Medical Provider Visits (MV) Section

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                                           |
--------------------------------------------------------


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


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


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


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

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