

Medical Provider Visits (MV) 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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MV01

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{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]

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| IF MV01 IS CODED '1' (SAW PROVIDER), FLAG EVENT AS |  
| 'MV-IN-PERSON'. |  
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| 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.) |  
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MV02  
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OMITTED.

MV02A  
=====

OMITTED.

MV03  
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{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}
ORTHOPEDECS .....	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  
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OMITTED.

BOX\_01  
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| 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'.



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.

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| 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." |  
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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

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| 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  
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-----  
| IF MV01 IS CODED '2' (TELEPHONE CALL), '-7' |  
| (REFUSED), OR '-8' (DON'T KNOW), GO TO MV14 |  
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-----  
| IF MV01 IS CODED '1' (SAW PROVIDER), CONTINUE |  
| WITH MV11 |  
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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**

{PERSON'S MV MEDICAL CONDITION} {SERVICES RECEIVED}  
{PERSON'S MV MEDICAL CONDITION} {SERVICES RECEIVED}  
{PERSON'S MV MEDICAL CONDITION} {SERVICES RECEIVED}

**SERVICES**

- [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)

-----  
| 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

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OTHERWISE, GO TO THE EVENT DRIVER (ED) SECTION