Dental Care (DN) Section
November 14, 2017

MEPS P21R5/P22R3/P23R1

The MEPS instrument design changed beginning in Spring of 2018, affecting Panel 23 Round 1, Panel 22 Round 3, and Panel 21 Round 5, and affected the 2017 MEPS data files. The MEPS website releases the consolidated CAPI survey instruments each year for the Rounds 1 through 3 for the first year panel and Rounds 3 through 5 for the second year panel to accompany data releases. For the Full-Year 2017 PUFs, the Panel 22 Round 3 and Panel 21 Round 5 data were transformed to the degree possible to conform to the previous year (2016) design. For this reason, we are releasing 2016 CAPI survey instruments, updated to reflect 2017 dates, and **users should note that not all changes to the instrument administered in the Spring of 2018 will be reflected in these documents.**

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
====

{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.

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 *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.

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|  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        |
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--------------------------------------------------------
|  FOR SPECIFICATIONS PURPOSES ONLY (CAPI HANDLES     |
|  AUTOMATICALLY): CAPI DOES NOT ALLOW -7 OR -8 IN    |
|  COMBINATION WITH ANY OTHER CODE.                   |
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|  IF CODE '91' (OTHER) ENTERED ALONE OR IN           |
|  COMBINATION WITH ANY OTHER CODE, CONTINUE WITH     |
|  DN04OV                                             |
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|  OTHERWISE, GO TO DN05                              |
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DN04OV
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OTHER TYPE OF DENTAL CARE:

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

{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.

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YES ..................................... 1 {DN06}
NO ...................................... 2 {BOX_01}
REF ..................................... -7 {BOX_01}
DK ...................................... -8 {BOX_01}
```

HELP AVAILABLE FOR DEFINITION OF PRESCRIBED MEDICINE.

DN06
====

{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]
```

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| ROSTER DETAILS:                                   |
| TITLE: PERSON'S-PRESCRIBED-MEDICINES_1.           |
|                                                   |
| COL # 1 HEADER: PRESCRIBED MEDICINE               |
| INSTRUCTIONS: DISPLAY PMED NAME (PMED.PMEDNAME)   |
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| ROSTER DEFINITION:                                |
| THIS ITEM DISPLAYS PERSON'S-PRESCRIBED-MEDICINES- |
| ROSTER FOR SELECTION AND ADDITION OF PRESCRIBED   |
| MEDICINES.                                        |
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| 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.                                   |
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| ROSTER FILTER:                                        |
| NONE, DISPLAY ALL.                                    |
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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.                   |
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| OTHERWISE, GO TO THE EVENT DRIVER (ED) SECTION.       |
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