. |
         | DISPLAY '(PROVIDER)' IF PROVIDER IS FLAGGED AS |
         | 'FACILITY-PROVIDER'. |

         | FOR 'MEDICAL PERSON TYPE FROM MV04', DISPLAY THE |
         | FOLLOWING TEXT FOR EACH CODE ENTERED AT MV04: |
         | |

```
| CODE '1' = CHIROPRACTOR                        |
| CODE '2' = DENTIST/DENTAL CARE PERSON          |
| CODE '3' = MIDWIFE                             |
| CODE '4' = NURSE/NURSE PRACTITIONER            |
| CODE '5' = OPTOMETRIST                         |
| CODE '6' = PODIATRIST                          |
| CODE '7' = PHYSICIAN'S ASSISTANT               |
| CODE '8' = PHYSICAL THERAPIST                  |
| CODE '9' = OCCUPATIONAL THERAPIST              |
| CODE '10'= PSYCHOLOGIST                        |
| CODE '11'= SOCIAL WORKER                       |
| CODE '12'= TECHNICIAN                          |
| CODE '13'= RECEPTIONIST/CLERK/SECRETARY        |
| CODE '14'= ACUPUNCTURIST                       |
| CODE '15'= MASSAGE THERAPIST                   |
| CODE '16'= HOMEOPATHIC/NATUROPATHIC/HERBALIST  |
| CODE '17'= OTHER ALTERNATIVE/COMPLEMENTARY     |
|              CARE PROVIDER                     |
| CODE '91'= OTHER                               |
| CODE '-7'= REFUSED PROVIDER TYPE               |
| CODE '-8'= DON'T KNOW PROVIDER TYPE            |
 ------------------------------------------------
 ------------------------------------------------
| IF MV01 IS CODED '2' (TELEPHONE CALL), '-7'    |
| (REFUSED), OR '-8' (DON'T KNOW), GO TO MV08    |
 ------------------------------------------------
 ------------------------------------------------
| OTHERWISE, CONTINUE WITH MV07                  |
 ------------------------------------------------
```

MV07
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER......} {EVN-DT}
SHOW CARD MV-1.
Please look at this card and tell me which category **best**
describes the care (PERSON) received during the visit to
(PROVIDER) on (VISIT DATE).

```
      GENERAL CHECKUP ........................ 1
      DIAGNOSIS OR TREATMENT ................. 2
      EMERGENCY (E.G., ACCIDENT OR INJURY) ... 3
      PSYCHOTHERAPY OR MENTAL HEALTH
      COUNSELING ............................. 4
      FOLLOW-UP OR POST-OPERATIVE VISIT ...... 5
      IMMUNIZATIONS OR SHOTS ................. 6
      VISION EXAM ............................ 7
      MATERNITY CARE (PRE/POSTNATAL) ......... 8
      WELL CHILD EXAM ........................ 9
      LASER EYE SURGERY ..................... 10
      OTHER ................................. 91
      REF ................................... -7
      DK .................................... -8
                 [Code One]
   PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.
 ------------------------------------------------------
| EDITS:  IF MV07 IS CODED '8' (MATERNITY CARE         |
| (PRE/POSTNATAL)), CHECK THAT PERSON IS FEMALE.       |
| IF NOT, DISPLAY THE FOLLOWING MESSAGE:  CODE         |
| UNAVAILABLE FOR MALES.  VERIFY AND RE-ENTER.         |
```

```
|                                                        |
|   IF MV07 IS CODED '9' (WELL CHILD EXAM), CHECK THAT|
|   PERSON IS < 7 YEARS OLD (OR AGE CATEGORIES 1      |
|   THROUGH 3).  IF NOT, DISPLAY THE FOLLOWING        |
|   MESSAGE:  CODE UNAVAILABLE FOR PERSONS 7 AND      |
|   OLDER.  VERIFY AND RE-ENTER.                      |
 --------------------------------------------------------
```

MV08
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER......} {EVN-DT}
Was this {visit/telephone call} related to any specific health
condition or were any conditions discovered during this {visit/
telephone call}?

```
     YES .................................... 1
     NO ..................................... 2 {BOX_02}
     REF .................................... -7 {BOX_02}
     DK ..................................... -8 {BOX_02}
     --------------------------------------------------------
    |  DISPLAY 'visit' IF MV01 IS CODED '1' (SAW           |
    |  PROVIDER), '-7' (REFUSED), OR '-8' (DON'T KNOW)    |
    |  FOR THIS EVENT.  DISPLAY 'telephone call' IF MV01 |
    |  IS CODED '2'(TELEPHONE CALL) FOR THIS EVENT.       |
     --------------------------------------------------------
```

