

Dental Care (DN) Section

DN01

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{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER.....} {EVN-DT}
Was this visit because of an accident or injury?
YES 1
NO 2 {DN03}
REF -7 {DN03}
DK -8 {DN03}
PRESS F1 FOR DEFINITION OF ACCIDENT/INJURY.

DN02

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{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER.....} {EVN-DT}
What kind of dental injury did (PERSON) have?
PROBE: Any other injury?
IF CONDITION IS ALREADY LISTED, ASK: Is this the same (NAME
OF CONDITION) that we have talked about before?
IF SAME EPISODE OF CONDITION, SELECT ENTRY ON ROSTER.
IF NEW EPISODE OF CONDITION, ADD TO THE CONDITION ROSTER.
TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D.
TO LEAVE, PRESS ESC.
[1. Medical Condition]
[2. Medical Condition]
[3. Medical Condition]

| ROSTER DEFINITION: THIS ITEM DISPLAYS PERSON'S- |
MEDICAL-CONDITIONS-ROSTER.

| **ROSTER BEHAVIOR SPECIFICATIONS:** |
| |
| 1. INTERVIEWER MAY SELECT A CONDITION(S) ALREADY |
| LISTED ON THE ROSTER. DOING SO SHOULD NOT |
| IMPACT THE ROUND FLAG OF THE CONDITION. |
| 2. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF |
| CONDITIONS AT THE ROSTER QUESTIONS (I.E., NO |
| LIMIT TO THE NUMBER OF CONDITIONS). AS |
| CONDITIONS ARE ENTERED, THEY SHOULD BE FLAGGED |
| WITH THE NUMBER OF THE ROUND IN WHICH THEY WERE |
| FIRST CREATED. THIS ROUND FLAG WILL BE USED |
| LATER IN THE INTERVIEW TO DETERMINE WHICH |
| QUESTIONS SHOULD BE ASKED. |
| 3. INTERVIEWER SHOULD BE ABLE TO DELETE CONDITION |
| THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS |
| USED. THAT IS, AS LONG AS THE INTERVIEWER HAS |
| NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO |
| DELETE A CONDITION ENTERED IN ERROR. IF DELETE |
| IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED |
| (I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY |
| THE FOLLOWING ERROR MESSAGE: 'DELETE ALLOWED |
ONLY WHEN CONDITION IS FIRST ENTERED.'

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| EACH CONDITION SELECTED OR ADDED AT DN02 SHOULD |
| BE FLAGGED AS 'DUE TO ACCIDENT/INJURY'. THIS |
| WILL BE USED TO PRECODE THE RESPONSE TO CN02_02 |
| ('Was this due to an accident/injury?') AS '1' |
| (YES). |
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DN03

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{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER.....} {EVN-DT}
 What type of dental care provider did (PERSON) see during this visit?

PROBE: Any other type of dental care person?
 CODE ALL THAT APPLY.

- GENERAL DENTIST 1
- DENTAL HYGIENIST 2
- DENTAL TECHNICIAN 3
- DENTAL SURGEON 4
- ORTHODONTIST 5
- ENDODONTIST 6
- PERIODONTIST 7
- OTHER 91
- REF -7
- DK -8

[Code All That Apply]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

DN04

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{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER.....} {EVN-DT}
 SHOW CARD DN-1.

What did (PERSON) have done during this visit?

PROBE: What else was done? CODE ALL THAT APPLY.
 FOR DEFINITIONS OF ANSWER CATEGORIES, PRESS F1.

- *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

ABCESS 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
REF	-7
DK	-8

[Code All That Apply]

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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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| HEADINGS AND CODE CATEGORIES WILL NOT FIT ON ONE |
| SCREEN. THEREFORE, HEADINGS WILL ONLY APPEAR ON |
| F1 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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DN04OV

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ENTER OTHER TYPE OF DENTAL CARE:

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[Enter Other Specify].....
REF .....
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REF	-7
DK	-8

DN05

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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 (PERSON)? Please include only prescriptions which were filled.

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

PRESS F1 FOR DEFINITION OF PRESCRIBED MEDICINE.

DN06

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{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?
TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D.
TO LEAVE, PRESS ESC.

- [1. Prescribed Medicine]
- [2. Prescribed Medicine]
- [3. Prescribed Medicine]

| ROSTER DEFINITION: THIS ITEM DISPLAYS PERSON'S- |
PRESCRIBED-MEDICINES-ROSTER.

ROSTER BEHAVIOR SPECIFICATIONS

- | 1. INTERVIEWER MAY SELECT A MEDICINE(S) ALREADY |
| LISTED ON THE ROSTER. |
- | 2. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF |
| MEDICINES AT THE ROSTER QUESTIONS (I.E., NO |
| LIMIT TO THE NUMBER OF MEDICINES). |
- | 3. INTERVIEWER SHOULD BE ABLE TO DELETE A MEDICINE |
| THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS |
| USED. THAT IS, AS LONG AS THE INTERVIEWER HAS |
| NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO |
| DELETE A MEDICINE ENTERED IN ERROR. IF DELETE |
| IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED |
| (I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY |
| THE FOLLOWING ERROR MESSAGE: 'DELETE ALLOWED |
| ONLY WHEN MEDICINE IS FIRST ENTERED.' |

BOX_01

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| IF THE CHARGE/PAYMENT SECTION HAS NOT BEEN ASKED |
| FOR THE EVENT-PROVIDER PAIR BEING ASKED ABOUT, GO |
TO THE CHARGE/PAYMENT SECTION.

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

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