BOX_00
======

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

OP01
====

OMITTED.

OP02
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EVN-DT}

Did (PERSON) visit the outpatient department at (PROVIDER) on (VISIT DATE) in person **or** was this a telephone call?

```
        SAW PROVIDER ........................... 1 {OP04}
        TELEPHONE CALL ......................... 2 {OP04}
        REF .................................... -7 {OP04}
        DK ..................................... -8 {OP04}
```

[Code One]

```
        ------------------------------------------------------
        | IF OP02 IS CODED '1' (SAW PROVIDER), FLAG EVENT AS|
        | 'OP-IN-PERSON'.                                   |
        ------------------------------------------------------
```

```
        ------------------------------------------------------
        | IF OP02 IS CODED '2' (TELEPHONE CALL), '-7'        |
        | (REFUSED), OR '-8' (DON'T KNOW) FLAG EVENT AS      |
        | 'OP-TELEPHONE'. (THIS EVENT IS FLAGGED IN SUCH A   |
        | WAY FOR PURPOSES OF SKIPS IN THE C/P SECTION.      |
        | HOWEVER, 'RF' AND 'DK' WILL USE THE SAME QUESTION  |
        | WORDING AS 'OP-IN-PERSON' EVENTS DURING THE        |
        | ADMINISTRATION OF THE OP SECTION.                  |
        ------------------------------------------------------
```

OP03
====

          OMITTED.

OP04
====

          {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 {OP04A}
               NO .... 2 {OP05}
               REF .... -7 {OP05}
               DK .... -8 {OP05}

            HELP AVAILABLE FOR DEFINITION OF MEDICAL DOCTOR.

          | DISPLAY 'Did (PERSON) see a medical doctor during |
          | this particular visit?' IF OP02 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 OP02 IS CODED |
          | '2' (TELEPHONE CALL) FOR THIS EVENT. |

OP04A
=====

{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]

OP05
====

{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}
        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.

OP06
====
OMITTED.

BOX_01
======

```
-----------------------------------------------------
| IF OP02 IS CODED '2' (TELEPHONE CALL), '-7'        |
| (REFUSED), OR '-8' (DON'T KNOW), GO TO OP08        |
-----------------------------------------------------


-----------------------------------------------------
| IF OP02 IS CODED '1' (SAW PROVIDER), CONTINUE WITH|
| OP07                                               |
-----------------------------------------------------
```

OP07
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER} {EVN-DT}

SHOW CARD OP-1.

Please look at this card and tell me which category **best**
describes the care (PERSON) received during the visit to
the outpatient department at (PROVIDER) on (VISIT DATE).

```
GENERAL CHECKUP ........................ 1 {OP08}
DIAGNOSIS OR TREATMENT ................. 2 {OP08}
EMERGENCY (E.G., ACCIDENT OR INJURY) ... 3 {OP08}
PSYCHOTHERAPY OR MENTAL HEALTH
COUNSELING ............................. 4 {OP08}
FOLLOW-UP OR POST-OPERATIVE VISIT ...... 5 {OP08}
IMMUNIZATIONS OR SHOTS ................. 6 {OP08}
VISION EXAM ............................ 7 {OP08}
PREGNANCY-RELATED (INCLUDING PRENATAL
  CARE AND DELIVERY) ................... 8 {OP08}
WELL CHILD EXAM ........................ 9 {OP08}
LASER EYE SURGERY ...................... 10 {OP08}
OTHER .................................. 91 {OP08}
REF .................................... -7 {OP08}
DK ..................................... -8 {OP08}
```

[Code One]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

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

OP08
====

{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 {OP09}
    NO .......................................... 2 {BOX_02}
    REF .................................... -7 {BOX_02}
    DK ..................................... -8 {BOX_02}
```

