```
---------------------------------------------------------
|  NOTE:  THERE ARE THREE BASIC TYPES OF PROVIDERS:     |
|              1.  PERSON-TYPE-PROVIDERS                 |
|              2.  PERSON-IN-FACILITY-PROVIDERS         |
|              3.  FACILITY PROVIDERS                    |
|         THE PROVIDER DIRECTORY (PD) SECTION DEALS      |
|         ONLY WITH THE FIRST AND THIRD TYPES.  THE      |
|         SECOND TYPE (PERSON-IN-FACILITY-PROVIDERS)     |
|         SHOULD BE TREATED AS A FACILITY FOR THE        |
|         PURPOSES OF THE PD SECTION.  THAT IS, THE      |
|         PERSON'S NAME IS NOT DISPLAYED OR SEARCHED     |
|         ON, BUT RATHER THE FACILITY WITH WHICH         |
|         S/HE IS ASSOCIATED WILL BE DISPLAYED AND       |
|         SEARCHED ON.  THEREFORE, IF THERE IS MORE      |
|         THAN ONE PERSON-IN-FACILITY-PROVIDER           |
|         ASSOCIATED WITH THE SAME FACILITY, THE         |
|         PROVIDER LOOP WILL BE CYCLED ON ONCE FOR       |
|         THAT FACILITY.                                 |
---------------------------------------------------------
```

LOOP_01
=======

```
---------------------------------------------------------
|   FOR EACH ELEMENT IN RU-MEDICAL-PROVIDERS-ROSTER,    |
|   ASK PD01A - END_LP01                                |
---------------------------------------------------------
```

```
---------------------------------------------------------
|   LOOP DEFINITION:  LOOP_01 COLLECTS VA AFFILIATION   |
|   ADDRESS INFORMATION FOR PROVIDERS.  THIS LOOP       |
|   CYCLES  ON PROVIDERS THAT MEET THE FOLLOWING        |
|   CONDITIONS:                                         |
|   - CREATED THIS ROUND                                |
|      OR                                               |
|   - CREATED IN ROUND 1 AND WAS ASSOCIATED WITH AN     |
|     IC EVENT (I.E., DID NOT COMPLETE LOOP_01)         |
|   AND                                                 |
|   - ASSOCIATED WITH AN HS, ER, OP, OR IC EVENT        |
|      OR                                               |
|   - ASSOCIATED WITH AN MV EVENT                       |
|      OR                                               |
|   - ASSOCIATED WITH A HH EVENT AND FLAGGED AS         |
|     'AGENCY'                                          |
---------------------------------------------------------
```

PD01A
=====

```
PROVIDER:  {NAME OF MEDICAL CARE PROVIDER......}
IF PERSON PROVIDER, READ:
   Is the clinic or place where (PROVIDER) was seen a
   facility of the Veteran's Administration?
IF FACILITY PROVIDER, READ:
   Is (PROVIDER) a facility of the Veteran's Administration?
     YES ................................... 1
     NO .................................... 2
     REF .................................. -7
     DK ................................... -8
     ---------------------------------------------------------
     |   DISPLAY NAME OF PROVIDER BEING LOOPED ON FOR        |
     |   'NAME OF MEDICAL CARE PROVIDER.'                    |
     ---------------------------------------------------------
```

BOX_01A
=======

```
--------------------------------------------------------
| IF PROVIDER IS:                                        |
| - ASSOCIATED WITH AN HS, ER, OP, OR IC EVENT           |
|     OR                                                 |
| - ASSOCIATED WITH AN MV EVENT AND MV03 IS CODED        |
|     '1' (YES-TALKED TO A MEDICAL DOCTOR) OR MV03       |
|     IS CODED '2' (NO), '-7' (REFUSED) OR '-8'          |
|     (DON'T KNOW) AND MV06 IS CODED '1' (YES-MEDICAL|
|     DOCTORS WORK AT LOCATION)                          |
|     OR                                                 |
| - ASSOCIATED WITH A HH EVENT AND FLAGGED AS            |
|     'AGENCY',                                          |
| CONTINUE WITH BOX_01                                   |
--------------------------------------------------------
--------------------------------------------------------
| OTHERWISE, GO TO END_LP01                              |
--------------------------------------------------------
```

BOX_01
======

```
--------------------------------------------------------
| IF PROVIDER IS:                                        |
| - ASSOCIATED WITH A HH EVENT AND FLAGGED AS            |
|     'AGENCY',                                          |
| OR                                                     |
| - ASSOCIATED WITH AN IC EVENT,                         |
| GO TO BOX_04                                           |
--------------------------------------------------------
--------------------------------------------------------
| OTHERWISE, CONTINUE WITH BOX_02                        |
--------------------------------------------------------
```

BOX_02
======

```
--------------------------------------------------------
| GO TO BOX_03                                           |
--------------------------------------------------------
```

PD01
====

OMITTED.

PD02
====

OMITTED.

BOX_03
======

```
--------------------------------------------------------
| IF LOOPING ON PROVIDER ASSOCIATED ONLY WITH AN MV |
| EVENT AND RU IS NOT SELECTED FOR MPC, GO TO        |
| END_LP01                                           |
--------------------------------------------------------
--------------------------------------------------------
| OTHERWISE, CONTINUE WITH BOX_04                    |
--------------------------------------------------------
```

BOX_04
======

```
            -------------------------------------------------------
            |  IF FIRST TIME THROUGH LOOP_01, CONTINUE WITH PD03  |
             ------------------------------------------------------
            -------------------------------------------------------
            |  OTHERWISE, GO TO PD04                              |
            -------------------------------------------------------
```

PD03
====

Now I would like to make sure I have complete information
for the medical providers you mentioned. I will use a
directory to look up the names, addresses, and telephone
numbers of the sources of medical care you mentioned.
PRESS ENTER TO CONTINUE.

