Emergency Room (ER) Section

ER01
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER}  {EVT-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.
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).

<table>
<thead>
<tr>
<th>Code</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>DIAGNOSIS OR TREATMENT</td>
</tr>
<tr>
<td>2</td>
<td>EMERGENCY (E.G., ACCIDENT OR INJURY)</td>
</tr>
<tr>
<td>3</td>
<td>PSYCHOTHERAPY OR MENTAL HEALTH</td>
</tr>
<tr>
<td>4</td>
<td>FOLLOW-UP OR POST-OPERATIVE VISIT</td>
</tr>
<tr>
<td>5</td>
<td>IMMUNIZATIONS OR SHOTS</td>
</tr>
<tr>
<td>6</td>
<td>PREGNANCY-RELATED (INCLUDING PRENATAL CARE AND DELIVERY)</td>
</tr>
<tr>
<td>91</td>
<td>OTHER</td>
</tr>
<tr>
<td>-7</td>
<td>REF</td>
</tr>
<tr>
<td>-8</td>
<td>DK</td>
</tr>
</tbody>
</table>

[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.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.
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]

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| ALLOW CODE '4' (MAMMOGRAM) ONLY IF PERSON IS |
| FEMALE AND AGE IS > 17 YEARS (OR AGE CATEGORIES 4 |
| THROUGH 9).                                    |
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| 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.                                      |
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| NOTE: 'OTHER DIAGNOSTIC TESTS' AND 'NO SERVICES |
| RECEIVED' ARE NOT DISPLAYED ON SHOW CARD.        |
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| 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.”                                             |
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ER06
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{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
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OMITTED.

ER08
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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  {ER09}
NO ..................................... 2  {BOX_03}
REF ................................... -7 {BOX_03}
DK .................................... -8 {BOX_03}

HELP AVAILABLE FOR DEFINITION OF PRESCRIBED MEDICINE.
{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]
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
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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 |
| Othersise, go to the event driver (ED) section |