

Provider Roster (PV) Section

PV01

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```
{PERSON'S FIRST MIDDLE AND LAST NAME} {EV}
{[What is the name of the person or place that provided health
care to (PERSON)?]}
INTERVIEWER: IS THE PROVIDER {ASSOCIATED WITH THIS EVENT} A
PERSON OR A FACILITY (INCLUDING GROUP PRACTICES AND HMOs)?
PERSON ..... 1
FACILITY ..... 2 {BOX_01}
PRESS F1 FOR DEFINITION OF PERSON/FACILITY.
-----
| DISPLAY `[What is ... (PERSON)?]' AND `ASSOCIATED |
| WITH THIS EVENT' IF THE PROVIDER ROSTER (PV) |
| SECTION WAS NOT CALLED FROM THE ACCESS TO CARE |
| (AC) SECTION. IF THE PV SECTION WAS CALLED FROM |
| THE AC SECTION, USE A NULL DISPLAY. |
|-----|
| IF CODED `1' (PERSON), SET PROVIDER TYPE TO |
| `PERSON-TYPE-PROVIDER'. |
|-----|
| IF CODED `2' (FACILITY), SET PROVIDER TYPE TO |
| `FACILITY-PROVIDER'. |
|-----|
| IF CODED `1' (PERSON) AND NO PROVIDERS THAT ARE |
| TYPE `PERSON-TYPE-PROVIDER' ON |
| RU-MEDICAL-PROVIDERS-ROSTER, GO TO PV04 |
|-----|
| IF CODED `1' (PERSON) AND AT LEAST ONE PROVIDER |
| THAT IS TYPE `PERSON-TYPE-PROVIDER' ON |
| RU-MEDICAL-PROVIDERS-ROSTER, CONTINUE WITH PV02 |
|-----|
| EDIT: IF EVENT TYPE IS HS, ER, OP, OR IC, PV01 |
| CANNOT BE CODED `1' (PERSON). IF PV01 IS CODED |
| `1' (PERSON) FOR AN HS, ER, OP, OR IC EVENT, |
| DISPLAY THE FOLLOWING MESSAGE: `A FACILITY MUST |
| BE ASSOCIATED WITH {EV} TYPE. VERIFY PROVIDER AND |
| RE-ENTER.' |
|-----|
```

PV02

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```
{PERSON'S FIRST MIDDLE AND LAST NAME} {EV}
SELECT CORRECT {USUAL SOURCE OF CARE} PROVIDER {ASSOCIATED
WITH THE EVENT}.
TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.
ROSTER. PV02_02. FACILITY PV02_03. STREET
PERSON-TYPE-PROVIDER
```

1. [Display Truncated Person-Provider-25] [Display Truncated Facility-Provider-30] [Display Truncated Street Address-15]
2. [Display Truncated Person-Provider-25] [Display Truncated Facility-Provider-30] [Display Truncated Street Address-15]
3. [Display Truncated Person-Provider-25] [Display Truncated Facility-Provider-30] [Display Truncated Street Address-15]