PD04
====

```
               PROVIDER NAME: {NAME OF MEDICAL CARE PROVIDER FROM PV}
              STREET ADDRESS: {STREET ADDRESS FROM PV}
ENTER PROVIDER'S STATE ABBREVIATION.
PRESS ENTER FOR {STATE ABBREVIATION FOR RESPONDENT}.
 [Enter State Code] ...........
   PRESS F1 FOR LIST OF STATE ABBREVIATIONS.
            -------------------------------------------------------
            |  ALLOW CODE "FC" (FOREIGN COUNTRY).                 |
            -------------------------------------------------------
            -------------------------------------------------------
            |  DISPLAY NAME OF PROVIDER AS RECORDED ON THE        |
            |  PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER   |
            |  BEING LOOPED ON FOR 'NAME OF MEDICAL PROVIDER      |
            |  FROM PV'. IF PERSON-TYPE-PROVIDER, DISPLAY         |
            |  PERSON NAME. IF FACILITY-PROVIDER, DISPLAY         |
            |  FACILITY NAME.                                     |
            -------------------------------------------------------
            -------------------------------------------------------
            |  DISPLAY THE FIRST STREET ADDRESS AS RECORDED ON    |
            |  THE PROVIDER ROSTER FROM SECTION PV FOR THE        |
            |  PROVIDER BEING LOOPED ON FOR 'STREET ADDRESS FROM  |
            |  PV'.                                               |
            -------------------------------------------------------
            -------------------------------------------------------
            |  DISPLAY TWO CHARACTER STATE ABBREVIATION           |
            |  ASSOCIATED WITH THIS RU'S ADDRESS FOR 'STATE       |
            |  ABBREVIATION FOR RESPONDENT'.                      |
            -------------------------------------------------------
            -------------------------------------------------------
            |  NOTE:  IF ENTER IS PRESSED WITHOUT ANY ENTRY,      |
            |  PD05 SHOULD BE THE SAME AS STATE ABBREVIATION      |
            |  USED IN THE PD04 DISPLAY.                          |
            -------------------------------------------------------
```

LOOP_02
=======

```
            -------------------------------------------------------
            |  FOR EACH SEARCH ATTEMPT, ASK PD05-END_LP02         |
            -------------------------------------------------------
```

PD05
====

```
                PROVIDER NAME: {NAME OF MEDICAL CARE PROVIDER FROM PV}
                STREET ADDRESS: {STREET ADDRESS FROM PV}
     STATE:  {STATE ABBREVIATION}
     SELECT A SEARCH STRATEGY.
            SEARCH ON PROVIDER NAME SHOWN ABOVE ........ 1 {BOX_05}
            CHANGE NAME BEFORE SEARCH ................... 2
            SEARCH ON CORE STREET NAME    .............. 3 {PD10}
            SEARCH ON TELEPHONE NUMBER ................. 4 {PD11}
            CHANGE STATE FOR SEARCH .................... 5
            DO NOT SEARCH - GO DIRECTLY TO
               PROVIDER INFORMATION FORM ............... 6 {PD18}
                         [Code One]
```

```
-------------------------------------------------------
| DISPLAY NAME OF PROVIDER AS RECORDED ON THE          |
| PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER     |
| BEING LOOPED ON FOR 'NAME OF MEDICAL PROVIDER        |
| FROM PV'. IF PERSON-TYPE-PROVIDER, DISPLAY           |
| PERSON NAME. IF FACILITY-PROVIDER, DISPLAY           |
| FACILITY NAME.                                       |
-------------------------------------------------------
```

```
-------------------------------------------------------
| DISPLAY THE FIRST STREET ADDRESS AS RECORDED ON      |
| THE PROVIDER ROSTER FROM SECTION PV FOR THE          |
| PROVIDER BEING LOOPED ON FOR 'STREET ADDRESS FROM    |
| PV'.                                                 |
-------------------------------------------------------
```

```
-------------------------------------------------------
| DISPLAY TWO CHARACTER STATE ABBREVIATION ENTERED     |
| IN PD04 FOR 'STATE ABBREVIATION'.                    |
-------------------------------------------------------
```

```
-------------------------------------------------------
| IF CODED '2' (CHANGE NAME BEFORE SEARCH) AND         |
| PROVIDER FLAGGED AS 'PERSON-TYPE-PROVIDER',          |
| GO TO PD08                                           |
-------------------------------------------------------
```

```
-------------------------------------------------------
| IF CODED '2' (CHANGE NAME BEFORE SEARCH) AND         |
| PROVIDER FLAGGED AS 'FACILITY-PROVIDER', GO TO       |
| PD09                                                 |
-------------------------------------------------------
```

```
-------------------------------------------------------
| EDIT:  CODES '1' (SEARCH ON PROVIDER NAME SHOWN      |
| ABOVE), '2' (CHANGE NAME BEFORE SEARCH), '3'         |
| (SEARCH ON CORE STREET NAME), AND '4' (SEARCH ON     |
| TELEPHONE NUMBER) ARE NOT ALLOWED WHEN THE           |
| PROVIDER'S STATE IS CODED 'FC' (FOREIGN COUNTRY).    |
| IF STATE IS CODED 'FC' AND CODE '1', '2', '3',       |
| OR '4' IS ENTERED, DISPLAY THE FOLLOWING MESSAGE:    |
| 'INVALID ENTRY.  IF STATE IS 'FC', CODES 1-4 ARE     |
| UNAVAILABLE.  VERIFY AND RE-ENTER.'                  |
-------------------------------------------------------
```

