Emergency Room (ER) Section

BOX_00	
=====	
	CONTEXT HEADER DISPLAY INSTRUCTIONS:
	DISPLAY PERS.FULLNAME, PROV.LORPNAME,
	EVNT.EVNTBEGM, EVNT.EVNTBEGD, EVNT.EVNTBEGY
ER01	
====	
	{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
	PROVIDER} {EVN-DT}
	Did (PERSON) see a medical doctor during this particular visit?
	YES 1 {ER02}
	NO 2 {ER02}
	REF7 {ER02}
	DK8 {ER02}

HELP AVAILABLE FOR DEFINITION OF MEDICAL DOCTOR.

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

SHOW CARD ER-1.

Please look at this card and tell me which category **best** describes the care (PERSON) received during the visit to (PROVIDER) emergency room on (VISIT DATE).

DIAGNOSIS OR TREATMENT	
PSYCHOTHERAPY OR MENTAL HEALTH	
COUNSELING 3	{ER03}
FOLLOW-UP OR POST-OPERATIVE VISIT 4	{ER03}
IMMUNIZATIONS OR SHOTS 5	{ER03}
PREGNANCY-RELATED (INCLUDING	
PRENATAL CARE AND DELIVERY) 6	{ER03}
OTHER 91	{ER03}
REF7	{ER03}
DK8	{ER03}

[Code One]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

| IF CODED '6' (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.'|

ER03 ==== {PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER { EVN-DT } Was this visit related to any specific health condition or were any conditions discovered during this visit? YES 1 {ER04} NO 2 {ER05} REF -7 {ER05} DK -8 {ER05} ER04 {PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EVN-DT} What conditions were discovered or led (PERSON) to make this visit? PROBE: Any other condition? IF CONDITION IS ALREADY LISTED, SELECT ENTRY ON ROSTER. [1. Medical Condition] [2. Medical Condition] [3. Medical Condition] _____ | DISPLAY 'ADD CONDITION' AS AN OPTION ON THIS | SCREEN. | GO TO ER05 | ROSTER DETAILS: | Title: PERS_COND_1

| INSTRUCTIONS: DISPLAY NAME OF MEDICAL CONDITION

| COL #1 HEADER: MEDICAL CONDITION

(COND.CONDNAM)

| ROSTER DEFINITION:

| DISPLAY THE PERSON-MEDICAL-CONDITIONS-ROSTER FOR | THE SELECTION AND ADDITION OF ONE OR MANY MEDICAL | CONDITION(S) ASSOCIATED WITH THIS EVENT.

| ROSTER BEHAVIOR:

- 1. MULTIPLE SELECT ALLOWED. SELECTION SHOULD NOT | IMPACT THE ROUND FLAG OF THE CONDITION. |
- | 2. MULTIPLE ADD ALLOWED. INTERVIEWER SHOULD RECORD| | THE CONDITION NAME.
- | 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. IF THE INTERVIEWER |
 | ATTEMPTS TO DELETE A CONDITION WHEN DELETE IS |
 | NOT ALLOWED, DISPLAY THE FOLLOWING MESSAGE: |
 | "DELETE ALLOWED ONLY WHEN CONDITION IS FIRST |
 | ENTERED."

ROSTER FILTER:

| DISPLAY ALL CONDITIONS ON PERSON'S ROSTER; NO | FILTER.

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

SHOW CARD ER-2.

Looking at this card, which of these services, if any, did (PERSON) have during this visit?

CHECK ALL THAT APPLY.

LABORATORY TESTS	1	{ER06}
SONOGRAM OR ULTRASOUND	2	{ER06}
X-RAYS	3	{ER06}
MAMMOGRAM	4	{ER06}
MRI OR CATSCAN	5	{ER06}
EKG OR ECG	6	{ER06}
EEG	7	{ER06}
VACCINATION	8	{ER06}
ANESTHESIA	9	{ER06}
OTHER DIAGNOSTIC TEST 1	LΟ	{ER06}
THROAT SWAB 1	L1	{ER06}
NO SERVICES RECEIVED	95	{ER06}
REF	-7	{ER06}
DK	-8	{ER06}

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

[Code All That Apply]

_	
1	ALLOW CODE '4' (MAMMOGRAM) ONLY IF PERSON IS
	FEMALE AND AGE IS $>$ 17 YEARS (OR AGE CATEGORIES 4 \mid
	THROUGH 9).
-	
_	
	ALLOW CODE '95' (NO SERVICES RECEIVED), '-7'
	(REFUSED), AND '-8' (DON'T KNOW) ALONE ONLY; THESE
	RESPONSES MAY NOT BE SELECTED WITH ANY OTHER
	RESPONSE.
-	
_	
	NOTE: 'OTHER DIAGNOSTIC TESTS' AND 'NO SERVICES
	RECEIVED' ARE NOT DISPLAYED ON SHOW CARD.

ER07

ER08

-----| HARD CHECK: | EDIT: IF CODED '95' (NO SERVICES RECEIVED), NO OTHER SERVICE 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." {PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EVN-DT} Was a surgical procedure performed on (PERSON) during this visit? YES 1 {ER08} NO 2 {ER08} REF -7 {ER08} DK -8 {ER08} HELP AVAILABLE FOR DEFINITION OF SURGICAL PROCEDURE. OMITTED. {PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EVN-DT} During this visit, were any medicines prescribed for (PERSON)? Please include only prescriptions which were filled. YES 1 {ER09} NO 2 {BOX 03} REF -7 {BOX 03} DK -8 {BOX 03}

HELP AVAILABLE FOR DEFINITION OF PRESCRIBED MEDICINE.

{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 that were filled.

PROBE: Any other prescribed medicines from this visit that were filled?

- [1. Prescribed Medicine]
- [2. Prescribed Medicine]
- [3. Prescribed Medicine]

	DISPLAY 'ADD MEDICINE' AS AN OPTION ON THIS SCREEN.	-
 	GO TO BOX_03	- -
 	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 ALLOWED. | 2. MULTIPLE ADD ALLOWED. 3. LIMITED DELETE ALLOWED. INTERVIEWER MAY DELETE | A MEDICINE ADDED ON THIS SCREEN AS LONG AS CAPI HAS NOT YET CREATED THE LINK BETWEEN THIS | MEDICINE AND THE EVENT. | 4. EDIT DISALLOWED. _____ ______ | ROSTER FILTER: DISPLAY ALL MEDICINES ON PERSON'S ROSTER; NO | FILTER. _____ ER10 ==== OMITTED. ER11 ==== OMITTED. LOOP 01 ====== OMITTED. BOX 01 OMITTED. BOX_02 _____ OMITTED. ER12 ==== OMITTED. END LP01 _____ OMITTED.

В	0	X	_	0	3
_	_	_	_	_	_

