**Emergency Room (ER) Section**

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

---

**ER01**

<table>
<thead>
<tr>
<th>PERSON'S FIRST MIDDLE AND LAST NAME</th>
<th>NAME OF MEDICAL CARE PROVIDER</th>
<th>EVN-DT</th>
</tr>
</thead>
</table>

Did (PERSON) see a medical doctor during this particular visit?

- YES .................................... 1 {ER02}
- NO ..................................... 2 {ER02}
- REF ................................... -7 {ER02}
- DK .................................... -8 {ER02}

HELP AVAILABLE FOR DEFINITION OF MEDICAL DOCTOR.
{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER}  {EVN-DT}

SHOW CARD ER-1.

Please look at this card and tell me which category best describes the care (PERSON) received during the visit to (PROVIDER) emergency room on (VISIT DATE).

DIAGNOSIS OR TREATMENT ..................... 1 {ER03}
EMERGENCY (E.G., ACCIDENT OR INJURY) ... 2 {ER03}
PSYCHOTHERAPY OR MENTAL HEALTH
COUNSELING ................................. 3 {ER03}
FOLLOW-UP OR POST-OPERATIVE VISIT ...... 4 {ER03}
IMMUNIZATIONS OR-shots ....................... 5 {ER03}
PREGNANCY-RELATED (INCLUDING
PRENATAL CARE AND DELIVERY) .......... 6 {ER03}
OTHER .................................... 91 {ER03}
REF ..................................... -7 {ER03}
DK ...................................... -8 {ER03}

[Code One]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

---------------------------------------------------------------------
| IF CODED ‘6’ (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.’ |
---------------------------------------------------------------------
Was this visit related to any specific health condition or were any conditions discovered during this visit?

YES .................................... 1 {ER04}
NO ..................................... 2 {ER05}
REF ................................... -7 {ER05}
DK .................................... -8 {ER05}

What conditions were discovered or led (PERSON) to make this visit?

PROBE: Any other condition?

IF CONDITION IS ALREADY LISTED, SELECT ENTRY ON ROSTER.

[1. Medical Condition]
[2. Medical Condition]
[3. Medical Condition]

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

| GO TO ER05 |

| ROSTER DETAILS: |
| Title: PERS_COND_1 |
| COL #1 HEADER: MEDICAL CONDITION |
| INSTRUCTIONS: DISPLAY NAME OF MEDICAL CONDITION |
| (COND.CONDNAME) |
ROSTER DEFINITION:
DISPLAY THE PERSON-MEDICAL-CONDITIONS-ROSTER FOR
THE SELECTION AND ADDITION OF ONE OR MANY MEDICAL
CONDITION(S) ASSOCIATED WITH THIS EVENT.

ROSTER BEHAVIOR:
1. MULTIPLE SELECT ALLOWED. SELECTION SHOULD NOT
   IMPACT THE ROUND FLAG OF THE CONDITION.

2. MULTIPLE ADD ALLOWED. INTERVIEWER SHOULD RECORD
   THE CONDITION NAME.

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. IF THE INTERVIEWER
   ATTEMPTS TO DELETE A CONDITION WHEN DELETE IS
   NOT ALLOWED, DISPLAY THE FOLLOWING MESSAGE:
   “DELETE ALLOWED ONLY WHEN CONDITION IS FIRST
   ENTERED.”

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. IF THE
   INTERVIEWER ATTEMPTS TO EDIT A CONDITION WHEN
   EDIT IS NOT ALLOWED, DISPLAY THE FOLLOWING
   MESSAGE: “EDIT ALLOWED ONLY WHEN CONDITION IS
   FIRST ENTERED.”

ROSTER FILTER:
DISPLAY ALL CONDITIONS ON PERSON’S ROSTER; NO
FILTER.
SHOW CARD ER-2.

Looking at this card, which of these services, if any, did (PERSON) have during this visit?

CHECK ALL THAT APPLY.

LABORATORY TESTS ......................... 1 [ER06]
SONOGRAM OR ULTRASOUND .................. 2 [ER06]
X-RAYS ....................................... 3 [ER06]
MAMMOGRAM ................................. 4 [ER06]
MRI OR CATSCAN ............................. 5 [ER06]
EKG OR ECG .................................. 6 [ER06]
EEG .......................................... 7 [ER06]
VACCINATION ............................... 8 [ER06]
ANESTHESIA ................................. 9 [ER06]
OTHER DIAGNOSTIC TEST ................. 10 [ER06]
THROAT SWAB ............................... 11 [ER06]
NO SERVICES RECEIVED .................... 95 [ER06]
REF ......................................... -7 [ER06]
DK ........................................... -8 [ER06]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

[Code All That Apply]

----------------------------------------
| 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. |
----------------------------------------

----------------------------------------
| NOTE: ‘OTHER DIAGNOSTIC TESTS’ AND ‘NO SERVICES |
| RECEIVED’ ARE NOT DISPLAYED ON SHOW CARD. |
----------------------------------------
HARD CHECK:
EDIT: IF CODED ‘95’ (NO SERVICES RECEIVED), NO OTHER SERVICE 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.”

ER06
====

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

Was a surgical procedure performed on (PERSON) during this visit?

YES ........................................ 1 {ER08}
NO .......................................... 2 {ER08}
REF .......................................... -7 {ER08}
DK .......................................... -8 {ER08}

HELP AVAILABLE FOR DEFINITION OF SURGICAL PROCEDURE.

ER07
====

OMITTED.

ER08
====

{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 {ER09}
NO .......................................... 2 {BOX_03}
REF .......................................... -7 {BOX_03}
DK .......................................... -8 {BOX_03}

HELP AVAILABLE FOR DEFINITION OF PRESCRIBED MEDICINE.
ER09
====

{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 prescribed medicines from this visit that were filled?

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

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

----------------------------------------------------------------------------------------------------------------------------------
| GO TO BOX_03 |
----------------------------------------------------------------------------------------------------------------------------------

----------------------------------------------------------------------------------------------------------------------------------
| 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 ALLOWED.
2. MULTIPLE ADD ALLOWED.
3. LIMITED DELETE ALLOWED. INTERVIEWER MAY DELETE A MEDICINE ADDED ON THIS SCREEN AS LONG AS CAPI HAS NOT YET CREATED THE LINK BETWEEN THIS MEDICINE AND THE EVENT.
4. EDIT DISALLOWED.

ROSTER FILTER:
DISPLAY ALL MEDICINES ON PERSON’S ROSTER; NO FILTER.

ER10
====
OMITTED.

ER11
====
OMITTED.

LOOP_01
========
OMITTED.

BOX_01
=====
OMITTED.

BOX_02
=====
OMITTED.

ER12
====
OMITTED.

END_LP01
========
OMITTED.
IF THE CHARGE/PAYMENT (CP) SECTION FOR THIS EMERGENCY ROOM EVENT IS NOT COMPLETED, ASK THE CHARGE/PAYMENT (CP) SECTION

OTHERWISE, GO TO THE EVENT DRIVER (ED) SECTION