PD06
====
```
               PROVIDER NAME:  {NAME OF MEDICAL CARE PROVIDER FROM PV}
               STREET ADDRESS:  {STREET ADDRESS FROM PV}
      CURRENT STATE CODE:  {STATE ABBREVIATION}
      ENTER NEW STATE CODE FOR PROVIDER.
           [Enter State Code] ....................
        PRESS F1 FOR LIST OF STATE ABBREVIATIONS.
           --------------------------------------------------------
           |  DISALLOW CODE "FC" (FOREIGN COUNTRY).                |
           --------------------------------------------------------

           --------------------------------------------------------
           |  EDIT:  IF CODE "FC" (FOREIGN COUNTRY) IS ENTERED,    |
           |  DISPLAY THE FOLLOWING MESSAGE:  'INVALID RESPONSE.   |
           |  PLEASE RE-ENTER.'                                    |
           --------------------------------------------------------

           --------------------------------------------------------
           |  DISPLAY NAME OF PROVIDER AS RECORDED ON THE          |
           |  PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER     |
           |  BEING LOOPED ON FOR 'NAME OF MEDICAL PROVIDER        |
           |  FROM PV'. IF PERSON-TYPE-PROVIDER, DISPLAY           |
           |  PERSON NAME. IF FACILITY-PROVIDER, DISPLAY           |
           |  FACILITY NAME.                                       |
           --------------------------------------------------------

           --------------------------------------------------------
           |  DISPLAY THE FIRST STREET ADDRESS AS RECORDED ON      |
           |  THE PROVIDER ROSTER FROM SECTION PV FOR THE          |
           |  PROVIDER BEING LOOPED ON FOR 'STREET ADDRESS FROM    |
           |  PV'.                                                 |
           --------------------------------------------------------

           --------------------------------------------------------
           |  DISPLAY TWO CHARACTER STATE ABBREVIATION CURRENTLY   |
           |  BEING USED (I.E., FROM PD06 OR IF PD06 NOT ASKED,    |
           |  FROM PD04) FOR 'STATE ABBREVIATION'.                 |
           --------------------------------------------------------
```

PD07
====
```
               PROVIDER NAME:  {NAME OF MEDICAL CARE PROVIDER FROM PV}
               STREET ADDRESS:  {STREET ADDRESS FROM PV}
      SELECT A SEARCH STRATEGY.
           SEARCH ON PROVIDER NAME SHOWN ABOVE .... 1 {BOX_05}
           CHANGE NAME BEFORE SEARCH .............. 2
           SEARCH ON CORE STREET NAME ............. 3 {PD10}
           SEARCH ON TELEPHONE NUMBER ............. 4 {PD11}
           DO NOT SEARCH - GO DIRECTLY TO
             PROVIDER INFORMATION FORM ........... 5 {PD18}
                          [Code One]
           --------------------------------------------------------
           |  DISPLAY NAME OF PROVIDER AS RECORDED ON THE          |
           |  PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER     |
           |  BEING LOOPED ON FOR 'NAME OF MEDICAL PROVIDER        |
           |  FROM PV'. IF PERSON-TYPE-PROVIDER, DISPLAY           |
           |  PERSON NAME. IF FACILITY-PROVIDER, DISPLAY           |
           |  FACILITY NAME.                                       |
           --------------------------------------------------------

           --------------------------------------------------------
           |  DISPLAY THE FIRST STREET ADDRESS AS RECORDED ON      |
           |  THE PROVIDER ROSTER FROM SECTION PV FOR THE          |
```

```
                 | PROVIDER BEING LOOPED ON FOR 'STREET ADDRESS FROM |
                 | PV'.                                              |
                 ----------------------------------------------------
                 ----------------------------------------------------
                 | IF CODED '2' (CHANGE NAME BEFORE SEARCH) AND      |
                 | PROVIDER FLAGGED AS 'PERSON-TYPE-PROVIDER',       |
                 | CONTINUE WITH PD08                                |
                 ----------------------------------------------------
                 ----------------------------------------------------
                 | IF CODED '2' (CHANGE NAME BEFORE SEARCH) AND      |
                 | PROVIDER FLAGGED AS 'FACILITY-PROVIDER', GO TO    |
                 | PD09                                              |
                 ----------------------------------------------------
```

PD08
====

```
              PROVIDER NAME:  {NAME OF MEDICAL CARE PROVIDER FROM PV}
              STREET ADDRESS:  {STREET ADDRESS FROM PV}
   CURRENT STATE CODE:  {STATE ABBREVIATION}
   ENTER CORRECTED NAME INFORMATION IN APPROPRIATE FIELD(S).
   PRESS ENTER TO PASS THROUGH FIELDS WHERE NO CORRECTION IS
   REQUIRED.
        {Display FIRST NAME}        {Display LAST NAME}
        [Enter First Name]          [Enter Last Name]
        ----------------------------------------------------
        | DISPLAY NAME OF PROVIDER AS RECORDED ON THE        |
        | PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER   |
        | BEING LOOPED ON FOR 'NAME OF MEDICAL PROVIDER      |
        | FROM PV'.                                          |
        ----------------------------------------------------
        ----------------------------------------------------
        | DISPLAY THE FIRST STREET ADDRESS AS RECORDED ON    |
        | THE PROVIDER ROSTER FROM SECTION PV FOR THE        |
        | PROVIDER BEING LOOPED ON FOR 'STREET ADDRESS FROM  |
        | PV'.                                               |
        ----------------------------------------------------
        ----------------------------------------------------
        | DISPLAY TWO CHARACTER STATE ABBREVIATION CURRENTLY |
        | BEING USED (I.E., FROM PD06 OR IF PD06 NOT ASKED,  |
        | FROM PD04) FOR 'STATE ABBREVIATION'.               |
        ----------------------------------------------------
        ----------------------------------------------------
        | DISPLAY NAME OF PROVIDER AS RECORDED ON THE        |
        | PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER   |
        | BEING LOOPED ON FOR 'DISPLAY FIRST NAME' AND       |
        | 'DISPLAY LAST NAME'.                               |
        ----------------------------------------------------
        ----------------------------------------------------
        | GO TO BOX_05                                       |
        ----------------------------------------------------
```

