

Emergency Room (ER) Section

BOX_00

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| CONTEXT HEADER DISPLAY INSTRUCTIONS: |  
| DISPLAY PERS.FULLNAME, PROV.LORPNAME, |  
| EVNT.EVNTBEGM, EVNT.EVNTBEGD, EVNT.EVNTBEGY |  
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ER01

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OMITTED.

ER02

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{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
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{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) |

| 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
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{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
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OMITTED.

ER08
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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 {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
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OMITTED.

ER11
=====

OMITTED.

LOOP_01
=====

OMITTED.

BOX_01
=====

OMITTED.

BOX_02
=====

OMITTED.

ER12
=====

OMITTED.

END_LP01
=====

OMITTED.

BOX_03
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| 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