```
--------------------------------------------------------
| DISPLAY 'visit' IF OP02 IS CODED '1' (SAW        |
| PROVIDER), '-7' (REFUSED), OR '-8' (DON'T KNOW)  |
| FOR THIS EVENT.  DISPLAY 'telephone call' IF OP02 |
| IS CODED '2'(TELEPHONE CALL) FOR THIS EVENT.     |
--------------------------------------------------------
```

OP09
====

{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 OP02 IS CODED '1' (SAW |
     | PROVIDER), '-7' (REFUSED), OR '-8' (DON'T KNOW) |
     | FOR THIS EVENT. DISPLAY 'telephone call' IF OP02 |
     | IS CODED '2'(TELEPHONE CALL) FOR THIS EVENT. |

     | 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. |

7

```
--------------------------------------------------------
| 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 OP02 IS CODED '2' (TELEPHONE CALL), '-7'         |
| (REFUSED), OR '-8' (DON'T KNOW), GO TO OP14         |
--------------------------------------------------------


--------------------------------------------------------
| IF OP02 IS CODED '1' (SAW PROVIDER), CONTINUE WITH|
| BOX_03                                               |
--------------------------------------------------------
```

BOX_03
======

```
--------------------------------------------------------
| IF OP05 IS CODED '2' (DENTIST/DENTAL CARE PERSON),|
| '3' (MIDWIFE), OR '5' (OPTOMETRIST), GO TO OP11   |
--------------------------------------------------------


--------------------------------------------------------
| OTHERWISE, CONTINUE WITH OP10                       |
--------------------------------------------------------
```

8

OP10
====

{PERSON'S FIRST MIDDLE AND LAST NAME}   {NAME OF MEDICAL CARE PROVIDER}   {EVN-DT}

SHOW CARD OP-2.

Looking at this card, which of these treatments, if any, did (PERSON) receive during this visit?

CHECK ALL THAT APPLY.

PHYSICAL THERAPY .... 1 {OP11}
OCCUPATIONAL THERAPY .... 2 {OP11}
SPEECH THERAPY .... 3 {OP11}
CHEMOTHERAPY .... 4 {OP11}
RADIATION THERAPY .... 5 {OP11}
KIDNEY DIALYSIS .... 6 {OP11}
IV THERAPY .... 7 {OP11}
DRUG OR ALCOHOL TREATMENT .... 8 {OP11}
ALLERGY SHOT .... 9 {OP11}
PSYCHOTHERAPY/COUNSELING .... 10 {OP11}
SHOTS, OTHER THAN ALLERGY .... 11 {OP11}
NO TREATMENTS RECEIVED .... 95 {OP11}
REF .... -7 {OP11}
DK .... -8 {OP11}

[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."                        |
---------------------------------------------------------
```

OP11
====

{PERSON'S FIRST MIDDLE AND LAST NAME}   {NAME OF MEDICAL CARE PROVIDER}   {EVN-DT}

SHOW CARD OP-3.

Looking at this card, which of these services, if any, did (PERSON) have during this visit?

CHECK ALL THAT APPLY.

```
LABORATORY TESTS ....................... 1 {OP12}
SONOGRAM OR ULTRASOUND ................. 2 {OP12}
X-RAYS ................................. 3 {OP12}
MAMMOGRAM .............................. 4 {OP12}
MRI OR CATSCAN ......................... 5 {OP12}
EKG OR ECG ............................. 6 {OP12}
EEG .................................... 7 {OP12}
VACCINATION ............................ 8 {OP12}
ANESTHESIA ............................. 9 {OP12}
OTHER DIAGNOSTIC TEST ................. 10 {OP12}
THROAT SWAB ........................... 11 {OP12}
NO SERVICES RECEIVED .................. 95 {OP12}
REF ................................... -7 {OP12}
DK .................................... -8 {OP12}
```

[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.                                           |
-------------------------------------------------------


