

Medical Provider Visits (MV) 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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MV01

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

Did {you/{PERSON}} visit {PROVIDER} on {VISIT DATE} in person **or** was
this a telephone call?

SAW PROVIDER 1 {MV02A}
TELEPHONE CALL 2 {MV03}
REF -7 {MV03}
DK -8 {MV03}

[Code One]

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| IF MV01 IS CODED '1' (SAW PROVIDER), FLAG EVENT AS |  
| 'MV-IN-PERSON'. |  
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| IF MV01 IS CODED '2' (TELEPHONE CALL), '-7', |  
| (REFUSED), OR '-8' (DON'T KNOW), FLAG EVENT AS |  
| 'MV-TELEPHONE'. (THIS EVENT IS FLAGGED FOR |  
| PURPOSES OF SKIPS IN THE C/P SECTION. HOWEVER |  
| '-7' AND '-8' WILL USE THE SAME QUESTION WORDING |  
| AS IN 'MV-IN-PERSON' EVENTS DURING THE |  
| ADMINISTRATION OF THE MV SECTION.) |  
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MV02

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OMITTED.

MV02A

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

SHOW CARD MV-1.

What kind of place is that -- a managed care plan center or
HMO, a clinic, a doctor's office, or some other place?

DOCTOR'S OFFICE OR GROUP PRACTICE	1	{MV03}
MANAGED CARE PLAN CENTER/HMO	3	{MV03}
MEDICAL CLINIC	2	{MV03}
RURAL HEALTH CLINIC	7	{MV03}
COMPANY CLINIC	8	{MV03}
SCHOOL CLINIC	9	{MV03}
OTHER CLINIC	10	{MV03}
NEIGHBORHOOD/FAMILY HEALTH CENTER	4	{MV03}
COMMUNITY HEALTH CENTER	13	{MV03}
BIRTHING CENTER	15	{MV03}
WALK-IN URGENT CARE	11	{MV03}
LABORATORY/X-RAY FACILITY	14	{MV03}
LASER EYE SURGERY CENTER	5	{MV03}
OTHER FREESTANDING SURGICAL CENTER	6	{MV03}
VA FACILITY	12	{MV03}
INDIAN HEALTH SERVICE (IHS) FACILITY ..	16	{MV03}
SOME OTHER PLACE	91	{MV03}
REF	-7	{MV03}
DK	-8	{MV03}

[Code One]

| CODE '16' (IHS FACILITY) WAS INTRODUCED IN PANEL |
| 12 ROUND 3 AND WILL BE INCLUDED IN ALL FUTURE |
| PANELS AND ROUNDS. '16' WAS NOT AVAILABLE IN |
PANEL 12 ROUNDS 1 AND 2.

| HARD CHECK: |
| EDIT: IF CODED '15' BIRTHING CENTER, AND PERSON IS |
| NOT FEMALE, DISPLAY THE FOLLOWING MESSAGE: |
| "'BIRTHING CENTER' CAN BE SELECTED ONLY IF PERSON |
IS FEMALE. VERIFY AND RE-ENTER."

MV03
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{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER} {EVN-DT}

{Did {you/{PERSON}} see a medical doctor during this particular
visit?/Was this telephone call about {your/{PERSON}'s} health with a
medical doctor?}

YES 1 {MV03A}
NO 2 {MV04}
REF -7 {MV04}
DK -8 {MV04}

HELP AVAILABLE FOR DEFINITION OF MEDICAL DOCTOR.

| DISPLAY 'Did {you/{PERSON}} see a medical doctor |
| during this particular visit?' IF MV01 IS CODED |
| '1' (SAW PROVIDER), '-7' (REFUSED), OR '-8' (DON'T |
| KNOW) FOR THIS EVENT. |
| |
| DISPLAY 'Was this telephone call about {your/ |
| {PERSON}'s} health with a medical doctor?' IF MV01 |
IS CODED '2' (TELEPHONE CALL) FOR THIS EVENT.

MV03A
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{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER} {EVN-DT}

What was the doctor's specialty?

IF TALKED TO MORE THAN ONE DOCTOR, PROBE FOR MAIN PROVIDER.