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| ROSTER DEFINITION: THIS ITEM DISPLAYS THE |
| PROVIDERS ON THE RU-MEDICAL-PROVIDERS-ROSTER THAT |
| ARE OF THE TYPE PERSON-TYPE-PROVIDER, WHICH |
| INCLUDES THE SUBGROUP FLAGGED AS |
| 'PERSON-IN-FACILITY-PROVIDER'. |
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-----
| DISPLAY 'USUAL SOURCE OF CARE' IF THE PROVIDER |
| ROSTER (PV) SECTION WAS CALLED FROM THE ACCESS TO |
| CARE (AC) SECTION. OTHERWISE, USE A NULL DISPLAY. |
| |
| DISPLAY 'ASSOCIATED WITH THE EVENT' IF THE |
| PROVIDER ROSTER (PV) SECTION WAS NOT CALLED FROM |
| THE ACCESS TO CARE (AC) SECTION. IF THE PV |
| SECTION WAS CALLED FROM THE AC SECTION, USE A NULL |
| DISPLAY. |
-----

```

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| ROSTER BEHAVIOR SPECIFICATIONS: |
| |
| 1. INTERVIEWER MAY SELECT ANY PROVIDER ALREADY |
| LISTED OR SELECT 'NONE OF THE ABOVE.' |
| 2. ONLY ONE SELECTION MAY BE MADE. |
| 3. INTERVIEWER CANNOT ADD AT THIS SCREEN. |
| PROVIDERS ARE 'ADDED' BY USING THE 'NONE OF |
| THE ABOVE' SELECTION. |
| 4. INTERVIEWER CANNOT DELETE AT THIS SCREEN |
| (I.E., CTRL/D). |
| 5. IF NO FACILITY IS ASSOCIATED WITH THE |
| PERSON-PROVIDER, LEAVE THE FACILITY COLUMN |
| BLANK FOR THAT PERSON-TYPE-PROVIDER. |
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-----
| DISPLAY 'NONE OF THE ABOVE' AS THE LAST ENTRY ON |
| ROSTER. |
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-----
| IF 'NONE OF THE ABOVE' IS SELECTED, GO TO PV04 |
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| OTHERWISE, CONTINUE WITH PV03 |
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```

PV03
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{PERSON'S FIRST MIDDLE AND LAST NAME} {EV}
Is the address of (READ NAME AND ADDRESS OF PROVIDER BELOW)...

```

{PERSON-TYPE-PROVIDER NAME SELECTED AT PV02}
{FACILITY-PROVIDER W/ PERSON-TYPE-PROVIDER.}
{PERSON-TYPE-PROVIDER STREET ADDRESS LINE1.}
{PERSON-TYPE-PROVIDER STREET ADDRESS LINE2.}
ADDRESS {& FACILITY NAME} CORRECT ..... 1 {BOX_02}
ADD NEW ADDRESS FOR PROVIDER ..... 2 {PV06}
ADD NEW/DIFFERENT FACILITY FOR
  PROVIDER ..... 3 {BOX_01}
ABOVE PROVIDER NAME/ADDRESS
  {OR FACILITY NAME} NEEDS SPELLING
  OR MINOR CORRECTION ..... 4 {BOX_02}
SELECTED WRONG PROVIDER/ADDRESS ..... 5
REF ..... -7 {BOX_02}
DK ..... -8 {BOX_02}
[Code One]

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-----
| FOR: {PERSON-TYPE-PROVIDER NAME SELECTED AT PV02}, |
| DISPLAY THE PERSON-TYPE-PROVIDER NAME SELECTED AT |
| PV02. |
| FOR: {FACILITY-PROVIDER W/ PERSON-TYPE-PROVIDER.}, |
| DISPLAY THE FACILITY-PROVIDER NAME ASSOCIATED WITH |
| THE PERSON-TYPE-PROVIDER SELECTED AT PV02. IF NO |
| FACILITY-PROVIDER NAME ASSOCIATED WITH THIS |
| PERSON-TYPE-PROVIDER, USE A NULL DISPLAY. |
| FOR: {PERSON-TYPE-PROVIDER STREET ADDRESS LINE1.} |
| AND {PERSON-TYPE-PROVIDER STREET ADDRESS LINE2.}, |
| DISPLAY LINES 1 & 2 OF THE PERSON-TYPE-PROVIDER'S |
| ADDRESS FOR THE PERSON-TYPE-PROVIDER SELECTED AT |
| PV02. |
| |
| DISPLAY '& FACILITY NAME' AND 'OR FACILITY NAME' |
| IF FACILITY-PROVIDER NAME ASSOCIATED WITH THE |
| PERSON-TYPE-PROVIDER SELECTED AT PV02. IF NO |
| FACILITY-PROVIDER NAME ASSOCIATED WITH THIS |
| PERSON-TYPE-PROVIDER, USE A NULL DISPLAY. |
| |
-----

