BOX_00
======

```
--------------------------------------------------------
|  CONTEXT HEADER DISPLAY INSTRUCTIONS:                 |
|  DISPLAY PERS.FULLNAME, PROV.LORPNAME,                |
|  EVNT.EVNTBEGM, EVNT.EVNTBEGD, EVNT.EVNTBEGY          |
--------------------------------------------------------
```

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 {MV02A}
    TELEPHONE CALL ......................... 2 {MV03}
    REF ................................... -7 {MV03}
    DK .................................... -8 {MV03}
```

                        [Code One]

```
--------------------------------------------------------
|  IF MV01 IS CODED '1' (SAW PROVIDER), FLAG EVENT AS|
|  'MV-IN-PERSON'.                                      |
--------------------------------------------------------
```

```
--------------------------------------------------------
|  IF MV01 IS CODED '2' (TELEPHONE CALL), '-7',        |
|  (REFUSED), OR '-8' (DON'T KNOW), FLAG EVENT AS      |
|  'MV-TELEPHONE'. (THIS EVENT IS FLAGGED FOR          |
|  PURPOSES OF SKIPS IN THE C/P SECTION.  HOWEVER      |
|  '-7' AND '-8' WILL USE THE SAME QUESTION WORDING    |
|  AS IN 'MV-IN-PERSON' EVENTS DURING THE              |
|  ADMINISTRATION OF THE MV SECTION.)                  |
--------------------------------------------------------
```

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 {MV03}
        MEDICAL CLINIC ........................  2 {MV03}
        MANAGED CARE PLAN CENTER/HMO ..........  3 {MV03}
        NEIGHBORHOOD/FAMILY HEALTH CENTER .....  4 {MV03}
        LASER EYE SURGERY CENTER ..............  5 {MV03}
        OTHER FREESTANDING SURGICAL CENTER ....  6 {MV03}
        RURAL HEALTH CLINIC ...................  7 {MV03}
        COMPANY CLINIC ........................  8 {MV03}
        SCHOOL CLINIC .........................  9 {MV03}
        OTHER CLINIC .......................... 10 {MV03}
        WALK-IN URGENT CARE ................... 11 {MV03}
        VA FACILITY ........................... 12 {MV03}
        COMMUNITY HEALTH CENTER ............... 13 {MV03}
        LABORATORY/X-RAY FACILITY ............. 14 {MV03}
        BIRTHING CENTER ....................... 15 {MV03}
        INDIAN HEALTH SERVICE (IHS) FACILITY .. 16 {MV03}
        SOME OTHER PLACE ...................... 91 {MV03}
        REF ................................... -7 {MV03}
        DK .................................... -8 {MV03}
```

[Code One]

```
-------------------------------------------------------
| CODE '16' (IHS FACILITY) WAS INTRODUCED IN PANEL  |
| 12 ROUND 3 AND WILL BE INCLUDED IN ALL FUTURE     |
| PANELS AND ROUNDS.  '16' WAS NOT AVAILABLE IN     |
| PANEL 12 ROUNDS 1 AND 2.                          |
-------------------------------------------------------


-------------------------------------------------------
| HARD CHECK:                                       |
| EDIT: IF CODED '15' BIRTHING CENTER, AND PERSON IS|
| NOT FEMALE, DISPLAY THE FOLLOWING MESSAGE:        |
| "'BIRTHING CENTER' CAN BE SELECTED ONLY IF PERSON |
| IS FEMALE. VERIFY AND RE-ENTER."                  |
-------------------------------------------------------
```

