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.

GENERAL DENTIST ......................... 1 {DN04}
DENTAL HYGIENIST ....................... 2 {DN04}
DENTAL TECHNICIAN ...................... 3 {DN04}
DENTAL SURGEON .......................... 4 {DN04}
ORTHODONTIST ............................ 5 {DN04}
ENDODONTIST .............................. 6 {DN04}
PERIODONTIST ............................. 7 {DN04}
OTHER ..................................... 91 {DN04}
REF ....................................... -7 {DN04}
DK ......................................... -8 {DN04}

[Code All That Apply]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

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| FOR SPECIFICATIONS PURPOSES ONLY (CAPI HANDLES  |
| AUTOMATICALLY): CAPI DOES NOT ALLOW -7 OR -8 IN  |
| COMBINATION WITH ANY OTHER CODE.                |
----------------------------------------------------
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
*PERIODONTAL (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
*RESTORATIVE 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/{PERSON}}? 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.