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```

-----
| IF CODED '5' (SELECTED WRONG PROVIDER/ADDRESS), |
| CAPI REDISPLAYS PV02 TO ALLOW INTERVIEWER TO |
| SELECT CORRECT PROVIDER. |
| |
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| IF CODED '4' (ABOVE PROVIDER NAME/ADDRESS |
| {OR FACILITY NAME} NEEDS SPELLING OR MINOR |
| CORRECTIONS), DISPLAY THE FOLLOWING MESSAGE: |
| 'THIS OPTION IS DISABLED. PLEASE RECORD |
| INFORMATION IN COMMENTS.' |
| |
-----

```

PV04
====

```

{PERSON'S FIRST MIDDLE AND LAST NAME} {EV}
ENTER NAME OF PROVIDER {ASSOCIATED WITH EVENT}.
ENTER COMPLETE PROVIDER NAME AND VERIFY SPELLING.
[Enter Provider Name-65] .....

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| DISPLAY 'ASSOCIATED WITH EVENT' IF THE PROVIDER |
| |

```

```
| ROSTER (PV) SECTION WAS NOT CALLED FROM THE ACCESS |
| TO CARE (AC) SECTION. IF THE PV SECTION WAS |
| CALLED FROM THE AC SECTION, USE A NULL DISPLAY. |
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-----
| WRITE PROVIDER NAME TO THE PERSON-TYPE-PROVIDER |
| COLUMN OF THE RU-MEDICAL-PROVIDERS-ROSTER. |
```

PV05
=====

```
{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER.....} {EV}
```

Is (PROVIDER) in a group practice, that is, do other doctors practice at the same office (or are part of an HMO)?

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

```
-----
| IF CODED '1' (YES), FLAG PERSON-TYPE-PROVIDER AS |
| 'PERSON-IN-FACILITY-PROVIDER'. |
```

PV06
=====

```
{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER.....} {EV}
```

ENTER {NEW} STREET ADDRESS FOR (PROVIDER).

ENTER STREET ADDRESS AND VERIFY SPELLING. IF PROVIDER HAS MORE THAN ONE LOCATION, RECORD LOCATION PERSON VISITED.

```
PROVIDER_STR1 (PV06_01): [ _____ ]
PROVIDER_STR2 (PV06_02): [ _____ ]
```

```
-----
| DISPLAY 'NEW' IF PV03 IS CODED '2' (ADD NEW |
| ADDRESS FOR PROVIDER). OTHERWISE, USE A NULL |
| DISPLAY. |
```

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-----
| CODES '-7' (REF) AND '-8' (DK) ARE ALLOWED ON EACH |
| FORM ITEM. |
```

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-----
| IF PV04 WAS ASKED, ASSOCIATE ADDRESS WITH |
| PERSON-TYPE-PROVIDER ENTERED AT PV04. |
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-----
| IF PV03 WAS CODED '2' (ADD NEW ADDRESS FOR |
| PROVIDER), WRITE ANOTHER RECORD FOR PROVIDER IN |
| RU-MEDICAL-PROVIDERS-ROSTER AND ASSOCIATE ADDRESS |
| WITH THAT NEW PROVIDER RECORD. SET PROVIDER TYPE |
| TO 'PERSON-TYPE-PROVIDER'. |
```