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 {MV03A}
        NO .................................... 2 {MV04}
        REF .................................. -7 {MV04}
        DK ................................... -8 {MV04}
```

          HELP AVAILABLE 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 {BOX_01}
ANESTHESIOLOGY ........................  2 {BOX_01}
CARDIOLOGY (HEART) ....................  3 {BOX_01}
DERMATOLOGY (SKIN) ....................  4 {BOX_01}
ENDOCRINOLOGY/METABOLISM
   (DIABETES, THYROID) ................  5 {BOX_01}
FAMILY PRACTICE .......................  6 {BOX_01}
GASTROENTEROLOGY ......................  7 {BOX_01}
GENERAL PRACTICE ......................  8 {BOX_01}
GENERAL SURGERY .......................  9 {BOX_01}
GERIATRICS (ELDERLY) ................. 10 {BOX_01}
GYNECOLOGY/OBSTETRICS ................ 11 {BOX_01}
HEMATOLOGY (BLOOD) ................... 12 {BOX_01}
HOSPITAL RESIDENCE ................... 13 {BOX_01}
INTERNAL MEDICINE
   (INTERNIST) ........................ 14 {BOX_01}
NEPHROLOGY (KIDNEYS) ................. 15 {BOX_01}
NEUROLOGY ............................ 16 {BOX_01}
NUCLEAR MEDICINE ..................... 17 {BOX_01}
ONCOLOGY (TUMORS, CANCER) ............ 18 {BOX_01}
OPHTHALMOLOGY (EYES) ................. 19 {BOX_01}
ORTHOPEDICS .......................... 20 {BOX_01}
OSTEOPATHY (DO) ...................... 21 {BOX_01}
OTORHINOLARYNGOLOGY
   (EAR, NOSE, THROAT) ................ 22 {BOX_01}
PATHOLOGY ............................ 23 {BOX_01}
PEDIATRICIAN ......................... 24 {BOX_01}
PHYSICAL MEDICINE/REHAB .............. 25 {BOX_01}
PLASTIC SURGERY ...................... 26 {BOX_01}
PROCTOLOGY ........................... 27 {BOX_01}
PSYCHIATRY/PSYCHIATRIST............... 28 {BOX_01}
PULMONARY ............................ 29 {BOX_01}
RADIOLOGY ............................ 30 {BOX_01}
RHEUMATOLOGY (ARTHRITIS) ............. 31 {BOX_01}
THORACIC SURGERY (CHEST) ............. 32 {BOX_01}
UROLOGY .............................. 33 {BOX_01}
OTHER DR SPECIALTY ................... 91 {BOX_01}
REF .................................. -7 {BOX_01}
DK ................................... -8 {BOX_01}
```

[Code One]

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 {BOX_01}
    DENTIST/DENTAL CARE PERSON ...........  2 {BOX_01}
    MIDWIFE ..............................  3 {BOX_01}
    NURSE/NURSE PRACTITIONER .............  4 {BOX_01}
    OPTOMETRIST ..........................  5 {BOX_01}
    PODIATRIST ...........................  6 {BOX_01}
    PHYSICIAN'S ASSISTANT ................  7 {BOX_01}
    PHYSICAL THERAPIST ...................  8 {BOX_01}
    OCCUPATIONAL THERAPIST ...............  9 {BOX_01}
    PSYCHOLOGIST ......................... 10 {BOX_01}
    SOCIAL WORKER ........................ 11 {BOX_01}
    TECHNICIAN ........................... 12 {BOX_01}
    RECEPTIONIST, CLERK, SECRETARY ....... 13 {BOX_01}
    ACUPUNCTURIST ........................ 14 {BOX_01}
    MASSAGE THERAPIST .................... 15 {BOX_01}
    HOMEOPATHIC/NATUROPATHIC/HERBALIST .... 16 {BOX_01}
    OTHER ALTERNATIVE/COMPLEMENTARY
       CARE PROVIDER ..................... 17 {BOX_01}
    OTHER ................................ 91 {BOX_01}
    REF .................................. -7 {BOX_01}
    DK ................................... -8 {BOX_01}
```

[Code One]

HELP AVAILABLE 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
```

HELP AVAILABLE 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 SELECTED 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 {MV08}
DIAGNOSIS OR TREATMENT ................. 2 {MV08}
EMERGENCY (E.G., ACCIDENT OR INJURY) ... 3 {MV08}
PSYCHOTHERAPY OR MENTAL HEALTH
COUNSELING ............................. 4 {MV08}
FOLLOW-UP OR POST-OPERATIVE VISIT ...... 5 {MV08}
IMMUNIZATIONS OR SHOTS ................. 6 {MV08}
VISION EXAM ............................ 7 {MV08}
PREGNANCY-RELATED (INCLUDING PRENATAL
   CARE AND DELIVERY) ................... 8 {MV08}
WELL CHILD EXAM ........................ 9 {MV08}
LASER EYE SURGERY .................... 10 {MV08}
OTHER ................................ 91 {MV08}
REF .................................. -7 {MV08}
DK ................................... -8 {MV08}
```

[Code One]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

```
-------------------------------------------------
| HARD CHECK:                                   |
| EDITS:  IF MV07 IS CODED '8' (PREGNANCY-RELATED   |
| (INCLUDING PRENATAL CARE AND DELIVERY)), 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 {MV09}
        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, SELECT ENTRY ON ROSTER.