ALLERGY/IMMUNOLOGY	1	{BOX_01}
ANESTHESIOLOGY	2	{BOX_01}
CARDIOLOGY (HEART)	3	{BOX_01}
DERMATOLOGY (SKIN)	4	{BOX_01}
ENDOCRINOLOGY/METABOLISM (DIABETES, THYROID)	5	{BOX_01}
FAMILY PRACTICE	6	{BOX_01}
GASTROENTEROLOGY	7	{BOX_01}
GENERAL PRACTICE	8	{BOX_01}
GENERAL SURGERY	9	{BOX_01}
GERIATRICS (ELDERLY)	10	{BOX_01}
GYNECOLOGY/OBSTETRICS	11	{BOX_01}
HEMATOLOGY (BLOOD)	12	{BOX_01}
HOSPITAL RESIDENCE	13	{BOX_01}
INTERNAL MEDICINE (INTERNIST)	14	{BOX_01}
NEPHROLOGY (KIDNEYS)	15	{BOX_01}
NEUROLOGY	16	{BOX_01}
NUCLEAR MEDICINE	17	{BOX_01}
ONCOLOGY (TUMORS, CANCER)	18	{BOX_01}
OPHTHALMOLOGY (EYES)	19	{BOX_01}
ORTHOPEDECS	20	{BOX_01}
OSTEOPATHY (DO)	21	{BOX_01}
OTORHINOLARYNGOLOGY (EAR, NOSE, THROAT)	22	{BOX_01}
PATHOLOGY	23	{BOX_01}
PEDIATRICIAN	24	{BOX_01}
PHYSICAL MEDICINE/REHAB	25	{BOX_01}
PLASTIC SURGERY	26	{BOX_01}
PROCTOLOGY	27	{BOX_01}
PSYCHIATRY/PSYCHIATRIST.....	28	{BOX_01}
PULMONARY	29	{BOX_01}
RADIOLOGY	30	{BOX_01}
RHEUMATOLOGY (ARTHRITIS)	31	{BOX_01}
THORACIC SURGERY (CHEST)	32	{BOX_01}
UROLOGY	33	{BOX_01}
OTHER DR SPECIALTY	91	{BOX_01}
REF	-7	{BOX_01}
DK	-8	{BOX_01}

[Code One]

MV04
=====

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

What type of medical person did {you/{PERSON}} talk to on {VISIT
DATE}?

IF TALKED TO MORE THAN ONE MEDICAL PERSON, PROBE FOR MAIN
PROVIDER.

CHIROPRACTOR	1	{BOX_01}
DENTIST/DENTAL CARE PERSON	2	{BOX_01}
MIDWIFE	3	{BOX_01}
NURSE/NURSE PRACTITIONER	4	{BOX_01}
OPTOMETRIST	5	{BOX_01}
PODIATRIST	6	{BOX_01}
PHYSICIAN'S ASSISTANT	7	{BOX_01}
PHYSICAL THERAPIST	8	{BOX_01}
OCCUPATIONAL THERAPIST	9	{BOX_01}
PSYCHOLOGIST	10	{BOX_01}
SOCIAL WORKER	11	{BOX_01}
TECHNICIAN	12	{BOX_01}
RECEPTIONIST, CLERK, SECRETARY	13	{BOX_01}
ACUPUNCTURIST	14	{BOX_01}
MASSAGE THERAPIST	15	{BOX_01}
HOMEOPATHIC/NATUROPATHIC/HERBALIST	16	{BOX_01}
OTHER ALTERNATIVE/COMPLEMENTARY CARE PROVIDER	17	{BOX_01}
OTHER	91	{BOX_01}
REF	-7	{BOX_01}
DK	-8	{BOX_01}

[Code One]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

MV05
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OMITTED.

BOX_01
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| IF MV01 IS CODED '1' (SAW PROVIDER) AND MV03 IS |
CODED '1' (YES), GO TO MV07

| IF MV01 IS CODED '2' (TELEPHONE CALL), '-7' |
| (REFUSED), OR '-8' (DON'T KNOW) AND MV03 IS CODED |
'1' (YES), GO TO MV08

OTHERWISE, CONTINUE WITH MV06

MV06
=====

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

TYPE OF PERSON HAD CONTACT: {MEDICAL PERSON TYPE FROM MV04}

CODE WITHOUT ASKING IF OBVIOUS. OTHERWISE, ASK:

Do any medical doctors work at {the same location as
{PROVIDER}/{PROVIDER}}?

