{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.

<table>
<thead>
<tr>
<th>IF CODED `6’ (PREGNANCY-RELATED (INCLUDING PREGNANT CARE AND DELIVERY)), CHECK THAT PERSON IS FEMALE. IF NOT, DISPLAY THE FOLLOWING MESSAGE: ‘CODE UNAVAILABLE FOR MALES. VERIFY AND RE-ENTER.’</th>
</tr>
</thead>
</table>
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}

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/ {PERSON}} have during this visit?

CHECK ALL THAT APPLY.

LABORATORY TESTS ....................... 1 {ER06}
SONOGRAM OR ULTRASOUND ................. 2 {ER06}
X-RAYS .................................. 3 {ER06}
MAMMOGRAM .............................. 4 {ER06}
MRI OR CATSCAN .......................... 5 {ER06}
EKG OR ECG ............................. 6 {ER06}
EEG .................................... 7 {ER06}
VACCINATION ............................ 8 {ER06}
ANESTHESIA ............................. 9 {ER06}
OTHER DIAGNOSTIC TEST ................. 10 {ER06}
THROAT SWAB ........................... 11 {ER06}
NO SERVICES RECEIVED ................. 95 {ER06}
REF ................................... -7 {ER06}
DK .................................... -8 {ER06}

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

[Code All That Apply]

| 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. |

| 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.”

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**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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**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.

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**ER08**

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

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]
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.

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