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

ER01
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OMITTED.

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 {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
PREGNANT 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.’

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 {you/{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]

DISPLAY ‘ADD CONDITION’ AS AN OPTION ON THIS SCREEN.

GO TO ER05
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 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 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).
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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.
----------------------------------------
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).

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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.

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.                                           |
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| GO TO BOX_03                                       |
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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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<table>
<thead>
<tr>
<th>ROSTER DETAILS:</th>
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</thead>
<tbody>
<tr>
<td>TITLE: PERSON'S_PRESCRIBED_MEDICINES_1</td>
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<table>
<thead>
<tr>
<th>COL # 1 HEADER: PRESCRIBED MEDICINE</th>
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<tbody>
<tr>
<td>INSTRUCTIONS: DISPLAY NAME OF PRESCRIBED MEDICINE (DRUG.DRUGNAME)</td>
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<tr>
<th>ROSTER DEFINITION:</th>
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<tbody>
<tr>
<td>THIS ITEM DISPLAYS THE PERSON'S-PRESCRIPTION-MEDICINES-ROSTER FOR SELECTION.</td>
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<tr>
<th>ROSTER BEHAVIOR:</th>
</tr>
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<tbody>
<tr>
<td>1. MULTIPLE SELECT ALLOWED.</td>
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</table>

| 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. |

<table>
<thead>
<tr>
<th>ROSTER FILTER:</th>
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<tr>
<td>DISPLAY ALL MEDICINES ON PERSON'S ROSTER; NO FILTER.</td>
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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