YES 1
NO 2
REF -7
DK -8

HELP AVAILABLE FOR DEFINITION OF MEDICAL DOCTOR.

| DISPLAY 'the same location as {PROVIDER}' IF |
| PROVIDER IS FLAGGED AS 'PERSON-TYPE-PROVIDER'. |
| DISPLAY '{PROVIDER}' IF PROVIDER IS FLAGGED AS |
'FACILITY-PROVIDER'.

MV07

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

SHOW CARD MV-2.

Please look at this card and tell me which category **best**
describes the care {you/{PERSON}} received during the visit to
{PROVIDER} on {VISIT DATE}.

GENERAL CHECKUP	1	{MV08}
DIAGNOSIS OR TREATMENT	2	{MV08}
EMERGENCY (E.G., ACCIDENT OR INJURY) ...	3	{MV08}
PSYCHOTHERAPY OR MENTAL HEALTH		
COUNSELING	4	{MV08}
FOLLOW-UP OR POST-OPERATIVE VISIT	5	{MV08}
IMMUNIZATIONS OR SHOTS	6	{MV08}
VISION EXAM	7	{MV08}
PREGNANCY-RELATED (INCLUDING PRENATAL		
CARE AND DELIVERY)	8	{MV08}
WELL CHILD EXAM	9	{MV08}
LASER EYE SURGERY	10	{MV08}
OTHER	91	{MV08}
REF	-7	{MV08}
DK	-8	{MV08}

[Code One]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

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| HARD CHECK: |  
| EDITS: IF MV07 IS CODED '8' (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." |  
| |  
| IF MV07 IS CODED '9' (WELL CHILD EXAM), CHECK THAT |  
| PERSON IS < 7 YEARS OLD (OR AGE CATEGORIES 1 |  
| THROUGH 3). IF NOT, DISPLAY THE FOLLOWING |  
| MESSAGE: "CODE UNAVAILABLE FOR PERSONS 7 AND |  
| OLDER. VERIFY AND RE-ENTER." |  
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MV08
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{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER} {EVN-DT}

Was this {visit/telephone call} related to any specific health
condition or were any conditions discovered during this {visit/
telephone call}?

YES 1 {MV09}
NO 2 {BOX_02}
REF -7 {BOX_02}
DK -8 {BOX_02}

| DISPLAY 'visit' IF MV01 IS CODED '1' (SAW |
| PROVIDER), '-7' (REFUSED), OR '-8' (DON'T KNOW) |
| FOR THIS EVENT. DISPLAY 'telephone call' IF MV01 |
IS CODED '2' (TELEPHONE CALL) FOR THIS EVENT.

MV09
=====

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

What conditions were discovered or led {you/{PERSON}} to make this
{visit/telephone call}?

PROBE: Any other condition?

IF CONDITION IS ALREADY LISTED, SELECT ENTRY ON ROSTER.

[1. Medical Condition]
[2. Medical Condition]
[3. Medical Condition]

| DISPLAY 'visit' IF MV01 IS CODED '1' (SAW |
| PROVIDER), '-7' (REFUSED), OR '-8' (DON'T KNOW) |
| FOR THIS EVENT. DISPLAY 'telephone call' IF MV01 |
IS CODED '2' (TELEPHONE CALL) FOR THIS EVENT.

| DISPLAY 'ADD CONDITION' AS AN OPTION ON THIS |
SCREEN.

GO TO BOX_02

| 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 |
| SELECTION AND ADDITION OF ONE OR MANY MEDICAL |
CONDITION(S) ASSOCIATED WITH THIS EVENT.

| ROSTER BEHAVIOR: |
| 1. MULTIPLE SELECT ALLOWED. |
| |
| 2. MULTIPLE ADD ALLOWED. |
| |
| 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. |
| |
| 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.

| ROSTER FILTER: |
| DISPLAY ALL CONDITIONS ON PERSON'S ROSTER; NO |
FILTER.

BOX_02
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| IF MV01 IS CODED '2' (TELEPHONE CALL), '-7' |
(REFUSED), OR '-8' (DON'T KNOW), GO TO MV14

| IF MV01 IS CODED '1' (SAW PROVIDER), CONTINUE WITH |
BOX_03

BOX_03
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| IF MV04 IS CODED '2' (DENTIST/DENTAL CARE PERSON), |
| '3' (MIDWIFE), '5' (OPTOMETRIST), OR '13' |
(RECEPTIONIST, CLERK, SECRETARY), GO TO MV11

OTHERWISE, CONTINUE WITH MV10

MV10
=====

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

SHOW CARD MV-3.

