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 {you/{PERSON}} visit {PROVIDER} on {VISIT DATE} in person **or** was this a telephone call?

```
SAW PROVIDER ........................... 1 {MV03}
TELEPHONE CALL ......................... 2 {MV03}
REF ................................... -7 {MV03}
DK .................................... -8 {MV03}
```

[Code One]

```
-------------------------------------------------------
| NOTE: 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.)                |
-------------------------------------------------------
```

MV03
====

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

        HELP AVAILABLE FOR DEFINITION OF MEDICAL DOCTOR.


```
    ----------------------------------------------------
    |  DISPLAY 'Did {you/{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 {your/      |
    |  {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 {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}
    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.

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

```
-------------------------------------------------------
|  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 MV11                                       |
     -------------------------------------------------
```


MV11
====

{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 services, if any, did
{you/{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.

```
-------------------------------------------------------
| SOFT CHECK:                                         |
| IF CODED '4' (MAMMOGRAM) AND PERSON BEING ASKED     |
| ABOUT IS MALE OR IS FEMALE AND < OR = 17 YEARS OF   |
| AGE (OR AGE CATEGORIES 1-3), DISPLAY THE FOLLOWING  |
| MESSAGE:  "UNLIKELY RESPONSE FOR {MALES/CHILDREN    |
| 17 AND YOUNGER}.  VERIFY AND RE-ENTER."             |
|                                                     |
| DISPLAY 'MALE' IN ERROR MESSAGE IF PERSON BEING     |
| ASKED ABOUT IS A MALE > 17 YEARS OF AGE (OR AGE     |
| CATEGORIES 4 THROUGH 9).  DISPLAY 'CHILDREN 17      |
| AND YOUNGER' IN THE ERROR MESSAGE IF PERSON BEING   |
| ASKED ABOUT IS MALE OR FEMALE AND < OR = 17 YEARS   |
| OF AGE (OR AGE CATEGORIES 1-3).                     |
-------------------------------------------------------


-------------------------------------------------------
| 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 {you/{PERSON}} during this
visit?

        YES .... 1 {MV14}
        NO .... 2 {MV14}
        REF .... -7 {MV14}
        DK .... -8 {MV14}

        HELP AVAILABLE FOR DEFINITION OF SURGICAL PROCEDURE.

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

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 {you/{PERSON}} had some other visits to {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 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 {your/
{PERSON}'s} visit on {VISIT DATE}?

IF R SAYS 'DON'T KNOW' – PROBE ABOUT COPAYMENTS. IF ANY OF THESE
VISITS OR CALLS HAD THE SAME COPAYMENT OR PERSON DID NOT PAY
ANYTHING, CODE 'YES'.

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

18

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