

Outpatient Department (OP) Section

BOX_00

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| CONTEXT HEADER DISPLAY INSTRUCTIONS: |  
| DISPLAY PERS.FULLNAME, PROV.LORPNAME, |  
| EVNT.EVNTBEGM, EVNT.EVNTBEGD, EVNT.EVNTBEGY |  
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OP02

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{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]

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| NOTE: 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. |  
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OP04
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{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}
ORTHOPEDECS	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.

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.

| 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
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| 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 OP11

OP11
=====

{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 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.

| 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. |

| '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.

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.

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| 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. |  
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| ROSTER FILTER: |  
| DISPLAY ALL MEDICINES ON PERSON'S' ROSTER; NO |  
| FILTER. |  
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BOX_04
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| IF OP02 IS CODED '2' (TELEPHONE CALL), '-7' |  
| (REFUSED), OR '-8' (DON'T KNOW), GO TO BOX_10 |  
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| IF OP02 IS CODED '1' (SAW PROVIDER), GO TO BOX_07 |  
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BOX_07
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-----  
| IF NO CONDITION IS ASSOCIATED WITH THIS VISIT TO |  
| THIS PROVIDER FOR THIS PERSON, GO TO BOX_10 |  
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-----  
| OTHERWISE, CONTINUE WITH BOX_08 |  
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BOX_08
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| 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'.

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-----  
| 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 |  
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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}?

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

HELP AVAILABLE FOR DEFINITION OF COST THE SAME AMOUNT.

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| 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. |  
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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)

| 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