Looking at this card, which of these treatments, if any, did {you/{PERSON}} receive during this visit?

CHECK ALL THAT APPLY.

- PHYSICAL THERAPY 1 {MV11}
- OCCUPATIONAL THERAPY 2 {MV11}
- SPEECH THERAPY 3 {MV11}
- CHEMOTHERAPY 4 {MV11}
- RADIATION THERAPY 5 {MV11}
- KIDNEY DIALYSIS 6 {MV11}
- IV THERAPY 7 {MV11}
- DRUG OR ALCOHOL TREATMENT 8 {MV11}
- ALLERGY SHOT 9 {MV11}
- PSYCHOTHERAPY/COUNSELING 10 {MV11}
- SHOTS, OTHER THAN ALLERGY 11 {MV11}
- NO TREATMENTS RECEIVED 95 {MV11}
- REF -7 {MV11}
- DK -8 {MV11}

[Code All That Apply]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

| ALLOW CODE '95' (NO TREATMENTS RECEIVED), '-7' |
| (REFUSED), AND '-8' (DON'T KNOW) ALONE ONLY. |
| THESE RESPONSES MAY NOT BE SELECTED WITH ANY OTHER |
RESPONSE.

| 'NO TREATMENTS RECEIVED' IS NOT DISPLAYED ON SHOW |
CARD.

| HARD CHECK: |
| EDIT: IF CODED '95' (NO TREATMENTS RECEIVED), |
| NO OTHER TREATMENT CATEGORIES CAN BE CODED. IF |
| INTERVIEWER SELECTS ANOTHER CODE WITH 'NO |
| TREATMENTS' DISPLAY THE FOLLOWING MESSAGE: "NO |
| TREATMENTS RECEIVED CANNOT BE SELECTED WITH OTHER |
OPTIONS. VERIFY AND RE-ENTER."

MV11
=====

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

SHOW CARD MV-4.

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

CHECK ALL THAT APPLY.

LABORATORY TESTS	1	{MV12}
SONOGRAM OR ULTRASOUND	2	{MV12}
X-RAYS	3	{MV12}
MAMMOGRAM	4	{MV12}
MRI OR CATSCAN	5	{MV12}
EKG OR ECG	6	{MV12}
EEG	7	{MV12}
VACCINATION	8	{MV12}
ANESTHESIA	9	{MV12}
OTHER DIAGNOSTIC TEST	10	{MV12}
THROAT SWAB	11	{MV12}
NO SERVICES RECEIVED	95	{MV12}
REF	-7	{MV12}
DK	-8	{MV12}

[Code All That Apply]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

| 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.

| 'NO SERVICES RECEIVED' IS NOT DISPLAYED ON SHOW
CARD.

| HARD CHECK:
| EDIT: IF CODED '95' (NO SERVICES RECEIVED),
| NO OTHER TREATMENT 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).

MV12

=====

{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 {MV14}
NO 2 {MV14}
REF -7 {MV14}
DK -8 {MV14}

HELP AVAILABLE FOR DEFINITION OF SURGICAL PROCEDURE.

MV13

=====

OMITTED.

MV14
=====

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

During this {visit/telephone call}, were any medicines
prescribed for {you/{PERSON}}? Please include only prescriptions
which were filled.

YES 1 {MV15}
NO 2 {BOX_04}
REF -7 {BOX_04}
DK -8 {BOX_04}

HELP AVAILABLE FOR DEFINITION OF PRESCRIBED MEDICINE.

| DISPLAY 'visit' IF MV01 IS CODED '1' (SAW |
| PROVIDER), '-7' (REFUSED), OR '-8' (DON'T KNOW) |
| FOR THIS EVENT. DISPLAY 'telephone call' IF MV01 |
IS CODED '2' (TELEPHONE CALL) FOR THIS EVENT.

MV15
=====

{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/
telephone call} that were filled.

PROBE: Any other prescribed medicines from this {visit/telephone
call} that were filled?

[1. Prescribed Medicine]
[2. Prescribed Medicine]
[3. Prescribed Medicine]

| DISPLAY 'ADD MEDICINE' AS AN OPTION ON THIS |
SCREEN.

| DISPLAY 'visit' IF MV01 IS CODED '1' (SAW |
| PROVIDER), '-7' (REFUSED), OR '-8' (DON'T KNOW) |
| FOR THIS EVENT. DISPLAY 'telephone call' IF MV01 |
IS CODED '2' (TELEPHONE CALL) FOR THIS EVENT.