PD09
====

```
              PROVIDER NAME:  {NAME OF MEDICAL CARE PROVIDER FROM PV}
              STREET ADDRESS:  {STREET ADDRESS FROM PV}
        STATE:  {STATE ABBREVIATION}
   ENTER CORRECTED FACILITY, GROUP PRACTICE, OR HMO NAME.
        {Display FACILITY NAME}
        [Enter Facility Name]
```

```
        --------------------------------------------------------
       |  DISPLAY NAME OF PROVIDER AS RECORDED ON THE           |
       |  PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER      |
       |  BEING LOOPED ON FOR 'NAME OF MEDICAL PROVIDER         |
       |  FROM PV'.                                             |
        --------------------------------------------------------
        --------------------------------------------------------
       |  DISPLAY THE FIRST STREET ADDRESS AS RECORDED ON       |
       |  THE PROVIDER ROSTER FROM SECTION PV FOR THE           |
       |  PROVIDER BEING LOOPED ON FOR 'STREET ADDRESS FROM     |
       |  PV'.                                                  |
        --------------------------------------------------------
        --------------------------------------------------------
       |  DISPLAY TWO CHARACTER STATE ABBREVIATION CURRENTLY|
       |  BEING USED (I.E., FROM PD06 OR IF PD06 NOT ASKED,     |
       |  FROM PD04) FOR 'STATE ABBREVIATION'.                  |
        --------------------------------------------------------
        --------------------------------------------------------
       |  DISPLAY NAME OF PROVIDER AS RECORDED ON THE           |
       |  PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER      |
       |  BEING LOOPED ON FOR 'DISPLAY FACILITY NAME'.          |
        --------------------------------------------------------
        --------------------------------------------------------
       |  GO TO BOX_05                                          |
        --------------------------------------------------------
```

PD10
====

```
               PROVIDER NAME:  {NAME OF MEDICAL CARE PROVIDER FROM PV}
               STREET ADDRESS:  {STREET ADDRESS FROM PV}
        STATE:  {STATE ABBREVIATION}
        ENTER CORE STREET NAME.
        (I.E., DO NOT ENTER STREET NUMBER OR DIRECTION)
             [Enter Core Street Name] ...............
              PRESS F1 FOR DEFINITION OF CORE STREET NAME.
        --------------------------------------------------------
       |  DISPLAY NAME OF PROVIDER AS RECORDED ON THE           |
       |  PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER      |
       |  BEING LOOPED ON FOR 'NAME OF MEDICAL PROVIDER         |
       |  FROM PV'. IF PERSON-TYPE-PROVIDER, DISPLAY            |
       |  PERSON NAME. IF FACILITY-PROVIDER, DISPLAY            |
       |  FACILITY NAME.                                        |
        --------------------------------------------------------
        --------------------------------------------------------
       |  DISPLAY THE FIRST STREET ADDRESS AS RECORDED ON       |
       |  THE PROVIDER ROSTER FROM SECTION PV FOR THE           |
       |  PROVIDER BEING LOOPED ON FOR 'STREET ADDRESS FROM     |
       |  PV'.                                                  |
        --------------------------------------------------------
        --------------------------------------------------------
       |  DISPLAY TWO CHARACTER STATE ABBREVIATION CURRENTLY|
       |  BEING USED (I.E., FROM PD06 OR IF PD06 NOT ASKED,     |
       |  FROM PD04) FOR 'STATE ABBREVIATION'.                  |
        --------------------------------------------------------
        --------------------------------------------------------
       |  GO TO BOX_05                                          |
        --------------------------------------------------------
```

PD11
====
```
              PROVIDER NAME:  {NAME OF MEDICAL CARE PROVIDER FROM PV}
              STREET ADDRESS:  {STREET ADDRESS FROM PV}
      STATE:  {STATE ABBREVIATION}
      ENTER COMPLETE TELEPHONE NUMBER:
            [Enter Area Code-3, Exchange-3,
             Local Number-4] ....................
            ------------------------------------------------------
            | DISPLAY NAME OF PROVIDER AS RECORDED ON THE         |
            | PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER    |
            | BEING LOOPED ON FOR 'NAME OF MEDICAL PROVIDER       |
            | FROM PV'. IF PERSON-TYPE-PROVIDER, DISPLAY          |
            | PERSON NAME. IF FACILITY-PROVIDER, DISPLAY          |
            | FACILITY NAME.                                      |
            ------------------------------------------------------
            ------------------------------------------------------
            | DISPLAY THE FIRST STREET ADDRESS AS RECORDED ON     |
            | THE PROVIDER ROSTER FROM SECTION PV FOR THE         |
            | PROVIDER BEING LOOPED ON FOR 'STREET ADDRESS FROM   |
            | PV'.                                                |
            ------------------------------------------------------
            ------------------------------------------------------
            | DISPLAY TWO CHARACTER STATE ABBREVIATION CURRENTLY  |
            | BEING USED (I.E., FROM PD06 OR IF PD06 NOT ASKED,   |
            | FROM PD04) FOR 'STATE ABBREVIATION'.                |
            ------------------------------------------------------
            ------------------------------------------------------
            | IF INTERVIEWER TRIES TO LEAVE SCREEN WITHOUT        |
            | FILLING ALL ENTRY FIELDS, DISPLAY THE FOLLOWING     |
            | MESSAGE AT THE BOTTOM OF THE SCREEN: 'YOU MUST      |
            | ENTER INFORMATION IN ALL FIELDS FOR THIS SEARCH.'   |
            ------------------------------------------------------
```

