BOX_00
======

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

ER01
====
OMITTED.

ER02
====

{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 {you/{PERSON}} received during the visit to
{PROVIDER} emergency room on {VISIT DATE}.

```
DIAGNOSIS OR TREATMENT ................. 1 {ER03}
EMERGENCY (E.G., ACCIDENT OR INJURY) ... 2 {ER03}
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}
REF ................................... -7 {ER03}
DK .................................... -8 {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 {you/{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 |
    | |
    | COL #1 HEADER: MEDICAL CONDITION |
    | INSTRUCTIONS: DISPLAY NAME OF MEDICAL CONDITION |
    | (COND.CONDNAM) |

3

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

ER05
====

{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 {you/{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 .................. 10 {ER06}
THROAT SWAB ........................... 11 {ER06}
NO SERVICES RECEIVED .................. 95 {ER06}
REF ................................... -7 {ER06}
DK .................................... -8 {ER06}
```

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

[Code All That Apply]

```
-----------------------------------------------------
|  ALLOW CODE '4' (MAMMOGRAM) ONLY IF PERSON IS      |
|  FEMALE AND AGE IS > 17 YEARS (OR AGE CATEGORIES 4 |
|  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.         |
-----------------------------------------------------
```

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

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

ER06
====

{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 {ER08}
        NO .... 2 {ER08}
        REF .... -7 {ER08}
        DK .... -8 {ER08}

    HELP AVAILABLE FOR DEFINITION OF SURGICAL PROCEDURE.

ER07
====
        OMITTED.

ER08
====

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

During this visit, were any medicines prescribed for {you/{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.

ER09
====

{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.

BOX_03
======

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


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