

Outpatient Department (OP) Section

BOX\_00

=====

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

OP01

=====

OMITTED.

OP02

=====

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

Did {you/(PERSON)} visit the outpatient department at {PROVIDER}  
on {VISIT DATE} in person **or** was this a telephone call?

SAW PROVIDER ..... 1 {OP04}  
TELEPHONE CALL ..... 2 {OP04}  
REF ..... -7 {OP04}  
DK ..... -8 {OP04}

[Code One]

```
-----  
| IF OP02 IS CODED '1' (SAW PROVIDER), FLAG EVENT AS |  
| 'OP-IN-PERSON'. |  
-----
```

```
-----  
| IF OP02 IS CODED '2' (TELEPHONE CALL), '-7' |  
| (REFUSED), OR '-8' (DON'T KNOW) FLAG EVENT AS |  
| 'OP-TELEPHONE'. (THIS EVENT IS FLAGGED IN SUCH A |  
| WAY FOR PURPOSES OF SKIPS IN THE C/P SECTION. |  
| HOWEVER, 'RF' AND 'DK' WILL USE THE SAME QUESTION |  
| WORDING AS 'OP-IN-PERSON' EVENTS DURING THE |  
| ADMINISTRATION OF THE OP SECTION. |  
-----
```

OP03

====

OMITTED.

OP04

====

{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 {OP04A}  
NO ..... 2 {OP05}  
REF ..... -7 {OP05}  
DK ..... -8 {OP05}

HELP AVAILABLE FOR DEFINITION OF MEDICAL DOCTOR.

-----  
| DISPLAY 'Did {you/{PERSON}} see a medical doctor |  
| during this particular visit?' IF OP02 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 OP02 |  
IS CODED '2' (TELEPHONE CALL) FOR THIS EVENT.

OP04A  
=====

{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]

OP05  
=====

{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}
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.

OP06  
=====

OMITTED.

BOX\_01  
=====

-----  
| IF OP02 IS CODED '2' (TELEPHONE CALL), '-7' |  
(REFUSED), OR '-8' (DON'T KNOW), GO TO OP08

-----  
| IF OP02 IS CODED '1' (SAW PROVIDER), CONTINUE WITH |  
OP07

OP07  
=====

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

SHOW CARD OP-1.

Please look at this card and tell me which category **best**  
describes the care {you/{PERSON}} received during the visit to  
the outpatient department at {PROVIDER} on {VISIT DATE}.

GENERAL CHECKUP .....	1	{OP08}
DIAGNOSIS OR TREATMENT .....	2	{OP08}
EMERGENCY (E.G., ACCIDENT OR INJURY) ...	3	{OP08}
PSYCHOTHERAPY OR MENTAL HEALTH		
COUNSELING .....	4	{OP08}
FOLLOW-UP OR POST-OPERATIVE VISIT .....	5	{OP08}
IMMUNIZATIONS OR SHOTS .....	6	{OP08}
VISION EXAM .....	7	{OP08}
PREGNANCY-RELATED (INCLUDING PRENATAL CARE AND DELIVERY) .....	8	{OP08}
WELL CHILD EXAM .....	9	{OP08}
LASER EYE SURGERY .....	10	{OP08}
OTHER .....	91	{OP08}
REF .....	-7	{OP08}
DK .....	-8	{OP08}

[Code One]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

-----  
| IF 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 CODED '9' (WELL CHILD EXAM), CHECK THAT PERSON |  
| IS <7 YEARS OLD (OR AGE CATEGORIES 1 TO 3). IF |  
| NOT, DISPLAY THE FOLLOWING MESSAGE: "CODE |  
| UNAVAILABLE FOR PERSONS 7 AND OLDER. VERIFY AND |  
RE-ENTER."

OP08

=====

{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 {OP09}  
NO ..... 2 {BOX\_02}  
REF ..... -7 {BOX\_02}  
DK ..... -8 {BOX\_02}

-----  
| DISPLAY 'visit' IF OP02 IS CODED '1' (SAW |  
| PROVIDER), '-7' (REFUSED), OR '-8' (DON'T KNOW) |  
| FOR THIS EVENT. DISPLAY 'telephone call' IF OP02 |  
IS CODED '2' (TELEPHONE CALL) FOR THIS EVENT.