BOX_05
======
```
            ------------------------------------------------------
            | CAPI WILL AUTOMATICALLY CONDUCT THE APPROPRIATE     |
            | SERIES OF SEARCHES FOR THE SELECTED SEARCH          |
            | CATEGORY AS FOLLOWS:                                |
            |                                                    |
            | 1) SEARCH ON PROVIDER NAME AS SHOWN ABOVE -         |
            |     PERSON-TYPE-PROVIDER - FIRST AND LAST NAME;     |
            |       FIRST NAME INITIAL AND LAST NAME; LAST        |
            |       NAME ONLY; FIRST THREE LETTERS OF LAST        |
            |       NAME ONLY                                     |
            |     FACILITY-PROVIDER - FULL NAME; FIRST WORD OF    |
            |       FACILITY NAME; FIRST THREE CHARACTERS OF      |
            |       FIRST WORD OF NAME.                           |
            |                                                    |
            | 2) SEARCH ON CORRECTED PROVIDER NAME - SAME AS #1   |
            |                                                    |
            | 3) SEARCH ON CORE STREET NAME - FULL SPELLING OF    |
            |       CORE STREET NAME; FIRST THREE LETTERS OF      |
            |       CORE STREET NAME                              |
            |                                                    |
            | 4) SEARCH ON TELEPHONE NUMBER - EXCHANGE AND LOCAL  |
            |     NUMBER; LOCAL ONLY; EXCHANGE ONLY               |
            ------------------------------------------------------
```

```
          ------------------------------------------------------
         | IF NO MATCHES OR MORE THAN 75 MATCHES, GO TO PD17 |
          ------------------------------------------------------
          ------------------------------------------------------
         | OTHERWISE, CONTINUE WITH PD12                      |
          ------------------------------------------------------
```

PD12
====

```
                    PROVIDER NAME:  {NAME OF MEDICAL CARE PROVIDER FROM PV}
                    STREET ADDRESS:  {STREET ADDRESS FROM PV}
         STATE:  {STATE}
         SEARCH STRATEGY:  {PROVIDER NAME SHOWN ABOVE/CORRECTED
         {PERSON/FACILITY} NAME/CORE STREET NAME/
         TELEPHONE NUMBER}
         NUMBER OF POTENTIAL MATCHES FOUND:  {NUMBER OF MATCHES}
         PRESS ENTER TO CONTINUE.
                 ------------------------------------------------------
                | DISPLAY NAME OF PROVIDER AS RECORDED ON THE         |
                | PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER    |
                | BEING LOOPED ON FOR 'NAME OF MEDICAL PROVIDER       |
                | FROM PV'. IF PERSON-TYPE-PROVIDER, DISPLAY          |
                | PERSON NAME. IF FACILITY-PROVIDER, DISPLAY          |
                | FACILITY NAME.                                      |
                 ------------------------------------------------------
                 ------------------------------------------------------
                | DISPLAY THE FIRST STREET ADDRESS AS RECORDED ON     |
                | THE PROVIDER ROSTER FROM SECTION PV FOR THE         |
                | PROVIDER BEING LOOPED ON FOR 'STREET ADDRESS FROM   |
                | PV'.                                                |
                 ------------------------------------------------------
                 ------------------------------------------------------
                | DISPLAY TWO CHARACTER STATE ABBREVIATION CURRENTLY  |
                | BEING USED (I.E., FROM PD06 OR IF PD06 NOT ASKED,   |
                | FROM PD04) FOR 'STATE ABBREVIATION'.                |
                 ------------------------------------------------------
                 ------------------------------------------------------
                | SEARCH STRATEGY:                                    |
                | - DISPLAY 'PROVIDER NAME SHOWN ABOVE' IF PD05=1     |
                |   OR IF PD07=1.                                     |
                | - DISPLAY 'CORRECTED {PERSON/FACILITY} NAME' IF     |
                |   PD05=2 OR IF PD07=2.                              |
                |   - DISPLAY 'PERSON' IF PERSON-TYPE-PROVIDER        |
                |     AND PD08 WAS ANSWERED.                          |
                |   - DISPLAY 'FACILITY' IF FACILITY-PROVIDER AND     |
                |     PD09 WAS ANSWERED.                              |
                |   - DISPLAY 'CORE STREET NAME' IF PD05=3 OR         |
                |     IF PD07=3.                                      |
                |   - DISPLAY 'TELEPHONE NUMBER' IF PD05=4 OR         |
                |     IF PD07=4.                                      |
                 ------------------------------------------------------
                 ------------------------------------------------------
                | DISPLAY THE NUMBER OF POTENTIAL MATCHES FOUND IN    |
                | DIRECTORY FOR 'NUMBER OF MATCHES'.                  |
                 ------------------------------------------------------
```

PD13
====
```
            PROVIDER NAME:  {NAME OF MEDICAL CARE PROVIDER FROM PV}
            STREET ADDRESS:  {STREET ADDRESS FROM PV}
   SELECT CORRECT PROVIDER.
   IF CORRECT PROVIDER NOT FOUND, PRESS ESC TO LEAVE SCREEN.
   TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
   TO LEAVE, PRESS ESC.
```

ROSTER. PROVIDER-MATCHES	PD13_02. STREET ADDRESS
[Display Provider Name-40]	[Display Street Address-20]
[Display Provider Name-40]	[Display Street Address-20]
[Display Provider Name-40]	[Display Street Address-20]

```
    {Display Provider Name}
    {Display Provider Street Address}
    {Display Provider City, State, Zip}
    {Display Provider Telephone Number}
    {Display Provider Specialty}
   -------------------------------------------------------
   |  DISPLAY NAME OF PROVIDER AS RECORDED ON THE          |
   |  PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER     |
   |  BEING LOOPED ON FOR 'NAME OF MEDICAL PROVIDER        |
   |  FROM PV'. IF PERSON-TYPE-PROVIDER, DISPLAY           |
   |  PERSON NAME. IF FACILITY-PROVIDER, DISPLAY           |
   |  FACILITY NAME.                                       |
   -------------------------------------------------------
   -------------------------------------------------------
   |  DISPLAY STREET ADDRESS AS RECORDED ON THE PROVIDER|
   |  ROSTER FROM SECTION PV FOR THE PROVIDER BEING       |
   |  LOOPED ON FOR 'STREET ADDRESS FROM PV'.             |
   -------------------------------------------------------
   -------------------------------------------------------
   |  DISPLAY FULL INFORMATION (I.E., NAME, ADDRESS,      |
   |  CITY, STATE, ZIP, TELEPHONE, AND SPECIALTY) BELOW |
   |  ROSTER FOR PROVIDER CURSOR IS ON (I.E.,            |
   |  HIGHLIGHTED).                                        |
   -------------------------------------------------------
   -------------------------------------------------------
   |  IF NO PROVIDER SELECTED FROM ROSTER, GO TO PD17   |
   -------------------------------------------------------
   -------------------------------------------------------
   |  OTHERWISE, CONTINUE WITH PD14                       |
   -------------------------------------------------------
```

