Did {you/{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 {you/{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 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}
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.
Looking at this card, which of these services, if any, did you have during this visit?

CHECK ALL THAT APPLY.

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

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).                                       |
----------------------------------------------------

----------------------------------------------------
| 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.          |
----------------------------------------------------
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.”

NOTE: CODE ‘11’ (THROAT SWAB) IS DISPLAYED ON THE SCREEN AND ON THE SHOW CARD BETWEEN CODES ‘1’ (LABORATORY TESTS) AND ‘2’ (SONOGRAM OR ULTRASOUND).

ER06
====

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

Was a surgical procedure performed on {you/{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.
During this visit, were any medicines prescribed for {you/{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.

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. |
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.
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 |

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