```
| IF A FACILITY WAS DISPLAYED AS PART OF PROVIDER'S |
| ADDRESS AT PV03, ASSOCIATE THAT FACILITY WITH THE |
| NEW PROVIDER RECORD AND FLAG THE PERSON-TYPE- |
| PROVIDER AS A 'PERSON-IN-FACILITY-PROVIDER'. |
```


GO TO BOX_02

PV07

=====

OMITTED.

BOX_01

=====

| IF NO PROVIDERS THAT ARE TYPE 'FACILITY-PROVIDERS' |
ON RU-MEDICAL-PROVIDERS-ROSTER, GO TO PV10

OTHERWISE, CONTINUE WITH PV08

PV08

=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EV}
SELECT CORRECT {USUAL SOURCE OF CARE} {PROVIDER/FACILITY}
{ASSOCIATED WITH THE EVENT}.
TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

ROSTER. FACILITY-PROVIDERS PV08_02. STREET

[Display Truncated [Display Truncated
Facility-Provider-30] Street Address-15]

[Display Truncated [Display Truncated
Facility-Provider-30] Street Address-15]

[Display Truncated [Display Truncated
Facility-Provider-30] Street Address-15]

| ROSTER DEFINITION: THIS ITEM DISPLAYS THE |
| PROVIDERS ON THE RU-MEDICAL-PROVIDERS-ROSTER THAT |
ARE TYPE FACILITY-PROVIDERS.

| DISPLAY 'USUAL SOURCE OF CARE' IF THE PROVIDER |
| ROSTER (PV) SECTION WAS CALLED FROM THE ACCESS TO |
| CARE (AC) SECTION. OTHERWISE, USE A NULL DISPLAY. |
| |

| DISPLAY 'PROVIDER' IF PV01 IS CODED '2' |
| (FACILITY). DISPLAY 'FACILITY' IF PV01 IS CODED |
| '1' (PERSON). |
| |

| DISPLAY 'ASSOCIATED WITH THE EVENT' IF THE |
| PROVIDER ROSTER (PV) SECTION WAS NOT CALLED FROM |
| THE ACCESS TO CARE (AC) SECTION. IF THE PV |
| SECTION WAS CALLED FROM THE AC SECTION, USE A NULL |
DISPLAY.

| **ROSTER BEHAVIOR SPECIFICATIONS:** |
| |

```

| 1. INTERVIEWER MAY SELECT ANY PROVIDER ALREADY |
| LISTED OR SELECT 'NONE OF THE ABOVE.' |
| 2. ONLY ONE SELECTION MAY BE MADE. |
| 3. INTERVIEWER CANNOT ADD AT THIS SCREEN. |
| PROVIDERS ARE 'ADDED' BY USING THE 'NONE OF |
| THE ABOVE' SELECTION. |
| 4. INTERVIEWER CANNOT DELETE AT THIS SCREEN |
| (I.E., CTRL/D). |
-----
| DISPLAY 'NONE OF THE ABOVE' AS THE LAST ENTRY ON |
| ROSTER. |
-----
| IF 'NONE OF THE ABOVE' IS SELECTED, GO TO PV10 |
-----
| OTHERWISE, CONTINUE WITH PV09 |
-----

```

PV09

=====