OP09  
=====

{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 OP02 IS CODED '1' (SAW |  
| PROVIDER), '-7' (REFUSED), OR '-8' (DON'T KNOW) |  
| FOR THIS EVENT. DISPLAY 'telephone call' IF OP02 |  
IS CODED '2' (TELEPHONE CALL) FOR THIS EVENT.

-----  
| DISPLAY 'ADD CONDITION' AS AN OPTION ON THIS |  
SCREEN.

-----  
GO TO BOX\_02

-----  
| 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  
=====

-----  
| IF OP02 IS CODED '2' (TELEPHONE CALL), '-7' |  
(REFUSED), OR '-8' (DON'T KNOW), GO TO OP14

-----  
| IF OP02 IS CODED '1' (SAW PROVIDER), CONTINUE WITH |  
OP11

BOX\_03  
=====

OMITTED.

OP10  
=====

OMITTED.

OP11  
=====

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

SHOW CARD OP-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	{OP12}
SONOGRAM OR ULTRASOUND .....	2	{OP12}
X-RAYS .....	3	{OP12}
MAMMOGRAM .....	4	{OP12}
MRI OR CATSCAN .....	5	{OP12}
EKG OR ECG .....	6	{OP12}
EEG .....	7	{OP12}
VACCINATION .....	8	{OP12}
ANESTHESIA .....	9	{OP12}
OTHER DIAGNOSTIC TEST .....	10	{OP12}
THROAT SWAB .....	11	{OP12}
NO SERVICES RECEIVED .....	95	{OP12}
REF .....	-7	{OP12}
DK .....	-8	{OP12}

[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.

-----  
| 'OTHER DIAGNOSTIC TEST' AND 'NO SERVICES RECEIVED' |  
ARE 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).

OP12  
=====

{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 {OP14}  
NO ..... 2 {OP14}  
REF ..... -7 {OP14}  
DK ..... -8 {OP14}

HELP AVAILABLE FOR DEFINITION OF SURGICAL PROCEDURE.

OP13  
=====

OMITTED.

OP14  
=====

{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 {OP15}  
NO ..... 2 {BOX\_04}  
REF ..... -7 {BOX\_04}  
DK ..... -8 {BOX\_04}

HELP AVAILABLE FOR DEFINITION OF PRESCRIBED MEDICINE.

-----  
| DISPLAY 'visit' IF OP02 IS CODED '1' (SAW |  
| PROVIDER), '-7' (REFUSED), OR '-8' (DON'T KNOW) |  
| FOR THIS EVENT. DISPLAY 'telephone call' IF OP02 |  
IS CODED '2' (TELEPHONE CALL) FOR THIS EVENT.

OP15  
=====

{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 OP02 IS CODED '1' (SAW |  
| PROVIDER), '-7' (REFUSED), OR '-8' (DON'T KNOW) |  
| FOR THIS EVENT. DISPLAY 'telephone call' IF OP02 |  
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 AND ADDITION OF |  
PRESCRIBED MEDICINES.

-----  
| ROSTER BEHAVIOR: |  
| 1. MULTIPLE SELECT ALLOWED 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 ON PERSON'S' ROSTER; NO |  
FILTER.

BOX\_04  
=====

-----  
| IF OP02 IS CODED '2' (TELEPHONE CALL), '-7' |  
(REFUSED), OR '-8' (DON'T KNOW), GO TO BOX\_10

-----  
IF OP02 IS CODED '1' (SAW PROVIDER), GO TO BOX\_07

OP16  
=====

OMITTED.

OP17  
=====

OMITTED.

LOOP\_01  
=====

OMITTED.

BOX\_05  
=====

OMITTED.

BOX\_06  
=====

OMITTED.

OP18  
=====

OMITTED.

END\_LP01  
=====

OMITTED.