-------------------------------------------------------
| 'OTHER DIAGNOSTIC TEST' AND 'NO SERVICES RECEIVED'  |
| ARE 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).                                        |
-------------------------------------------------------
```

OP12
====

{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 {OP14}
        NO .... 2 {OP14}
        REF .... -7 {OP14}
        DK .... -8 {OP14}

    HELP AVAILABLE FOR DEFINITION OF SURGICAL PROCEDURE.

OP13
====
        OMITTED.

OP14
====

> {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 {OP15}
>   NO .... 2 {BOX_04}
>   REF .... -7 {BOX_04}
>   DK .... -8 {BOX_04}
>
>   HELP AVAILABLE FOR DEFINITION OF PRESCRIBED MEDICINE.
>
>
>   ---
> | DISPLAY 'visit' IF OP02 IS CODED '1' (SAW |
> | PROVIDER), '-7' (REFUSED), OR '-8' (DON'T KNOW) |
> | FOR THIS EVENT. DISPLAY 'telephone call' IF OP02 |
> | IS CODED '2'(TELEPHONE CALL) FOR THIS EVENT. |
>   ---

OP15
====

> {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 OP02 IS CODED '1' (SAW           |
| PROVIDER), '-7' (REFUSED), OR '-8' (DON'T KNOW)     |
| FOR THIS EVENT. DISPLAY 'telephone call' IF OP02    |
| 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 AND ADDITION OF      |
| PRESCRIBED MEDICINES.                               |
-------------------------------------------------------
```

```
-------------------------------------------------------
| ROSTER BEHAVIOR:                                    |
| 1. MULTIPLE SELECT ALLOWED 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 ON PERSON'S' ROSTER; NO       |
| FILTER.                                             |
-------------------------------------------------------
```

13

BOX_04
======

```
        -----------------------------------------------------
        |  IF OP02 IS CODED '2' (TELEPHONE CALL), '-7'        |
        |  (REFUSED), OR '-8' (DON'T KNOW), GO TO BOX_10      |
        -----------------------------------------------------


        -----------------------------------------------------
        |  IF OP02 IS CODED '1' (SAW PROVIDER), GO TO BOX_07 |
        -----------------------------------------------------
```

OP16
====

       OMITTED.

OP17
====

       OMITTED.

LOOP_01
=======

       OMITTED.

BOX_05
======

       OMITTED.

BOX_06
======

       OMITTED.

OP18
====

       OMITTED.

END_LP01
========

       OMITTED.

BOX_07
======

```
-----------------------------------------------------
| IF NO CONDITION IS ASSOCIATED WITH THIS VISIT TO  |
| THIS PROVIDER FOR THIS PERSON, GO TO BOX_10       |
-----------------------------------------------------


-----------------------------------------------------
| OTHERWISE, CONTINUE WITH BOX_08                   |
-----------------------------------------------------
```

BOX_08
======

```
-----------------------------------------------------
| IF 2 OR MORE VISITS TO THIS PROVIDER FOR THIS     |
| PERSON HAVE NOT COMPLETED THE OUTPATIENT          |
| DEPARTMENT (OP) UTILIZATION SECTION, CONTINUE     |
| WITH BOX_09                                       |
-----------------------------------------------------


-----------------------------------------------------
| OTHERWISE, GO TO BOX_10                           |
-----------------------------------------------------
```

BOX_09
======

```
-----------------------------------------------------
| IF THIS EVENT IS NOT PART OF A FLAT FEE GROUP,    |
| CONTINUE WITH OP19                                |
-----------------------------------------------------


-----------------------------------------------------
| OTHERWISE, GO TO BOX_10                           |
-----------------------------------------------------
```

OP19
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER} {EVN-DT}

Earlier I recorded that (PERSON) had some other visits to an
outpatient department at (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 OP Medical Condition} {Services Received}
{Person's OP Medical Condition} {Services Received}
{Person's OP Medical Condition} {Services Received}

```
    YES ..................................... 1 {OP20}
    NO ...................................... 2 {BOX_10}
    REF ..................................... -7 {BOX_10}
    DK ...................................... -8 {BOX_10}
```