        [1. Medical Condition]
        [2. Medical Condition]
        [3. Medical Condition]

        | 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. |

9

```
-------------------------------------------------------
| DISPLAY 'ADD CONDITION' AS AN OPTION ON THIS         |
| SCREEN.                                              |
-------------------------------------------------------
```

```
-------------------------------------------------------
| GO TO BOX_02                                         |
-------------------------------------------------------
```

```
-------------------------------------------------------
| ROSTER DETAILS:                                      |
| Title: PERS_COND_1                                   |
|                                                      |
| COL #1 HEADER: MEDICAL CONDITION                     |
| INSTRUCTIONS: DISPLAY NAME OF MEDICAL CONDITION      |
| (COND.CONDNAM)                                       |
-------------------------------------------------------
```

```
-------------------------------------------------------
| ROSTER DEFINITION:                                   |
| DISPLAY THE PERSON-MEDICAL-CONDITIONS-ROSTER FOR     |
| SELECTION AND ADDITION OF ONE OR MANY MEDICAL        |
| CONDITION(S) ASSOCIATED WITH THIS EVENT.             |
-------------------------------------------------------
```

```
-------------------------------------------------------
| ROSTER BEHAVIOR:                                     |
| 1. MULTIPLE SELECT ALLOWED.                          |
|                                                      |
| 2. MULTIPLE ADD ALLOWED.                             |
|                                                      |
| 3. LIMITED DELETE ALLOWED. INTERVIEWER MAY DELETE |
|    A CONDITION ADDED ON THIS SCREEN AS LONG AS    |
|    CAPI HAS NOT YET CREATED THE LINK BETWEEN THIS |
|    CONDITION AND THE EVENT.                          |
|                                                      |
| 4. LIMITED EDIT ALLOWED. INTERVIEWER MAY EDIT A     |
|    CONDITION NAME NEWLY ADDED ON THIS SCREEN AS     |
|    LONG AS CAPI HAS NOT YET CREATED THE LINK        |
|    BETWEEN THIS CONDITION AND THE EVENT.            |
-------------------------------------------------------
```

```
-------------------------------------------------------
| ROSTER FILTER:                                       |
| DISPLAY ALL CONDITIONS ON PERSON'S ROSTER; NO        |
| FILTER.                                              |
-------------------------------------------------------
```

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?

CHECK ALL THAT APPLY.

```
PHYSICAL THERAPY ...................... 1 {MV11}
OCCUPATIONAL THERAPY .................. 2 {MV11}
SPEECH THERAPY ........................ 3 {MV11}
CHEMOTHERAPY .......................... 4 {MV11}
RADIATION THERAPY ..................... 5 {MV11}
KIDNEY DIALYSIS ....................... 6 {MV11}
IV THERAPY ............................ 7 {MV11}
DRUG OR ALCOHOL TREATMENT ............. 8 {MV11}
ALLERGY SHOT .......................... 9 {MV11}
PSYCHOTHERAPY/COUNSELING .............. 10 {MV11}
SHOTS, OTHER THAN ALLERGY ............. 11 {MV11}
NO TREATMENTS RECEIVED ................ 95 {MV11}
REF ................................... -7 {MV11}
DK .................................... -8 {MV11}
```

[Code All That Apply]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

```
-------------------------------------------------------
|  ALLOW CODE '95' (NO TREATMENTS RECEIVED), '-7'     |
|  (REFUSED), AND '-8' (DON'T KNOW) ALONE ONLY.       |
|  THESE RESPONSES MAY NOT BE SELECTED WITH ANY OTHER|
|  RESPONSE.                                          |
-------------------------------------------------------
```

```
-------------------------------------------------------
|  'NO TREATMENTS RECEIVED' IS NOT DISPLAYED ON SHOW |
|  CARD.                                              |
-------------------------------------------------------
```

```
-------------------------------------------------------
|  HARD CHECK:                                        |
|  EDIT:  IF CODED '95' (NO TREATMENTS RECEIVED),     |
|  NO OTHER TREATMENT CATEGORIES CAN BE CODED. IF     |
|  INTERVIEWER SELECTS ANOTHER CODE WITH 'NO          |
|  TREATMENTS' DISPLAY THE FOLLOWING MESSAGE:  "NO    |
|  TREATMENTS RECEIVED CANNOT BE SELECTED WITH OTHER  |
|  OPTIONS. VERIFY AND RE-ENTER."                     |
-------------------------------------------------------
```

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?