MV09
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER......} {EVN-DT}
What conditions were discovered or led (PERSON) to make this
{visit/telephone call}?
PROBE: Any other condition?
IF CONDITION IS ALREADY LISTED, ASK: Is this the same (NAME
OF CONDITION) that we have already talked about before?
IF SAME EPISODE OF CONDITION, SELECT ENTRY ON ROSTER.
IF NEW EPISODE OF CONDITION, ADD TO ROSTER.
TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D.
TO LEAVE, PRESS ESC.

```
    [1. Medical Condition]
    [2. Medical Condition]
    [3. Medical Condition]
     --------------------------------------------------------
    |  ROSTER DEFINITION:  THIS ITEM DISPLAYS PERSON'S- |
    |  MEDICAL-CONDITIONS-ROSTER.                        |
     --------------------------------------------------------
     --------------------------------------------------------
    |  DISPLAY 'visit' IF MV01 IS CODED '1' (SAW           |
    |  PROVIDER), '-7' (REFUSED), OR '-8' (DON'T KNOW)    |
    |  FOR THIS EVENT.  DISPLAY 'telephone call' IF MV01 |
    |  IS CODED '2'(TELEPHONE CALL) FOR THIS EVENT.       |
     --------------------------------------------------------
     --------------------------------------------------------
    |  ROSTER BEHAVIOR SPECIFICATIONS:                    |
    |                                                     |
    |  1. INTERVIEWER MAY SELECT A CONDITION(S) ALREADY  |
    |     LISTED ON THE ROSTER.  DOING SO SHOULD NOT     |
    |     IMPACT THE ROUND FLAG OF THE CONDITION.        |
```

```
            |  2. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF|
            |     CONDITIONS AT THE ROSTER QUESTIONS (I.E., NO   |
            |     LIMIT TO THE NUMBER OF CONDITIONS).  AS        |
            |     CONDITIONS ARE ENTERED, THEY SHOULD BE FLAGGED |
            |     WITH THE NUMBER OF THE ROUND IN WHICH THEY WERE|
            |     FIRST CREATED.  THIS ROUND FLAG WILL BE USED   |
            |     LATER IN THE INTERVIEW TO DETERMINE WHICH      |
            |     QUESTIONS SHOULD BE ASKED.                     |
            |  3. INTERVIEWER SHOULD BE ABLE TO DELETE CONDITION |
            |     THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS|
            |     USED.  THAT IS, AS LONG AS THE INTERVIEWER HAS |
            |     NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO     |
            |     DELETE A CONDITION ENTERED IN ERROR.  IF DELETE|
            |     IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED  |
            |     (I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY |
            |     THE FOLLOWING ERROR MESSAGE:  'DELETE ALLOWED  |
            |     ONLY WHEN CONDITION IS FIRST ENTERED.'         |
            -----------------------------------------------------
```

BOX_02
======

```
            -----------------------------------------------------
            |  IF MV01 IS CODED '2' (TELEPHONE CALL), '-7'       |
            |  (REFUSED), OR '-8' (DON'T KNOW), GO TO MV14       |
            -----------------------------------------------------
            -----------------------------------------------------
            |  IF MV01 IS CODED '1' (SAW PROVIDER), CONTINUE WITH|
            |  BOX_03                                            |
            -----------------------------------------------------
```

BOX_03
======

```
            -----------------------------------------------------
            |  IF MV04 IS CODED '2' (DENTIST/DENTAL CARE PERSON),|
            |  '3' (MIDWIFE), '5' (OPTOMETRIST), OR '13'         |
            |  (RECEPTIONIST, CLERK, SECRETARY), GO TO MV11      |
            -----------------------------------------------------
            -----------------------------------------------------
            |  OTHERWISE, CONTINUE WITH MV10                     |
            -----------------------------------------------------
```