BOX\_07

=====

-----  
| IF NO CONDITION IS ASSOCIATED WITH THIS VISIT TO |  
THIS PROVIDER FOR THIS PERSON, GO TO BOX\_10

-----  
OTHERWISE, CONTINUE WITH BOX\_08

BOX\_08

=====

-----  
| IF 2 OR MORE VISITS TO THIS PROVIDER FOR THIS |  
| PERSON HAVE NOT COMPLETED THE OUTPATIENT |  
| DEPARTMENT (OP) UTILIZATION SECTION, CONTINUE |  
WITH BOX\_09

-----  
OTHERWISE, GO TO BOX\_10

BOX\_09

=====

-----  
| IF THIS EVENT IS NOT PART OF A FLAT FEE GROUP, |  
CONTINUE WITH OP19

-----  
OTHERWISE, GO TO BOX\_10

OP19  
=====

{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 an outpatient department at {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 OP Medical Condition}	{Services Received}
{Person's OP Medical Condition}	{Services Received}
{Person's OP Medical Condition}	{Services Received}

YES .....	1 {OP20}
NO .....	2 {BOX_10}
REF .....	-7 {BOX_10}
DK .....	-8 {BOX_10}

HELP AVAILABLE FOR DEFINITION OF REPEAT VISITS.

-----  
| DISPLAY '(READ SERVICES BELOW)' IF OP11 IS NOT |  
| CODED '95' (NO SERVICES RECEIVED), '-7' (REFUSED), |  
| OR '-8' (DON'T KNOW). IF OP11 IS CODED '95' (NO |  
| SERVICES RECEIVED), '-7' (REFUSED), OR '-8' (DON'T |  
KNOW), DISPLAY 'the same services'.

```
-----  
| FOR 'PERSON'S OP MEDICAL CONDITION', DISPLAY ALL |  
| CONDITIONS SELECTED FROM OR ADDED TO PERSON'S- |  
| MEDICAL-CONDITIONS-ROSTER AT OP09. |  
| |  
| FOR 'SERVICES RECEIVED', DISPLAY THE FOLLOWING |  
| TEXT FOR EACH CODE ENTERED AT OP11: |  
| |  
| 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 |  
-----
```

OP20  
=====

{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 {OP21}  
NO ..... 2 {BOX\_10}  
REF ..... -7 {BOX\_10}  
DK ..... -8 {BOX\_10}

HELP AVAILABLE FOR DEFINITION OF COST THE SAME AMOUNT.

```
-----  
| NOTE: THE ISSUE OF COST WHEN THE PERSON HAS A |  
| COPAY AND DOES NOT KNOW THE TOTAL CHARGE WILL BE |  
| HANDLED IN THE HELP FILE DEFINITION. |  
-----
```

OP21  
=====

{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)/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**

**SERVICES**

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

- [1. Month,Day,Year-4]
- [2. Month,Day,Year-4]
- [3. Month,Day,Year-4]

-----  
| DISPLAY '(READ SERVICES BELOW)' IF OP11 IS NOT |  
| CODED '95' (NO SERVICES RECEIVED), '-7' (REFUSED), |  
| OR '-8' (DON'T KNOW). IF OP11 IS CODED '95' (NO |  
| SERVICES RECEIVED), '-7' (REFUSED), OR '-8' (DON'T |  
KNOW), DISPLAY 'the same services'.

-----  
| FOR 'PERSON'S OP MEDICAL CONDITION', DISPLAY ALL |  
| CONDITIONS SELECTED FROM OR ADDED TO PERSON'S- |  
| MEDICAL-CONDITIONS-ROSTER AT OP09. |  
| |  
| FOR 'SERVICES RECEIVED', DISPLAY THE FOLLOWING |  
| TEXT FOR EACH SERVICE ENTERED AT OP11: |  
| |  
| CODE '1' = LABORATORY TESTS |  
| CODE '2' = SONOGRAM/ULTRASOUND |  
| CODE '3' = X-RAY |  
| 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 OP21 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 OP SECTION.

-----  
GO TO OP22

-----  
| 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 'OP'. |  
| 4. EVENT IS ASSOCIATED WITH THE SAME PROVIDER AS |  
THE EVENT BEING ASKED ABOUT.

OP22  
=====

{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\_10}

BOX\_10  
=====

-----  
| IF CHARGE/PAYMENT (CP) SECTION IS NOT COMPLETED |  
| FOR THIS OUTPATIENT EVENT, ASK THE CHARGE/PAYMENT |  
(CP) SECTION

-----  
OTHERWISE, GO TO EVENT DRIVER (ED) SECTION