CHECK ALL THAT APPLY.

```
LABORATORY TESTS ....................... 1 {MV12}
SONOGRAM OR ULTRASOUND ................. 2 {MV12}
X-RAYS ................................. 3 {MV12}
MAMMOGRAM .............................. 4 {MV12}
MRI OR CATSCAN ......................... 5 {MV12}
EKG OR ECG ............................. 6 {MV12}
EEG .................................... 7 {MV12}
VACCINATION ............................ 8 {MV12}
ANESTHESIA ............................. 9 {MV12}
OTHER DIAGNOSTIC TEST ................. 10 {MV12}
THROAT SWAB ........................... 11 {MV12}
NO SERVICES RECEIVED .................. 95 {MV12}
REF ................................... -7 {MV12}
DK .................................... -8 {MV12}
```

[Code All That Apply]

HELP AVAILABLE 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) ALONE ONLY.      |
| THESE RESPONSES MAY NOT BE SELECTED WITH ANY OTHER|
| RESPONSE.                                         |
---------------------------------------------------
```

```
---------------------------------------------------
| 'NO SERVICES RECEIVED' IS NOT DISPLAYED ON SHOW   |
| CARD.                                             |
---------------------------------------------------
```

```
---------------------------------------------------
| HARD CHECK:                                       |
| EDIT:  IF CODED '95' (NO SERVICES RECEIVED),      |
| NO OTHER TREATMENT CATEGORIES CAN BE CODED. IF    |
| INTERVIEWER SELECTS ANOTHER CODE WITH 'NO         |
| SERVICES' DISPLAY THE FOLLOWING MESSAGE:  "NO     |
| SERVICES RECEIVED CANNOT BE SELECTED WITH OTHER   |
| OPTIONS. VERIFY AND RE-ENTER."                    |
---------------------------------------------------
```

```
---------------------------------------------------
| NOTE:  CODE '11' (THROAT SWAB) IS DISPLAYED ON    |
| THE SCREEN AND ON THE SHOW CARD BETWEEN CODES     |
| '1' (LABORATORY TESTS) AND '2' (SONOGRAM OR       |
| ULTRASOUND).                                      |
---------------------------------------------------
```

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 {MV14}
        NO .... 2 {MV14}
        REF .... -7 {MV14}
        DK .... -8 {MV14}

    HELP AVAILABLE 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 {MV15}
NO ....................................... 2 {BOX_04}
REF ...................................... -7 {BOX_04}
DK ....................................... -8 {BOX_04}
```

HELP AVAILABLE 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/
telephone call} that were filled.

PROBE: Any other prescribed medicines from this {visit/telephone
call} that were filled?

```
[1. Prescribed Medicine]
[2. Prescribed Medicine]
[3. Prescribed Medicine]
```

```
-------------------------------------------------
| DISPLAY 'ADD MEDICINE' AS AN OPTION ON THIS     |
| SCREEN.                                         |
-------------------------------------------------
```

```
-----------------------------------------------------
| 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.      |
-----------------------------------------------------
```

```
-----------------------------------------------------
| GO TO BOX_04                                       |
-----------------------------------------------------
```

```
-----------------------------------------------------
| ROSTER DETAILS:                                    |
| TITLE: PERSON'S_PRESCRIBED_MEDICINES_1             |
|                                                    |
| COL # 1 HEADER: PRESCRIBED MEDICINE                |
| INSTRUCTIONS: DISPLAY NAME OF PRESCRIBED MEDICINE  |
| (DRUG.DRUGNAME)                                    |
-----------------------------------------------------
```

```
-----------------------------------------------------
| ROSTER DEFINITION:                                 |
| THIS ITEM DISPLAYS THE PERSON'S-PRESCRIPTION-      |
| MEDICINES-ROSTER FOR SELECTION.                    |
-----------------------------------------------------
```

```
-----------------------------------------------------
| ROSTER BEHAVIOR:                                   |
| 1. MULTIPLE SELECT AND ADD ALLOWED.                |
|                                                    |
| 2. LIMITED DELETE ALLOWED. INTERVIEWER MAY DELETE  |
|    A PMED ADDED ON THIS SCREEN AS LONG AS CAPI HAS |
|    NOT YET CREATED THE LINK BETWEEN THIS PMED AND  |
|    THE EVENT.                                      |
|                                                    |
| 3. EDIT DISALLOWED.                                |
-----------------------------------------------------
```

```
-----------------------------------------------------
| ROSTER FILTER:                                     |
| DISPLAY ALL MEDICINES IN PERSON'S ROSTER; NO       |
| FILTER.                                            |
-----------------------------------------------------
```