GO TO BOX_04

| 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 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: |
| DISPLAY ALL MEDICINES IN PERSON'S ROSTER; NO |
FILTER.

BOX_04

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| IF MV01 IS CODED '1' (SAW PROVIDER), CONTINUE |
WITH BOX_05

| IF MV01 IS CODED '2' (TELEPHONE CALL), '-7' |
(REFUSED), OR '-8' (DON'T KNOW), GO TO BOX_07

BOX_05

=====

| IF NO CONDITION IS ASSOCIATED WITH THIS VISIT TO |
THIS PROVIDER FOR THIS PERSON, GO TO BOX_07

OTHERWISE, CONTINUE WITH BOX_06

BOX_06

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| IF 2 OR MORE VISITS TO THIS PROVIDER FOR THIS |
| PERSON HAVE NOT COMPLETED THE MEDICAL PROVIDER |
| VISITS UTILIZATION MODULE AND IF THIS EVENT IS NOT |
PART OF A FLAT FEE GROUP, CONTINUE WITH MV16

OTHERWISE, GO TO BOX_07

MV16

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

Earlier I recorded that {you/{PERSON}} had some other visits to
{PROVIDER}. Were any of these visits related to any condition
associated with {your/his/her} visit on {VISIT DATE}? That is,
were any of the other visits for the (READ CONDITIONS BELOW)
and did {you/{PERSON}} receive {(READ SERVICES BELOW)/the same
services}?

CONDITIONS

SERVICES

{PERSON'S MV MEDICAL CONDITION}	{SERVICES RECEIVED}
{PERSON'S MV MEDICAL CONDITION}	{SERVICES RECEIVED}
{PERSON'S MV MEDICAL CONDITION}	{SERVICES RECEIVED}

YES	1 {MV17}
NO	2 {BOX_07}
REF	-7 {BOX_07}
DK	-8 {BOX_07}

HELP AVAILABLE FOR DEFINITION OF REPEAT VISITS.

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| DISPLAY '(READ SERVICES BELOW)' IF MV11 IS NOT |  
| CODED '95' (NO SERVICES RECEIVED), '-7' (REFUSED), |  
| OR '-8' (DON'T KNOW). IF MV11 IS CODED '95' (NO |  
| SERVICES RECEIVED), '-7' (REFUSED), OR '-8' (DON'T |  
| KNOW), DISPLAY 'the same services'. |  
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| FOR 'PERSON'S MV MEDICAL CONDITION', DISPLAY ALL |  
| CONDITIONS SELECTED FROM OR ADDED TO PERSON'S- |  
| MEDICAL-CONDITIONS-ROSTER AT MV09. |  
| |  
| FOR 'SERVICES RECEIVED', DISPLAY THE FOLLOWING |  
| TEXT FOR EACH SERVICE SELECTED AT MV11: |  
| |  
| CODE '1' = LABORATORY TESTS |  
| CODE '2' = SONOGRAM/ULTRASOUND |  
| CODE '3' = X-RAYS |  
| CODE '4' = MAMMOGRAM |  
| CODE '5' = MRI/CATSCAN |  
| CODE '6' = EKG/ECG |  
| CODE '7' = EEG |  
| CODE '8' = VACCINATION |  
| CODE '9' = ANESTHESIA |  
| CODE '10' = OTHER SERVICES |  
| CODE '11' = THROAT SWAB |  
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MV17

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

Did any of these visits or calls cost the same amount as
{your/{PERSON}'s} visit on {VISIT DATE}?

YES 1 {MV18}
NO 2 {BOX_07}
REF -7 {BOX_07}
DK -8 {BOX_07}

HELP AVAILABLE FOR DEFINITION OF COST THE SAME AMOUNT.

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| NOTE: THE ISSUES OF COST WHEN THE PERSON HAS A |  
| COPAY AND DOES NOT KNOW THE TOTAL CHARGE WILL BE |  
| HANDLED IN THE HELP DEFINITION. |  
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MV18
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{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER} {EVN-DT}

Which of the following visits were related to the (READ
CONDITIONS BELOW) {and (READ SERVICES BELOW)/and the same services}
and cost the same amount as the {VISIT DATE} visit we've just
talked about?