PD14
====
```
            PROVIDER NAME:  {NAME OF MEDICAL CARE PROVIDER FROM PV}
            STREET ADDRESS:  {STREET ADDRESS FROM PV}
   YOU HAVE SELECTED:
       {Display Provider Name}
       {Display Provider Street Address}
       {Display Provider City, State, Zip}
       {Display Provider Telephone Number}
       {Display Provider Specialty}
   YOUR OPTIONS:
       ACCEPT PROVIDER AS SHOWN .............. 1
       ACCEPT PROVIDER BUT MAKE CHANGES ....... 2
```

```
                    WRONG PROVIDER, GO BACK TO PREVIOUS
                      SCREEN ............................. 3
              ---------------------------------------------------------
              |  DISPLAY NAME OF PROVIDER AS RECORDED ON THE           |
              |  PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER      |
              |  BEING LOOPED ON FOR 'NAME OF MEDICAL PROVIDER         |
              |  FROM PV'. IF PERSON-TYPE-PROVIDER, DISPLAY            |
              |  PERSON NAME. IF FACILITY-PROVIDER, DISPLAY            |
              |  FACILITY NAME.                                        |
              ---------------------------------------------------------
              ---------------------------------------------------------
              |  DISPLAY THE FIRST STREET ADDRESS AS RECORDED ON       |
              |  THE PROVIDER ROSTER FROM SECTION PV FOR THE           |
              |  PROVIDER BEING LOOPED ON FOR 'STREET ADDRESS FROM     |
              |  PV'.                                                  |
              ---------------------------------------------------------
              ---------------------------------------------------------
              |  DISPLAY FULL INFORMATION (I.E., NAME, ADDRESS,        |
              |  CITY, STATE, ZIP, TELEPHONE, AND SPECIALTY) FOR       |
              |  PROVIDER SELECTED (I.E., CHECKED) IN PD13 FOR         |
              |  'DISPLAY PROVIDER...'.                                |
              ---------------------------------------------------------
              ---------------------------------------------------------
              |  IF CODED '1' (ACCEPT PROVIDER AS SHOWN) OR '2'        |
              |  (ACCEPT PROVIDER BUT MAKE CHANGES), STORE THIS        |
              |  PROVIDER DIRECTORY ID.                                |
              ---------------------------------------------------------
              ---------------------------------------------------------
              |  NOTE:  INFORMATION OBTAINED FROM THE PROVIDER         |
              |  DIRECTORY SEARCH IS NOT USED TO REPLACE DATA          |
              |  REPORTED BY THE RESPONDENT DURING THE INTERVIEW       |
              |  OR INCORPORATED INTO PROVIDER ROSTER DISPLAYS.        |
              ---------------------------------------------------------
              ---------------------------------------------------------
              |  IF CODED '3' (WRONG PROVIDER, GO BACK TO PREVIOUS     |
              |  SCREEN), CAPI AUTOMATICALLY RETURNS TO PD13           |
              ---------------------------------------------------------
              ---------------------------------------------------------
              |  IF CODED '1' (ACCEPT PROVIDER AS SHOWN),              |
              |  GO TO END_LP02                                        |
              ---------------------------------------------------------
              ---------------------------------------------------------
              |  IF CODED '2' (ACCEPT PROVIDER BUT MAKE CHANGES),      |
              |  CONTINUE WITH PD15                                    |
              ---------------------------------------------------------
```

PD15
====

```
                    PROVIDER NAME:  {NAME OF MEDICAL CARE PROVIDER FROM PV}
                    STREET ADDRESS:  {STREET ADDRESS FROM PV}
            ENTER CORRECTIONS, AS APPROPRIATE.
            RE-TYPE ENTIRE FIELD TO MAKE CORRECTION.
            PRESS ENTER TO PASS THROUGH FIELDS THAT REQUIRE NO CORRECTION.
                                        {Display Prov Name from ProvDir}
                      NAME (PD15_01):  [_____]
                                        {Display Prov Street Address from ProvDir}
            1ST_STR_ ADDRESS (PD15_02):  [_____]
                                        {Display Prov City from ProvDir}
                      CITY (PD15_03):  [_____]
```

```
                              {Display Prov State from ProvDir}
          STATE (PD15_04):  [_____]
                              {Display Prov Zip Code from ProvDir}
       ZIP CODE (PD15_05):  [_____]
                              {Display Prov Telephone from ProvDir}
      TELEPHONE (PD15_06):  [_____]
       ----------------------------------------------------
      | DISPLAY NAME OF PROVIDER AS RECORDED ON THE         |
      | PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER    |
      | BEING LOOPED ON FOR 'NAME OF MEDICAL PROVIDER       |
      | FROM PV'. IF PERSON-TYPE-PROVIDER, DISPLAY          |
      | PERSON NAME. IF FACILITY-PROVIDER, DISPLAY          |
      | FACILITY NAME.                                      |
       ----------------------------------------------------

       ----------------------------------------------------
      | DISPLAY THE FIRST STREET ADDRESS AS RECORDED ON     |
      | THE PROVIDER ROSTER FROM SECTION PV FOR THE         |
      | PROVIDER BEING LOOPED ON FOR 'STREET ADDRESS FROM   |
      | PV'.                                                |
       ----------------------------------------------------

       ----------------------------------------------------
      | DISPLAY NAME, ADDRESS, CITY, STATE, ZIP, AND        |
      | TELEPHONE FOR PROVIDER SELECTED (I.E., CHECKED) IN  |
      | PD13 FOR 'DISPLAY PROV...' EACH PIECE OF THE        |
      | INFORMATION SHOULD BE DISPLAYED ABOVE THE           |
      | APPROPRIATE LINE.                                   |
       ----------------------------------------------------

       ----------------------------------------------------
      | ENTRY FIELD SPECIFICATIONS:                         |
      |                                                     |
      |    IF PERSON-TYPE-PROVIDER, DISPLAY FIRST NAME AND  |
      |    LAST NAME FIELDS.                                |
      |                                                     |
      |    IF FACILITY-PROVIDER, DISPLAY FACILITY NAME      |
      |    FIELD.                                           |
       ----------------------------------------------------

       ----------------------------------------------------
      | FLAG THIS RECORD AS 'UPDATED. NEEDS HOME OFFICE     |
      | REVIEW.'                              .             |
       ----------------------------------------------------
```