MV10
====

{PERSON'S FIRST MIDDLE AND LAST NAME}   {NAME OF MEDICAL CARE
PROVIDER......}   {EVN-DT}
SHOW CARD MV-2.
**Looking at this card, which of these treatments, if any, did
(PERSON) receive during this visit?**
CODE '95' IF NO TREATMENTS WERE RECEIVED.
CODE ALL THAT APPLY.

```
        PHYSICAL THERAPY ....................... 1
        OCCUPATIONAL THERAPY ................... 2
        SPEECH THERAPY ......................... 3
        CHEMOTHERAPY ........................... 4
        RADIATION THERAPY ...................... 5
        KIDNEY DIALYSIS ........................ 6
        IV THERAPY ............................. 7
        DRUG OR ALCOHOL TREATMENT .............. 8
        ALLERGY SHOT ........................... 9
```

```
        PSYCHOTHERAPY/COUNSELING .............. 10
        SHOTS, OTHER THAN ALLERGY ............. 11
        NO TREATMENTS RECEIVED ................ 95
        REF ................................... -7
        DK .................................... -8
                    [Code All That Apply]
          PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.
        -------------------------------------------------------
        | ALLOW CODE '95' (NO TREATMENTS RECEIVED), '-7'      |
        | (REFUSED), AND '-8' (DON'T KNOW) AS ENTRIES IN THE  |
        | FIRST FIELD ONLY.  ALL OTHER RESPONSE CODES MAY BE  |
        | ENTERED IN ANY ENTRY FIELD, IN ANY ORDER.           |
        | CODE '95' WILL NOT APPEAR AS A RESPONSE CATEGORY     |
        | ON THE SCREEN.                                      |
        -------------------------------------------------------
        -------------------------------------------------------
        | EDIT:  IF CODED '95' (NO TREATMENTS RECEIVED),      |
        | NO OTHER TREATMENT CATEGORIES SHOULD BE CODED.      |
        | IF A SECOND CODE IS ENTERED, DISPLAY THE FOLLOWING  |
        | MESSAGE:  'INVALID RESPONSE.  PRESS ENTER ON A      |
        | BLANK FIELD.'                                       |
        -------------------------------------------------------
        -------------------------------------------------------
        | WHEN AN ANSWER CATEGORY IS ENTERED IN AN ENTRY      |
        | FIELD, CAPI WILL DISPLAY AN ANSWER CATEGORY         |
        | ABBREVIATION BELOW THE ENTRY FIELD.  THE FOLLOWING  |
        | ANSWER CATEGORY ABBREVIATIONS SHOULD BE USED FOR    |
        | THIS DISPLAY:                                       |
        |                                                     |
        |     CODE '1' = 'PHYS'                               |
        |     CODE '2' = 'OCCPT'                              |
        |     CODE '3' = 'SPCH'                               |
        |     CODE '4' = 'CHEMO'                              |
        |     CODE '5' = 'RADIA'                              |
        |     CODE '6' = 'KIDNY'                              |
        |     CODE '7' = 'IV'                                 |
        |     CODE '8' = 'DRUG'                               |
        |     CODE '9' = 'ALRGY'                              |
        |     CODE '10'= 'PSYCH'                              |
        |     CODE '11'= 'SHOTS'                              |
        |     CODE '95'= 'NONE'                               |
        -------------------------------------------------------
        -------------------------------------------------------
        | NOTE:  'NO TREATMENT RECEIVED' IS NOT DISPLAYED     |
        | ON SHOW CARD.                                       |
        -------------------------------------------------------
```

MV11
====

{PERSON'S FIRST MIDDLE AND LAST NAME}   {NAME OF MEDICAL CARE
PROVIDER......}   {EVN-DT}
SHOW CARD MV-3.
**Looking at this card, which of these services, if any, did
(PERSON) have during this visit?**
CODE '95' IF NO SERVICES WERE RECEIVED.
CODE ALL THAT APPLY.

```
        LABORATORY TESTS ...................... 1
        SONOGRAM OR ULTRASOUND ................ 2
        X-RAYS ................................ 3
```

```
       MAMMOGRAM ............................... 4
       MRI OR CATSCAN .......................... 5
       EKG OR ECG .............................. 6
       EEG ..................................... 7
       VACCINATION ............................. 8
       ANESTHESIA .............................. 9
       OTHER DIAGNOSTIC TEST ................. 10
       NO SERVICES RECEIVED .................. 95
       REF .................................... -7
       DK ..................................... -8
                [Code All That Apply]
     PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.
```

