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 {you/(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 {you/{PERSON}} see a medical doctor during this particular
visit?/Was this telephone call about {your/{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 {you/{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 {your/ |
        | {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 {you/{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.

4

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 {you/{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 {you/{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                        |
--------------------------------------------------------
```

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
{you/{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
{you/{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 {you/{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 {you/{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 {you/{PERSON}} had some other visits to an
outpatient department at {PROVIDER}. Were any of these visits
related to any condition associated with {your/his/her} visit on
{VISIT DATE}? That is, were any of the other visits for the
(READ CONDITIONS BELOW) and did {you/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
{your/{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.               |
------------------------------------------------------
```

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)      |
-------------------------------------------------------
```

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        --------------------------------------------------
        | 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
======

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