```

{PERSON'S FIRST MIDDLE AND LAST NAME} {EV}
Is the address of (READ NAME AND ADDRESS OF
({PROVIDER/FACILITY})) BELOW)...
  {FACILITY NAME SELECTED AT PV08}
  {FACILITY STREET ADDRESS LINE1.}
  {FACILITY STREET ADDRESS LINE2.}
FACILITY NAME AND ADDRESS CORRECT ..... 1 {BOX_02}
ADD NEW ADDRESS FOR FACILITY ..... 2
ABOVE NAME/ADDRESS NEEDS SPELLING OR
  MINOR CORRECTION ..... 3 {BOX_02}
SELECTED WRONG FACILITY/ADDRESS ..... 4
REF ..... -7 {BOX_02}
DK ..... -8 {BOX_02}
          [Code One]
-----
| DISPLAY 'PROVIDER' IF PV01 IS CODED '2' |
| (FACILITY). DISPLAY 'FACILITY' IF PV01 IS CODED |
| '1' (PERSON). |
| |
| FOR: {FACILITY NAME SELECTED AT PV08}, DISPLAY |
| THE FACILITY-PROVIDER NAME SELECTED AT PV08. |
| FOR: {FACILITY STREET ADDRESS LINE1.} AND |
| {FACILITY STREET ADDRESS LINE2.}, DISPLAY LINES |
| 1 AND 2 OF THE FACILITY-PROVIDER'S ADDRESS FOR THE |
| FACILITY-PROVIDER SELECTED AT PV08. |
-----
| IF CODED '1' (FACILITY NAME AND ADDRESS CORRECT) |
| OR '3' (ABOVE NAME/ADDRESS FOR FACILITY NEEDS |
| SPELLING OR MINOR CORRECTION) AND PV01 IS CODED |
| '1' (PERSON), LINK THE FACILITY SELECTED AT PV08 |
| TO THE PERSON-TYPE-PROVIDER FLAGGED AS |
| 'PERSON-IN-FACILITY-PROVIDER'. |
-----

```

| IF CODED '4' (SELECTED WRONG FACILITY/ADDRESS), |
| CAPI REDISPLAYS PV08 TO ALLOW INTERVIEWER TO |
| SELECT CORRECT FACILITY. |

| IF CODED '3' (ABOVE NAME/ADDRESS NEEDS SPELLING |
| OR MINOR CORRECTIONS), DISPLAY THE FOLLOWING |
| MESSAGE: 'THIS OPTION IS DISABLED. PLEASE |
| RECORD INFORMATION IN COMMENTS.' |

PV10
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER.....} {EV}
ENTER {NEW} {NAME AND} ADDRESS OF ({PROVIDER/FACILITY}).
ENTER {NAME AND} STREET ADDRESS AND VERIFY SPELLING. IF
({PROVIDER/FACILITY}) HAS MORE THAN ONE LOCATION, RECORD LOCATION
PERSON VISITED.

FACILITY_NAME (PV10_01): [_____]
FACILITY_STR1 (PV10_02): [_____]
FACILITY_STR2 (PV10_03): [_____]

| DISPLAY 'NEW' IF PV09 IS CODED '2' (ADD NEW |
| ADDRESS FOR FACILITY). OTHERWISE, USE A NULL |
| DISPLAY. DISPLAY 'PROVIDER' IF PV01 IS CODED '2' |
| (FACILITY). DISPLAY 'FACILITY' IF PV01 IS CODED |
| '1' (PERSON). DISPLAY 'NAME AND' IF 'NONE OF THE |
| ABOVE' WAS SELECTED AT PV08 OR PV08 WAS NOT ASKED. |
| IF 'NONE OF THE ABOVE' WAS SELECTED AT PV08 OR |
| PV08 WAS NOT ASKED, THE CONTEXT HEADER WILL NOT |
| DISPLAY THE NAME OF THE MEDICAL CARE PROVIDER. |
| THE CONTEXT HEADER WILL ONLY HAVE THE NAME OF THE |
| PROVIDER(S) ASSOCIATED WITH THE EVENT IF PV09 WAS |
| CODED '2' (ADD NEW ADDRESS FOR FACILITY). |

| CODES '-7' (REF) AND '-8' (DK) ARE ALLOWED ON |
| PV10_02 AND PV10_03 ONLY. |

| IF PV09 IS CODED '2' (ADD NEW ADDRESS FOR |
| FACILITY), PV10 WILL NOT COLLECT THE FACILITY |
| NAME. |

| IF FACILITY-PROVIDER NOT SELECTED AT PV08 (I.E., |
| PV08 WAS NOT ASKED OR 'NONE OF THE ABOVE' WAS |
| SELECTED), WRITE NAME AND ADDRESS ENTERED ABOVE TO |
| FACILITY-PROVIDER NAME COLUMN AND ADDRESS COLUMN |
| OF THE RU-MEDICAL-PROVIDERS-ROSTER. |

| IF FACILITY-PROVIDER SELECTED AT PV08 AND PV09 WAS |
| CODED '2' (ADD NEW ADDRESS FOR FACILITY), WRITE |
| ANOTHER RECORD FOR THE FACILITY-PROVIDER TO THE |
| RU-MEDICAL-PROVIDERS-ROSTER AND ASSOCIATE ADDRESS |
| WITH THAT NEW PROVIDER RECORD. |

```
|
| IF PV01 IS CODED '1' (PERSON), LINK THE FACILITY |
| TO THE PERSON-TYPE-PROVIDER FLAGGED AS          |
| 'PERSON-IN-FACILITY-PROVIDER' .                 |
-----
```

```
| GO TO BOX_02                                     |
-----
```

PV11
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OMITTED.

BOX_02
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```
-----
| RETURN TO QUESTIONNAIRE SECTION FROM WHICH THE  |
| PROVIDER ROSTER (PV) SECTION WAS CALLED.        |
-----
```

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