PD16
====

```
            PROVIDER NAME:  {NAME OF MEDICAL CARE PROVIDER}
           STREET ADDRESS:  {STREET ADDRESS}
     DO YOU WANT TO MAKE ANY NOTES ABOUT THIS PROVIDER?
          YES .................................. 1
          NO ................................... 2  {END_LP02}
          ----------------------------------------------------
         | DISPLAY NAME OF PROVIDER AS RECORDED ON THE         |
         | PROVIDER ROSTER FROM SECTION PV OR AS UPDATED ON    |
         | THE PREVIOUS SCREEN (PD15) FOR THE PROVIDER BEING   |
         | LOOPED ON FOR 'NAME OF MEDICAL CARE PROVIDER'.  IF  |
         | PERSON-TYPE-PROVIDER, DISPLAY PERSON NAME.  IF      |
         | FACILITY-PROVIDER, DISPLAY FACILITY NAME.           |
          ----------------------------------------------------

          ----------------------------------------------------
         | DISPLAY THE FIRST STREET ADDRESS AS RECORDED ON     |
         | THE PROVIDER ROSTER FROM SECTION PV OR AS UPDATED   |
```

```
                    | ON THE PREVIOUS SCREEN (PD15) FOR THE PROVIDER   |
                    | BEING LOOPED ON FOR 'STREET ADDRESS'.            |
                    ----------------------------------------------------
```

PD16OV
======

```
              [ENTER TEXT].......................{END_LP02}
                    ----------------------------------------------------
                    | ALLOW MULTIPLE LINES FOR ENTRY.                  |
                    ----------------------------------------------------
```

PD17
====

```
                      PROVIDER NAME:  {NAME OF MEDICAL CARE PROVIDER FROM PV}
                      STREET ADDRESS:  {STREET ADDRESS FROM PV}
              STATE:  {STATE}
              SEARCH STRATEGY:  {PROVIDER NAME SHOWN ABOVE/CORRECTED
              {PERSON/FACILITY} NAME/CORE STREET NAME/TELEPHONE NUMBER}
              {NO MATCHES/MORE THAN 75 MATCHES/YOU DID NOT SELECT ANY MATCHES
              WHICH} WERE LOCATED IN THE DIRECTORY DURING THE LAST SEARCH.
              DO YOU WANT TO SEARCH AGAIN?
                    YES, SEARCH AGAIN ..................... 1 {END_LP02}
                    NO, GO TO PROVIDER FORM ............... 2
                                 [Code One]
                    ----------------------------------------------------
                    | DISPLAY NAME OF PROVIDER AS RECORDED ON THE      |
                    | PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER |
                    | BEING LOOPED ON FOR 'NAME OF MEDICAL PROVIDER    |
                    | FROM PV'. IF PERSON-TYPE PROVIDER, DISPLAY       |
                    | PERSON NAME. IF FACILITY-PROVIDER, DISPLAY       |
                    | FACILITY NAME.                                   |
                    ----------------------------------------------------
                    ----------------------------------------------------
                    | DISPLAY THE FIRST STREET ADDRESS AS RECORDED ON  |
                    | THE PROVIDER ROSTER FROM SECTION PV FOR THE      |
                    | PROVIDER BEING LOOPED ON FOR 'STREET ADDRESS FROM|
                    | PV'.                                             |
                    ----------------------------------------------------
                    ----------------------------------------------------
                    | DISPLAY TWO CHARACTER STATE ABBREVIATION CURRENTLY|
                    | BEING USED (I.E., FROM PD06 OR IF PD06 NOT ASKED,|
                    | FROM PD04) FOR 'STATE ABBREVIATION'.             |
                    ----------------------------------------------------
                    ----------------------------------------------------
                    | SEARCH STRATEGY:                                 |
                    | - DISPLAY 'PROVIDER NAME SHOWN ABOVE' IF PD05=1  |
                    |   OR IF PD07=1.                                  |
                    | - DISPLAY 'CORRECTED {PERSON/FACILITY} NAME' IF  |
                    |   PD05=2 OR IF PD07=2.                           |
                    |   - DISPLAY 'PERSON' IF PERSON-TYPE-PROVIDER     |
                    |     AND PD08 WAS ANSWERED.                       |
                    |   - DISPLAY 'FACILITY' IF FACILITY-PROVIDER AND  |
                    |     PD09 WAS ANSWERED.                           |
                    |   - DISPLAY 'CORE STREET NAME' IF PD05=3 OR      |
                    |     IF PD07=3.                                   |
                    |   - DISPLAY 'TELEPHONE NUMBER' IF PD05=4 OR      |
                    |     IF PD07=4.                                   |
                    ----------------------------------------------------
                    ----------------------------------------------------
```

```
                   | DISPLAY 'NO MATCHES' IF NO POTENTIAL MATCHES WERE |
                   | FOUND IN THE DIRECTORY.                           |
                   -----------------------------------------------------
                   -----------------------------------------------------
                   | DISPLAY 'MORE THAN 75 MATCHES' IF MORE THAN 75    |
                   | POTENTIAL MATCHES WERE FOUND IN THE DIRECTORY.    |
                   -----------------------------------------------------
                   -----------------------------------------------------
                   | DISPLAY 'YOU DID NOT SELECT ANY MATCHES WHICH' IF |
                   | POTENTIAL MATCHES WERE FOUND IN THE DIRECTORY BUT |
                   | THE INTERVIEWER DID NOT SELECT ANY (I.E., USED    |
                   | ESC AT PD13 AND NO PROVIDER HAD BEEN CHECKED).    |
                   -----------------------------------------------------
```