   HELP AVAILABLE FOR DEFINITION OF REPEAT VISITS.


```
 -------------------------------------------------
| DISPLAY '(READ SERVICES BELOW)' IF OP11 IS NOT   |
| CODED '95' (NO SERVICES RECEIVED), '-7' (REFUSED),|
| OR '-8' (DON'T KNOW).  IF OP11 IS CODED '95' (NO  |
| SERVICES RECEIVED), '-7' (REFUSED), OR '-8' (DON'T|
| KNOW), DISPLAY 'the same services'.              |
 -------------------------------------------------
```

```
--------------------------------------------------------
|  FOR 'PERSON'S OP MEDICAL CONDITION', DISPLAY ALL    |
|  CONDITIONS SELECTED FROM OR ADDED TO PERSON'S-       |
|  MEDICAL-CONDITIONS-ROSTER AT OP09.                   |
|                                                       |
|  FOR 'SERVICES RECEIVED', DISPLAY THE FOLLOWING       |
|  TEXT FOR EACH CODE ENTERED AT OP11:                  |
|                                                       |
|  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                              |
--------------------------------------------------------
```

OP20
====

{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 {OP21}
     NO ...................................... 2 {BOX_10}
     REF ..................................... -7 {BOX_10}
     DK ...................................... -8 {BOX_10}
```

   HELP AVAILABLE FOR DEFINITION OF COST THE SAME AMOUNT.

```
   --------------------------------------------------------
   |  NOTE:  THE ISSUE OF COST WHEN THE PERSON HAS A      |
   |  COPAY AND DOES NOT KNOW THE TOTAL CHARGE WILL BE    |
   |  HANDLED IN THE HELP FILE DEFINITION.                |
   --------------------------------------------------------
```

17

OP21
====

{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 OP MEDICAL CONDITION} {SERVICES RECEIVED}
{PERSON'S OP MEDICAL CONDITION} {SERVICES RECEIVED}
{PERSON'S OP MEDICAL CONDITION} {SERVICES RECEIVED}

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

| DISPLAY '(READ SERVICES BELOW)' IF OP11 IS NOT |
| CODED '95' (NO SERVICES RECEIVED), '-7' (REFUSED),|
| OR '-8' (DON'T KNOW). IF OP11 IS CODED '95' (NO |
| SERVICES RECEIVED), '-7' (REFUSED), OR '-8' (DON'T|
| KNOW), DISPLAY 'the same services'. |

```
-------------------------------------------------------
| FOR 'PERSON'S OP MEDICAL CONDITION', DISPLAY ALL    |
| CONDITIONS SELECTED FROM OR ADDED TO PERSON'S-      |
| MEDICAL-CONDITIONS-ROSTER AT OP09.                  |
|                                                     |
| FOR 'SERVICES RECEIVED', DISPLAY THE FOLLOWING      |
| TEXT FOR EACH SERVICE ENTERED AT OP11:              |
|                                                     |
| CODE '1' = LABORATORY TESTS                         |
| CODE '2' = SONOGRAM/ULTRASOUND                      |
| CODE '3' = X-RAY                                    |
| 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 OP21 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 OP SECTION.                          |
-------------------------------------------------------


-------------------------------------------------------
| GO TO OP22                                          |
-------------------------------------------------------


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

19

```
-----------------------------------------------------
| 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 'OP'.                     |
| 4. EVENT IS ASSOCIATED WITH THE SAME PROVIDER AS  |
|     THE EVENT BEING ASKED ABOUT.                  |
-----------------------------------------------------
```

OP22
====

{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_10}

BOX_10
======

```
         -----------------------------------------------------
         |  IF CHARGE/PAYMENT (CP) SECTION IS NOT COMPLETED   |
         |  FOR THIS OUTPATIENT EVENT, ASK THE CHARGE/PAYMENT |
         |  (CP) SECTION                                      |
         -----------------------------------------------------


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