| ALLOW CODE '4' (MAMMOGRAM) ONLY IF PERSON IS |
| FEMALE AND AGE IS > 17 YEARS (OR AGE CATEGORIES 4 |
| THROUGH 9). |

| ALLOW CODE '95' (NO SERVICES RECEIVED), '-7' |
| (REFUSED), AND '-8' (DON'T KNOW) AS ENTRIES IN |
| THE FIRST FIELD ONLY. ALL OTHER RESPONSE CODES |
| MAY BE ENTERED IN ANY ENTRY FIELD, IN ANY ORDER. |
| CODE '95' WILL NOT APPEAR AS A RESPONSE CATEGORY |
| ON THE SCREEN. |

| EDIT: IF CODED '95' (NO SERVICES RECEIVED), |
| NO OTHER SERVICE CATEGORIES SHOULD BE CODED. IF |
| A SECOND CODE IS ENTERED, DISPLAY THE FOLLOWING |
| MESSAGE: 'INVALID RESPONSE. PRESS ENTER ON A |
| BLANK FIELD.' |

| WHEN AN ANSWER CATEGORY IS ENTERED IN AN ENTRY |
| FIELD, CAPI WILL DISPLAY AN ANSWER CATEGORY |
| ABBREVIATION BELOW THE ENTRY FIELD. THE FOLLOWING |
| ANSWER CATEGORY ABBREVIATIONS SHOULD BE USED FOR |
| THIS DISPLAY: |
| |
| CODE '1' = 'LAB' |
| CODE '2' = 'ULTRA' |
| CODE '3' = 'X-RAYS' |
| CODE '4' = 'MAMMO' |
| CODE '5' = 'MRI' |
| CODE '6' = 'EKG' |
| CODE '7' = 'EEG' |
| CODE '8' = 'VACIN' |
| CODE '9' = 'ANEST' |
| CODE '10'= 'OTHER' |
| CODE '95'= 'NONE' |

| NOTE: 'NO SERVICES RECEIVED' IS NOT DISPLAYED ON |
| SHOW CARD. |

MV12
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER......} {EVN-DT}
Was a surgical procedure performed on (PERSON) during this
visit?
        YES 1
        NO 2
        REF .... -7
        DK .... -8
            PRESS F1 FOR DEFINITION OF SURGICAL PROCEDURE.

MV13
====

        OMITTED.

MV14
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER......} {EVN-DT}
During this {visit/telephone call}, were any medicines
prescribed for (PERSON)? Please include only prescriptions
which were filled.
        YES 1
        NO .... 2 {BOX_04}
        REF .... -7 {BOX_04}
        DK .... -8 {BOX_04}
          PRESS F1 FOR DEFINITION OF PRESCRIBED MEDICINE.

        | DISPLAY 'visit' IF MV01 IS CODED '1' (SAW |
        | PROVIDER), '-7' (REFUSED), OR '-8' (DON'T KNOW) |
        | FOR THIS EVENT. DISPLAY 'telephone call' IF MV01 |
        | IS CODED '2'(TELEPHONE CALL) FOR THIS EVENT. |

MV15
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER......} {EVN-DT}
Please tell me the names of the prescriptions from this visit
that were filled.
PROBE: Any other prescribed medicines from this visit that were
filled?
TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D.
TO LEAVE, PRESS ESC.
        [1. Prescribed Medicine]
        [2. Prescribed Medicine]
        [3. Prescribed Medicine]

        | ROSTER DEFINITION: THIS ITEM DISPLAYS PERSON'S- |
        | PRESCRIBED-MEDICINES-ROSTER. |

        | **ROSTER BEHAVIOR SPECIFICATIONS:** |
        | |
        | 1. INTERVIEWER MAY SELECT A MEDICINE(S) ALREADY |
        | LISTED ON THE ROSTER. |
        | 2. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF |

```
        |    MEDICINES AT THE ROSTER QUESTIONS (I.E., NO   |
        |    LIMIT TO THE NUMBER OF MEDICINES).            |
        | 3. INTERVIEWER SHOULD BE ABLE TO DELETE A MEDICINE|
        |    THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS|
        |    USED.  THAT IS, AS LONG AS THE INTERVIEWER HAS |
        |    NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO     |
        |    DELETE A MEDICINE ENTERED IN ERROR.  IF DELETE |
        |    IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED  |
        |    (I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY |
        |    THE FOLLOWING ERROR MESSAGE:  'DELETE ALLOWED  |
        |    ONLY WHEN MEDICINE IS FIRST ENTERED.'          |
        ---------------------------------------------------
```

