Outpatient Department (OP) Section

BOX_00
======

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


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]


```
         -------------------------------------------------------
         |  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.                  |
         -------------------------------------------------------
```

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.

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
======

```
     -----------------------------------------------------
    |  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. |

```
-------------------------------------------------------
|  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.                                            |
-------------------------------------------------------
```

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

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}?

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.

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

17

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


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


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

OP22
====

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

INTERVIEWER: RECORD 'NAME OF REPEAT VISIT GROUP' FOR EVENTS
SELECTED IN PREVIOUS QUESTION:

    [Enter Repeat Visit Group] .... {BOX_10}

BOX_10
======

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


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