### Provider Roster (PV) Section

**PV01**

{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

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.

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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

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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**

{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.

<table>
<thead>
<tr>
<th>ROSTER. PERSON-TYPE-PROVIDER</th>
<th>PV02_02. FACILITY</th>
<th>PV02_03. STREET</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. [Display Truncated Person-Provider-25]</td>
<td>[Display Truncated Facility-Provider-30]</td>
<td>[Display Truncated Street Address-15]</td>
</tr>
<tr>
<td>2. <strong>[Display Truncated Person-Provider-25]</strong></td>
<td><strong>[Display Truncated Facility-Provider-30]</strong></td>
<td><strong>[Display Truncated Street Address-15]</strong></td>
</tr>
<tr>
<td>3. <strong>[Display Truncated Person-Provider-25]</strong></td>
<td><strong>[Display Truncated Facility-Provider-30]</strong></td>
<td><strong>[Display Truncated Street Address-15]</strong></td>
</tr>
</tbody>
</table>

---

**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.

---

**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.

---

**DISPLAY ‘NONE OF THE ABOVE’** as the last entry on roster.

---

**IF ‘NONE OF THE ABOVE’ IS SELECTED, GO TO PV04**

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**OTHERWISE, CONTINUE WITH PV03**

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**PV03**

(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)
MEPS FAMES Panel 11 Round 5 Provider Roster (PV) Section

{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]
----------------------------------------------------
| 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.
----------------------------------------------------
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] ............... 
----------------------------------------------------
| 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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### 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. |

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

__________________________
| IF PV04 WAS ASKED, ASSOCIATE ADDRESS WITH PERSON-TYPE-PROVIDER ENTERED AT PV04. |

__________________________
| 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
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| IF NO PROVIDERS THAT ARE TYPE ‘FACILITY-PROVIDERS’ |
| ON RU-MEDICAL-PROVIDERS-ROSTER, GO TO PV10       |
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----------------------------------------------------
| 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.

<table>
<thead>
<tr>
<th>ROSTER. FACILITY-PROVIDERS</th>
<th>PV08_02. STREET</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Display Truncated</td>
<td>[Display Truncated</td>
</tr>
<tr>
<td>Facility-Provider-30]</td>
<td>Street Address-15]</td>
</tr>
<tr>
<td>[Display Truncated</td>
<td>[Display Truncated</td>
</tr>
<tr>
<td>Facility-Provider-30]</td>
<td>Street Address-15]</td>
</tr>
<tr>
<td>[Display Truncated</td>
<td>[Display Truncated</td>
</tr>
<tr>
<td>Facility-Provider-30]</td>
<td>Street Address-15]</td>
</tr>
</tbody>
</table>

----------------------------------------------------
| 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       |

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(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):  [_____________]


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
RETURN TO QUESTIONNAIRE SECTION FROM WHICH THE PROVIDER ROSTER (PV) SECTION WAS CALLED.