BOX_04
======

```
        ---------------------------------------------------
        |  IF MV01 IS CODED '1' (SAW PROVIDER), CONTINUE    |
        |  WITH BOX_05                                      |
        ---------------------------------------------------
        ---------------------------------------------------
        |  IF MV01 IS CODED '2' (TELEPHONE CALL), '-7'      |
        |  (REFUSED), OR '-8' (DON'T KNOW), GO TO BOX_07    |
        ---------------------------------------------------
```

BOX_05
======

```
        ---------------------------------------------------
        |  IF NO CONDITION IS ASSOCIATED WITH THIS VISIT TO |
        |  THIS PROVIDER FOR THIS PERSON, GO TO BOX_07      |
        ---------------------------------------------------
        ---------------------------------------------------
        |  OTHERWISE, CONTINUE WITH BOX_06                  |
        ---------------------------------------------------
```

BOX_06
======

```
        ---------------------------------------------------
        |  IF 2 OR MORE VISITS TO THIS PROVIDER FOR THIS    |
        |  PERSON HAVE NOT COMPLETED THE MEDICAL PROVIDER   |
        |  VISITS UTILIZATION MODULE AND IF THIS EVENT IS NOT|
        |  PART OF A FLAT FEE GROUP, CONTINUE WITH MV16     |
        ---------------------------------------------------
        ---------------------------------------------------
        |  OTHERWISE, GO TO BOX_07                          |
        ---------------------------------------------------
```

MV16
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER......} {EVN-DT}
Earlier I recorded that (PERSON) had some other visits to
(PROVIDER). Were any of these visits related to any condition
associated with (PERSON)'s visit on (VISIT DATE)? That is,
were any of the other visits for the (READ CONDITIONS BELOW)
and did (PERSON) receive {(READ SERVICES BELOW)/the same
services}?

CONDITIONS   **SERVICES**
{PERSON'S MV MEDICAL CONDITION.} {SERVICES RECEIVED..}
{PERSON'S MV MEDICAL CONDITION.} {SERVICES RECEIVED..}

{PERSON'S MV MEDICAL CONDITION.} {SERVICES RECEIVED..}
```
     YES ..................................... 1
     NO ...................................... 2 {BOX_07}
     REF ..................................... -7 {BOX_07}
     DK ...................................... -8 {BOX_07}
```
        PRESS F1 FOR DEFINITION OF REPEAT VISITS.

```
   -----------------------------------------------------
   |   DISPLAY '(READ SERVICES BELOW)' IF MV11 IS NOT   |
   |   CODED '95' (NO SERVICES), '-7' (REFUSED), OR '-8'|
   |   (DON'T KNOW).  IF MV11 IS CODED '95' (NO         |
   |   SERVICES), '-7' (REFUSED), OR '-8' (DON'T KNOW), |
   |   DISPLAY 'the same services'.                     |
   -----------------------------------------------------

   -----------------------------------------------------
   |   FOR 'PERSON'S MV MEDICAL CONDITION.', DISPLAY ALL|
   |   CONDITIONS SELECTED OR ADDED TO PERSON'S-MEDICAL-|
   |   CONDITIONS-ROSTER AT MV09.                       |
   |                                                    |
   |   FOR 'SERVICES RECEIVED..', DISPLAY THE FOLLOWING |
   |   TEXT FOR EACH CODE ENTERED AT MV11:              |
   |                                                    |
   |   CODE '1' = LABORATORY TESTS                      |
   |   CODE '2' = SONOGRAM/ULTRASOUND                   |
   |   CODE '3' = X-RAYS                                |
   |   CODE '4' = MAMMOGRAM                             |
   |   CODE '5' = MRI/CATSCAN                           |
   |   CODE '6' = EKG/ECG                               |
   |   CODE '7' = EEG                                   |
   |   CODE '8' = VACCINATION                           |
   |   CODE '9' = ANESTHESIA                            |
   |   CODE '10' = OTHER SERVICES                       |
   -----------------------------------------------------
```

