BOX_00
======

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

ER01
====

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

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.

ER02
====

{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.'|

ER03
====

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

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}

ER04
====

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

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.CONDNAM) |

```
-------------------------------------------------------
| 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.                                             |
-------------------------------------------------------
```

4

ER05
====

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

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. |

5

```
--------------------------------------------------------
| 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.

BOX_03
======

```
-----------------------------------------------------
|  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    |
-----------------------------------------------------
```