PROBE: Any other visits related to this condition and cost
the same amount?

CONDITIONS

{PERSON'S MV MEDICAL CONDITION} {SERVICES RECEIVED}
{PERSON'S MV MEDICAL CONDITION} {SERVICES RECEIVED}
{PERSON'S MV MEDICAL CONDITION} {SERVICES RECEIVED}

SERVICES

- [1. Month,Day,Year-4]
- [2. Month,Day,Year-4]
- [3. Month,Day,Year-4]

| DISPLAY 'and (READ SERVICES BELOW)' IF MV11 IS NOT |
| CODED '95' (NO SERVICES RECEIVED), '-7' (REFUSED), |
| OR '-8' (DON'T KNOW). IF MV11 IS CODED '95' (NO |
| SERVICES RECEIVED), '-7' (REFUSED), OR '-8' (DON'T |
KNOW), DISPLAY 'and the same services'.

| FOR 'PERSON'S MV MEDICAL CONDITION', DISPLAY ALL |
| CONDITIONS SELECTED OR ADDED TO PERSON'S-MEDICAL- |
| CONDITIONS-ROSTER AT MV09. |
|
| FOR 'SERVICES RECEIVED', DISPLAY THE FOLLOWING |
| TEXT FOR EACH SERVICE SELECTED AT MV11: |
|
| CODE '1' = LABORATORY TESTS |
| CODE '2' = SONOGRAM/ULTRASOUND |
| CODE '3' = X-RAYS |
| CODE '4' = MAMMOGRAM |
| CODE '5' = MRI/CATSCAN |
| CODE '6' = EKG/ECG |
| CODE '7' = EEG |
| CODE '8' = VACCINATION |
| CODE '9' = ANESTHESIA |
| CODE '10' = OTHER SERVICES |
CODE '11' = 'THROAT SWAB'

| FLAG EACH VISIT SELECTED AT MV18 AS A REPEAT VISIT |
| RELATED TO THE EVENT BEING ASKED ABOUT. |
|
| FLAG THE CHARGE PAYMENT (CP) STATUS OF EACH REPEAT |
| VISIT AS 'PROCESSED'. |
|
| LINK CONDITION(S) AND SERVICE(S) ASSOCIATED WITH |
| THE EVENT BEING ASKED ABOUT WITH EACH REPEAT |
| VISIT. |
|
| THE EVENT DRIVER WILL NOT SERVE THESE REPEAT |
VISITS FOR THE MV SECTION.

GO TO MV19

| ROSTER DETAILS: |
| TITLE: PERS_EVNT_1 |
|
| COL # 1 HEADER: MONTH/DAY/YEAR |
| INSTRUCTIONS: DISPLAY EVENT BEGIN DATE |
(EVNT.EVNTBEGM, EVNT.EVNTBEGD, EVNT.EVNTBEGY)

| ROSTER DEFINITION: |
| THIS ITEM DISPLAYS ALL MEDICAL EVENTS (DATES) ON |
PERSON'S MEDICAL-EVENTS-ROSTER FOR SELECTION.

| ROSTER BEHAVIOR: |
| 1. MULTIPLE SELECT ALLOWED. |
| |
2. ADD, DELETE, AND EDIT DISALLOWED.

| ROSTER FILTER: |
| DISPLAY ONLY THOSE EVENTS WITH THE FOLLOWING |
| CHARACTERISTICS. |
| 1. EVENT WAS CREATED THIS ROUND. |
| 2. EVENT HAS NOT BEEN PROCESSED IN UTILIZATION. |
| 3. EVENT HAS EVENT TYPE 'MV' . |
| 4. EVENT IS ASSOCIATED WITH THE SAME PROVIDER AS |
THE EVENT BEING ASKED ABOUT.

MV19
=====

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

INTERVIEWER: RECORD 'NAME OF REPEAT VISIT GROUP' FOR EVENTS
SELECTED IN PREVIOUS QUESTION:

[Enter Repeat Visit Group] {BOX_07}

BOX_07
=====

| IF THE CHARGE/PAYMENT (CP) SECTION IS NOT |
| COMPLETED FOR THIS MEDICAL PROVIDER VISIT (MV) |
EVENT, GO TO THE CHARGE/PAYMENT (CP) SECTION

OTHERWISE, GO TO THE EVENT DRIVER (ED) SECTION