MV17
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER......} {EVN-DT}
Did any of these visits or calls cost the same amount as
(PERSON)'s visit on (VISIT DATE)?
```
     YES ..................................... 1
     NO ...................................... 2 {BOX_07}
     REF ..................................... -7 {BOX_07}
     DK ...................................... -8 {BOX_07}
```
     PRESS F1 FOR DEFINITION OF COST THE SAME AMOUNT.
```
   -----------------------------------------------------
   |   NOTE:   THE ISSUES OF COST WHEN THE PERSON HAS A |
   |   COPAY AND DOES NOT KNOW THE TOTAL CHARGE WILL BE |
   |   HANDLED IN THE F1 DEFINITION.                    |
   -----------------------------------------------------
```

MV18
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER......} {EVN-DT}
Which of the following visits were related to the (READ
CONDITIONS BELOW) and {(READ SERVICES BELOW)/the same services}
and cost the same amount as the (VISIT DATE) visit we've just
talked about?
PROBE: Any other visits related to this condition and cost

the same amount?

CONDITIONS   **SERVICES**

{PERSON'S MV MEDICAL CONDITION.} {SERVICES RECEIVED..}
{PERSON'S MV MEDICAL CONDITION.} {SERVICES RECEIVED..}
{PERSON'S MV MEDICAL CONDITION.} {SERVICES RECEIVED..}
TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.
                    [1. Month,Day,Year-4]
                    [2. Month,Day,Year-4]
                    [3. Month,Day,Year-4]

         | ROSTER DEFINITION: THIS ITEM DISPLAYS ALL EVENTS |
         | (DATES) IN PERSON'S-MEDICAL-EVENTS-ROSTER THAT |
         | WERE CREATED THIS ROUND, ARE NOT YET PROCESSED IN |
         | UTILIZATION, HAVE EVENT TYPE 'MV', AND ARE |
         | ASSOCIATED WITH THE SAME PROVIDER AS THE EVENT |
         | BEING ASKED ABOUT. |

         | DISPLAY '(READ SERVICES BELOW)' IF MV11 IS **NOT** |
         | CODED '95' (NO SERVICES), '-7' (REFUSED), OR '-8' |
         | (DON'T KNOW). IF MV11 IS CODED '95' (NO |
         | SERVICES), '-7' (REFUSED), OR '-8' (DON'T KNOW), |
         | DISPLAY 'the same services'. |

         | FOR 'PERSON'S MV MEDICAL CONDITION.', DISPLAY ALL |
         | CONDITIONS SELECTED OR ADDED TO PERSON'S-MEDICAL- |
         | CONDITIONS-ROSTER AT MV09. |
         | |
         | FOR 'SERVICES RECEIVED..', DISPLAY THE FOLLOWING |
         | TEXT FOR EACH CODE ENTERED AT MV11: |
         | |
         | CODE '1' = LABORATORY TESTS |
         | CODE '2' = SONOGRAM/ULTRASOUND |
         | CODE '3' = X-RAYS |
         | CODE '4' = MAMMOGRAM |
         | CODE '5' = MRI/CATSCAN |
         | CODE '6' = EKG/ECG |
         | CODE '7' = EEG |
         | CODE '8' = VACCINATION |
         | CODE '9' = ANESTHESIA |
         | CODE '10' = OTHER SERVICES |

         | FLAG EACH VISIT SELECTED AT MV18 AS A REPEAT VISIT|
         | RELATED TO THE EVENT BEING ASKED ABOUT. |
         | |
         | FLAG THE CHARGE PAYMENT (CP) STATUS OF EACH REPEAT|
         | VISIT AS 'PROCESSED'. |
         | |
         | LINK CONDITION(S) AND SERVICE(S) ASSOCIATED WITH |
         | THE EVENT BEING ASKED ABOUT WITH EACH REPEAT |
         | VISIT. |
         | |
         | THE EVENT DRIVER WILL NOT SERVE THESE REPEAT |
         | VISITS FOR THE MV SECTION. |

MV19
====

          {PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
          PROVIDER......} {EVN-DT}
          INTERVIEWER: RECORD 'NAME OF REPEAT VISIT GROUP' FOR EVENTS
          SELECTED IN PREVIOUS QUESTION:
               [Enter Repeat Visit Group]

BOX_07
======

          | IF THE CHARGE/PAYMENT (CP) SECTION IS NOT |
          | COMPLETED FOR THIS MEDICAL PROVIDER VISIT (MV) |
          | EVENT, GO TO THE CHARGE/PAYMENT (CP) SECTION |

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

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