Emergency Room (ER) Section

BOX_00
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| CONTEXT HEADER DISPLAY INSTRUCTIONS: |
| DISPLAY PERS.FULLNAME, PROV.LORPNAME, |
| EVNT.EVNTBEGM, EVNT.EVNTBEGD, EVNT.EVNTBEGY |
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ER01
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{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
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{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
PREGNATAL 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 |
| PREGNANT CARE AND DELIVERY)), CHECK THAT PERSON IS |
| FEMALE. IF NOT, DISPLAY THE FOLLOWING MESSAGE: |
| 'CODE UNAVAILABLE FOR MALES. VERIFY AND RE-ENTER.' |
____________________________________________________________________________________
ER03
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{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]

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| DISPLAY 'ADD CONDITION' AS AN OPTION ON THIS      |
| SCREEN.                                           |
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| GO TO ER05                                        |
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| 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.”

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.”

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.
{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]

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| DISPLAY 'ADD MEDICINE' AS AN OPTION ON THIS |
| SCREEN.                                    |
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| GO TO BOX_03                              |
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| ROSTER DETAILS:                           |
| TITLE: PERSON'S_PRESCRIBED_MEDICINES_1    |
|                                          |
| COL # 1 HEADER: PRESCRIBED MEDICINE       |
| INSTRUCTIONS: DISPLAY NAME OF PRESCRIBED MEDICINE |
| (DRUG.DRUGNAME)                           |
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| ROSTER DEFINITION:                       |
| THIS ITEM DISPLAYS THE PERSON'S-PRESCRIPTION- |
| MEDICINES-ROSTER FOR SELECTION.          |
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--- 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.

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4. EDIT DISALLOWED.

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

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ER10
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OMITTED.

ER11
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OMITTED.

LOOP_01
=======
OMITTED.

BOX_01
=====  
OMITTED.

BOX_02
=====  
OMITTED.

ER12
====
OMITTED.

END_LP01
========
OMITTED.
BOX_03
=====

<table>
<thead>
<tr>
<th>IF THE CHARGE/PAYMENT (CP) SECTION FOR THIS EMERGENCY ROOM EVENT IS NOT COMPLETED, ASK THE CHARGE/PAYMENT (CP) SECTION</th>
</tr>
</thead>
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<tr>
<th>OTHERWISE, GO TO THE EVENT DRIVER (ED) SECTION</th>
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