16

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 {MV17}
        NO .... 2 {BOX_07}
        REF .... -7 {BOX_07}
        DK .... -8 {BOX_07}

        HELP AVAILABLE FOR DEFINITION OF REPEAT VISITS.

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

```
--------------------------------------------------------
| FOR 'PERSON'S MV MEDICAL CONDITION', DISPLAY ALL    |
| CONDITIONS SELECTED FROM OR ADDED TO PERSON'S-      |
| MEDICAL-CONDITIONS-ROSTER AT MV09.                  |
|                                                     |
| FOR 'SERVICES RECEIVED', DISPLAY THE FOLLOWING      |
| TEXT FOR EACH SERVICE SELECTED 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                          |
| CODE '11' = THROAT SWAB                             |
--------------------------------------------------------
```

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 {MV18}
        NO ...................................... 2 {BOX_07}
        REF ..................................... -7 {BOX_07}
        DK ...................................... -8 {BOX_07}
```

HELP AVAILABLE 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 HELP 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)/and 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}

[1. Month,Day,Year-4]
[2. Month,Day,Year-4]
[3. Month,Day,Year-4]

```
-----------------------------------------------------
| DISPLAY 'and (READ SERVICES BELOW)' IF MV11 IS NOT|
| CODED '95' (NO SERVICES RECEIVED), '-7' (REFUSED),|
| OR '-8' (DON'T KNOW).  IF MV11 IS CODED '95' (NO  |
| SERVICES RECEIVED), '-7' (REFUSED), OR '-8' (DON'T|
| KNOW), DISPLAY 'and 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 SERVICE SELECTED 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                         |
| CODE '11' = 'THROAT SWAB'                          |
-----------------------------------------------------


-----------------------------------------------------
| 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.                         |
-----------------------------------------------------


-----------------------------------------------------
| GO TO MV19                                         |
-----------------------------------------------------


-----------------------------------------------------
| ROSTER DETAILS:                                    |
| TITLE: PERS_EVNT_1                                 |
|                                                    |
| COL # 1 HEADER: MONTH/DAY/YEAR                     |
| INSTRUCTIONS: DISPLAY EVENT BEGIN DATE             |
|  (EVNT.EVNTBEGM, EVNT.EVNTBEGD, EVNT.EVNTBEGY)     |
-----------------------------------------------------
```

```
-----------------------------------------------------
|  ROSTER DEFINITION:                               |
|  THIS ITEM DISPLAYS ALL MEDICAL EVENTS (DATES) ON |
|  PERSON'S MEDICAL-EVENTS-ROSTER FOR SELECTION.    |
-----------------------------------------------------


-----------------------------------------------------
|  ROSTER BEHAVIOR:                                 |
|  1. MULTIPLE SELECT ALLOWED.                      |
|                                                   |
|  2. ADD, DELETE, AND EDIT DISALLOWED.             |
-----------------------------------------------------


-----------------------------------------------------
|  ROSTER FILTER:                                   |
|  DISPLAY ONLY THOSE EVENTS WITH THE FOLLOWING     |
|  CHARACTERISTICS.                                 |
|  1. EVENT WAS CREATED THIS ROUND.                 |
|  2. EVENT HAS NOT BEEN PROCESSED IN UTILIZATION.  |
|  3. EVENT HAS EVENT TYPE 'MV'.                    |
|  4. EVENT IS ASSOCIATED WITH THE SAME PROVIDER AS |
|      THE EVENT BEING ASKED ABOUT.                 |
-----------------------------------------------------
```

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}

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   |
-----------------------------------------------------
```