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]


```
--------------------------------------------------------
|  IF MV01 IS CODED '1' (SAW PROVIDER), FLAG EVENT AS|
|  'MV-IN-PERSON'.                                    |
--------------------------------------------------------
```

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


MV02
====
        OMITTED.

MV02A
=====

OMITTED.

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.

MV05
====
OMITTED.

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

BOX_03
======
        OMITTED.

MV10
====
        OMITTED.

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.

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

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

MV13
====
        OMITTED.

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

19

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

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