PD18
====

```
          TO VERIFY INFO, PRESS ENTER.  TO CORRECT OR ADD INFO, RE-TYPE
          ENTIRE FIELD.
                                       {Provider Name from PV}
                  {NAME (PD18_01):  [_____]}
                                       {1ST_STR_Provider Address from PV}
          1ST_STR_ADDRESS (PD18_02): [_____]
                                       {2ND_STR_Provider Address from PV}
          2ND_STR_ADDRESS (PD18_03): [_____]
                     CITY (PD18_04): [_____]
                    STATE (PD18_05): [_____]
                 ZIP CODE (PD18_06): [_____]
                TELEPHONE (PD18_07): [_____]
               {SPECIALTY (PD18_08): [_____]}
            PRESS F1 FOR LIST OF STATE ABBREVIATIONS.
          -----------------------------------------------------
          | IF STREET ADDRESS LINES ARE CODED REFUSED OR DON'T|
          | KNOW (-7 OR -8) IN PROVIDER ROSTER (PV) SECTION,  |
          | DISPLAY BLANK LINES FOR THESE FIELDS.             |
          -----------------------------------------------------
          -----------------------------------------------------
          | DISPLAY THE NAME AND ADDRESS AS RECORDED ON THE   |
          | PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER  |
          | BEING LOOPED ON FOR 'PROVIDER NAME FROM PV'. IF   |
          | PERSON-TYPE-PROVIDER, DISPLAY PERSON NAME.  IF    |
          | FACILITY-PROVIDER, DISPLAY FACILITY NAME.  EACH   |
          | PIECE OF THE INFORMATION SHOULD BE DISPLAYED ABOVE|
          | THE APPROPRIATE LINE.                             |
          -----------------------------------------------------
          -----------------------------------------------------
          | ENTRY FIELD SPECIFICATIONS:                       |
          |                                                   |
          |   IF PERSON-TYPE-PROVIDER, DISPLAY 'FIRST' AND    |
          |   'LAST NAME' FIELDS.  ALSO DISPLAY PD18_08,      |
          |   'SPECIALTY' FIELD, FOR COLLECTION.              |
          |                                                   |
          |   IF FACILITY-PROVIDER, DISPLAY 'FACILITY NAME'   |
          |   FIELD.  DO NOT DISPLAY 'SPECIALTY' FIELD.       |
          -----------------------------------------------------
          -----------------------------------------------------
          | FLAG THIS RECORD AS 'NEW NAME/ADDRESS INFORMATION.|
          | NEEDS HOME OFFICE REVIEW.'                        |
          -----------------------------------------------------
          -----------------------------------------------------
```

```
                | REFUSED AND DON'T KNOW ALLOWED IN ALL FIELDS,   |
                | EXCEPT THE 'NAME' FIELD.                        |
                --------------------------------------------------
```

PD19
====

```
                  PROVIDER NAME:  {NAME OF MEDICAL CARE PROVIDER}
                 STREET ADDRESS:  {STREET ADDRESS}
        DO YOU WANT TO MAKE ANY NOTES ABOUT THIS PROVIDER?
                 YES ..................................... 1
                 NO ...................................... 2  {END_LP02}
                --------------------------------------------------
                | DISPLAY NAME OF PROVIDER AS RECORDED ON THE     |
                | PROVIDER ROSTER FROM SECTION PV OR AS UPDATED ON |
                | THE PREVIOUS SCREEN (PD18) FOR THE PROVIDER BEING |
                | LOOPED ON FOR 'NAME OF MEDICAL CARE PROVIDER'.  IF|
                | PERSON-TYPE PROVIDER, DISPLAY PERSON NAME.  IF  |
                | FACILITY-PROVIDER, DISPLAY FACILITY NAME.       |
                --------------------------------------------------
                --------------------------------------------------
                | DISPLAY THE FIRST STREET ADDRESS AS RECORDED ON  |
                | THE PROVIDER ROSTER FROM SECTION PV OR AS UPDATED |
                | ON THE PREVIOUS SCREEN (PD18) FOR THE PROVIDER   |
                | BEING LOOPED ON FOR 'STREET ADDRESS'.           |
                --------------------------------------------------
```

PD19OV
======

```
                [ENTER TEXT]....................
                --------------------------------------------------
                | ALLOW MULTIPLE LINES FOR ENTRY.                 |
                --------------------------------------------------
```

END_LP02
========

```
                --------------------------------------------------
                | IF PD17 IS CODED '1' (YES), CYCLE FOR NEXT SEARCH.|
                --------------------------------------------------
                --------------------------------------------------
                | IF NO MORE SEARCHES TO BE MADE, THAT IS, IF PD17 |
                | IS CODED '2' (NO) OR PD14 IS CODED '1' (ACCEPT   |
                | PROVIDER AS SHOWN), CONTINUE WITH END_LP01       |
                --------------------------------------------------
```

END_LP01
========

```
                --------------------------------------------------
                | CYCLE ON NEXT PROVIDER THAT MEETS THE CONDITIONS |
                | STATED IN THE LOOP DEFINITION.                  |
                --------------------------------------------------
                --------------------------------------------------
                | IF NO OTHER PROVIDER MEETS THE STATED CONDITIONS, |
                | END LOOP_01 AND CONTINUE WITH BOX_06            |
                --------------------------------------------------
```

BOX_06
======

```
                --------------------------------------------------
                | GO TO NEXT QUESTIONNAIRE SECTION.               |
                --------------------------------------------------
```