Dental Care (DN) Section

DN01
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OMITTED.

DN02
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OMITTED.

DN03
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({PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}  {EVN-DT})

SHOW CARD DN-1.

What type of dental care provider did {you/{PERSON}} see during this visit?

PROBE: Any other type of dental care person?

CHECK ALL THAT APPLY.

| 1 | GENERAL DENTIST  
| 2 | DENTAL HYGIENIST  
| 3 | DENTAL TECHNICIAN  
| 4 | DENTAL SURGEON  
| 5 | ORTHODONTIST  
| 6 | ENDODONTIST  
| 7 | PERIODONTIST  
| 91 | OTHER  
| -7 | REF  
| -8 | DK |

[Code All That Apply]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

| FOR SPECIFICATIONS PURPOSES ONLY (CAPI HANDLES AUTOMATICALLY): CAPI DOES NOT ALLOW -7 OR -8 IN COMBINATION WITH ANY OTHER CODE. |
(PERSON'S FIRST MIDDLE AND LAST NAME)  (NAME OF MEDICAL CARE PROVIDER......)  (EVN-DT)

SHOW CARD DN-2.

What did {you/{PERSON}} have done during this visit?
PROBE: What else was done?

CHECK ALL THAT APPLY.

*DIAGNOSTIC OR PREVENTATIVE
  GENERAL EXAM, CHECKUP OR CONSULTATION .. 1
  CLEANING, PROPHYLAXIS, OR POLISHING .... 2
  X-RAYS, RADIOGRAPHS, OR BITEWINGS ...... 3
  FLUORIDE TREATMENT ..................... 4
  SEALANT (PLASTIC COATINGS ON BACK TEETH) ................................................. 5

*RESTORATIVE OR ENDODONTIC
  FILLINGS ...................................... 6
  INLAYS ........................................ 7
  CROWNS OR CAPS ............................. 8
  ROOT CANAL ................................... 9

*PERIODONTIC (GUM TREATMENT)
  PERIODONTAL SCALING, ROOT PLANING, OR GUM SURGERY ........................................ 10
  PERIODONTAL RECALL VISIT (PERIODIC OR REGULAR) ............................................. 11

*ORAL SURGERY
  EXTRACTION, TOOTH PULLED .................. 12
  IMPLANTS ...................................... 13
  ABSCESS OR INFECTION TREATMENT .......... 14
  OTHER ORAL SURGERY .......................... 15

*PROSTHETICS
  FIXED BRIDGES ............................... 16
  DENTURES OR REMOVABLE PARTIAL DENTURES . 17
  RELINING OR REPAIR OF BRIDGES OR DENTURES .................................................... 18

*ORTHODONTICS
  ORTHODONTIA, BRACES, OR RETAINERS ...... 19

*ADDITIONAL PROCEDURES
  BOND, WHITEN, OR BLEACH .................. 20
  TREATMENT FOR TMD OR TMJ ................. 21
  OTHER ........................................ 91 {DN04OV}
  REF ......................................... -7
  DK ........................................... -8

[Code All That Apply]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.
HEADINGS AND CODE CATEGORIES WILL NOT FIT ON ONE SCREEN. THEREFORE, HEADINGS WILL ONLY APPEAR ON HELP SCREEN AND SHOW CARD DN-1. HEADINGS SHOULD BE ASSOCIATED WITH CODES AS FOLLOWS:

*DIAGNOSTIC OR PREVENTATIVE = CODES 1-5
*RестORATIVE OR ENDODONTIC = CODES 6-9
*PERIODONTIC (GUM TREATMENT) = CODES 10-11
*ORAL SURGERY = CODES 12-15
*PROSTHETICS = CODES 16-18
*ORTHODONTICS = CODE 19
*ADDITIONAL PROCEDURES = CODES 20-21 AND 91

FOR SPECIFICATIONS PURPOSES ONLY (CAPI HANDLES AUTOMATICALLY): CAPI DOES NOT ALLOW -7 OR -8 IN COMBINATION WITH ANY OTHER CODE.

IF CODE '91' (OTHER) ENTERED ALONE OR IN COMBINATION WITH ANY OTHER CODE, CONTINUE WITH DN04OV

OTHERWISE, GO TO DN05

DN04OV

OTHER TYPE OF DENTAL CARE:

[Enter Other Specify]................. {DN05}
REF ................................... -7 {DN05}
DK .................................... -8 {DN05}
During this visit, were any medicines prescribed for you? Please include only prescriptions which were filled.

YES .................................... 1 {DN06}
NO ..................................... 2 {BOX_01}
REF ................................... -7 {BOX_01}
DK .................................... -8 {BOX_01}

HELP AVAILABLE FOR DEFINITION OF PRESCRIBED MEDICINE.

Please tell me the names of the prescriptions from this visit that were filled.

PROBE: Any other prescriptions from this visit filled?

[1. Prescribed Medicine]
[2. Prescribed Medicine]
[3. Prescribed Medicine]
ROSTER BEHAVIOR:

1. MULTIPLE SELECT AND ADD ALLOWED.

2. LIMITED DELETE ALLOWED. INTERVIEWER MAY DELETE A PMED ADDED ON THIS SCREEN AS LONG AS CAPI HAS NOT YET CREATED THE LINK BETWEEN THIS PMED AND THE EVENT.

3. EDIT DISALLOWED.

ROSTER FILTER:

NONE, DISPLAY ALL.

IF THE CHARGE/PAYMENT MODULE HAS NOT BEEN ASKED FOR THE EVENT-PROVIDER PAIR BEING ASKED ABOUT, GO TO THE CHARGE/PAYMENT (CP) SECTION.

Otherwise, go to the Event Driver (ED) Section.