

Dental Care (DN) Section

DN01

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OMITTED.

DN02

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OMITTED.

DN03

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

SHOW CARD DN-1.

What type of dental care provider did {you/{PERSON}} see during this
visit?

PROBE: Any other type of dental care person?

CHECK ALL THAT APPLY.

GENERAL DENTIST	1	{DN04}
DENTAL HYGIENIST	2	{DN04}
DENTAL TECHNICIAN	3	{DN04}
DENTAL SURGEON	4	{DN04}
ORTHODONTIST	5	{DN04}
ENDODONTIST	6	{DN04}
PERIODONTIST	7	{DN04}
OTHER	91	{DN04}
REF	-7	{DN04}
DK	-8	{DN04}

[Code All That Apply]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

| FOR SPECIFICATIONS PURPOSES ONLY (CAPI HANDLES |
| AUTOMATICALLY): CAPI DOES NOT ALLOW -7 OR -8 IN |
COMBINATION WITH ANY OTHER CODE.

DN04
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{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER.....} {EVN-DT}

SHOW CARD DN-2.

What did {you/{PERSON}} have done during this visit?
PROBE: What else was done?

CHECK ALL THAT APPLY.

- *DIAGNOSTIC OR PREVENTATIVE
 - GENERAL EXAM, CHECKUP OR CONSULTATION .. 1
 - CLEANING, PROPHYLAXIS, OR POLISHING 2
 - X-RAYS, RADIOGRAPHS, OR BITEWINGS 3
 - FLUORIDE TREATMENT 4
 - SEALANT (PLASTIC COATINGS ON BACK
TEETH) 5
- *RESTORATIVE OR ENDODONTIC
 - FILLINGS 6
 - INLAYS 7
 - CROWNS OR CAPS 8
 - ROOT CANAL 9
- *PERIODONTIC (GUM TREATMENT)
 - PERIODONTAL SCALING, ROOT PLANING, OR
GUM SURGERY 10
 - PERIODONTAL RECALL VISIT (PERIODIC OR
REGULAR) 11
- *ORAL SURGERY
 - EXTRACTION, TOOTH PULLED 12
 - IMPLANTS 13
 - ABSCESS OR INFECTION TREATMENT 14
 - OTHER ORAL SURGERY 15
- *PROSTHETICS
 - FIXED BRIDGES 16
 - DENTURES OR REMOVABLE PARTIAL DENTURES . 17
 - RELINING OR REPAIR OF BRIDGES OR
DENTURES 18
- *ORTHODONTICS
 - ORTHODONTIA, BRACES, OR RETAINERS 19
- *ADDITIONAL PROCEDURES
 - BOND, WHITEN, OR BLEACH 20
 - TREATMENT FOR TMD OR TMJ 21
 - OTHER 91 {DN04OV}
 - REF -7
 - DK -8

[Code All That Apply]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

| HEADINGS AND CODE CATEGORIES WILL NOT FIT ON ONE |
| SCREEN. THEREFORE, HEADINGS WILL ONLY APPEAR ON |
| HELP SCREEN AND SHOW CARD DN-1. HEADINGS SHOULD |
| BE ASSOCIATED WITH CODES AS FOLLOWS: |
| *DIAGNOSTIC OR PREVENTATIVE = CODES 1-5 |
| *RESTORATIVE OR ENDODONTIC = CODES 6-9 |
| *PERIODONTIC (GUM TREATMENT) = CODES 10-11 |
| *ORAL SURGERY = CODES 12-15 |
| *PROSTHETICS = CODES 16-18 |
| *ORTHODONTICS = CODE 19 |
*ADDITIONAL PROCEDURES = CODES 20-21 AND 91

| FOR SPECIFICATIONS PURPOSES ONLY (CAPI HANDLES |
| AUTOMATICALLY): CAPI DOES NOT ALLOW -7 OR -8 IN |
COMBINATION WITH ANY OTHER CODE.

| IF CODE '91' (OTHER) ENTERED ALONE OR IN |
| COMBINATION WITH ANY OTHER CODE, CONTINUE WITH |
DN04OV

OTHERWISE, GO TO DN05

DN04OV
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OTHER TYPE OF DENTAL CARE:

[Enter Other Specify]..... {DN05}
REF -7 {DN05}
DK -8 {DN05}

DN05
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{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 {DN06}
NO 2 {BOX_01}
REF -7 {BOX_01}
DK -8 {BOX_01}

HELP AVAILABLE FOR DEFINITION OF PRESCRIBED MEDICINE.

DN06
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{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 prescriptions from this visit filled?

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

| ROSTER DETAILS: |
| TITLE: PERSON'S-PRESCRIBED-MEDICINES_1. |
| |
| COL # 1 HEADER: PRESCRIBED MEDICINE |
INSTRUCTIONS: DISPLAY PMED NAME (PMED.PMEDNAME)

| ROSTER DEFINITION: |
| THIS ITEM DISPLAYS PERSON'S-PRESCRIBED-MEDICINES- |
| ROSTER FOR SELECTION AND ADDITION OF PRESCRIBED |
MEDICINES.

| 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: |
| NONE, DISPLAY ALL. |

BOX_01

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| IF THE CHARGE/PAYMENT MODULE HAS NOT BEEN ASKED |
| FOR THE EVENT-PROVIDER PAIR BEING ASKED ABOUT, GO |
| TO THE CHARGE/PAYMENT (CP) SECTION. |

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