

Other Medical Expenses (OM) Section

BOX_01A

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| IF ROUND 3, CONTINUE WITH BOX_01B |

| OTHERWISE, GO TO BOX_01 |

BOX_01B

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| IF OM ITEM TYPE IS GLASSES/CONTACT LENSES, |
| CONTINUE WITH OM01A |

| OTHERWISE, GO TO BOX_01 |

OM01A

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{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}{END-DT}

Of the times (PERSON) obtained glasses or contact lenses since
(START DATE), how many were during {YEAR}?

NUMBER OF TIMES

[Enter Number of Times]..... {OM01B}
REF..... -7 {OM01B}
DK..... -8 {OM01B}

| (FOR SPECIFICATIONS ONLY; CAPI HANDLES |
| AUTOMATICALLY): 'YEAR' IN QUESTION TEXT IS FIRST |
| CALENDAR YEAR OF PANEL. |

OM01B
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}{END-DT}

Of the times (PERSON) obtained glasses or contact lenses since (START DATE), how many were during {YEAR}?

NUMBER OF TIMES

[Enter Number of Times].....
REF..... -7
DK..... -8

| (FOR SPECIFICATIONS ONLY; CAPI HANDLES |
| AUTOMATICALLY): 'YEAR' IN QUESTION TEXT IS SECOND |
| CALENDAR YEAR OF PANEL. |

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

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

BOX_01
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| IF THE OM ITEM TYPE IS INSULIN OR OTHER DIABETIC |
| EQUIPMENT OR SUPPLIES, GO TO BOX_03 |

| OTHERWISE, CONTINUE WITH BOX_02 |

OM01
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OMITTED.

BOX_02
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| IF THE CHARGE/PAYMENT (CP) SECTION HAS NOT BEEN |
| ASKED FOR THE EVENT BEING ASKED ABOUT, GO TO THE |
| CP SECTION |

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

OM02
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OMITTED.

BOX_03
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| FLAG THE OM CHARGE/PAYMENT (CP) SECTION AS |
| 'PROCESSED'. INSULIN AND OTHER DIABETIC EQUIPMENT |
| AND SUPPLIES WILL BE PROCESSED THROUGH CP AS |
| PRESCRIBED MEDICINES. |

| GO TO BOX_04 |

BOX_04
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| GO TO THE EVENT DRIVER (ED) SECTION |
