Outpatient Department (OP) Section

BOX_00
=====

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| CONTEXT HEADER DISPLAY INSTRUCTIONS:              |
| DISPLAY PERS.FULLNAME, PROV.LORPNAME,             |
| EVNT.EVNTBEGM, EVNT.EVNTBEGD, EVNT.EVNTBEGY       |
----------------------------------------------------

OP02
====

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

Did {you/(PERSON)} visit the outpatient department at {PROVIDER} on {VISIT DATE} in person or was this a telephone call?

SAW PROVIDER ........................... 1 {OP04}
TELEPHONE CALL ........................... 2 {OP04}
REF ................................... -7 {OP04}
DK .................................... -8 {OP04}

[Code One]

----------------------------------------------------
| NOTE: IF OP02 IS CODED '2' (TELEPHONE CALL), '-7' |
| (REFUSED), OR '-8' (DON'T KNOW) FLAG EVENT AS     |
| 'OP-TELEPHONE'. (THIS EVENT IS FLAGGED IN SUCH A   |
| WAY FOR PURPOSES OF SKIPS IN THE C/P SECTION.     |
| HOWEVER, 'RF' AND 'DK' WILL USE THE SAME QUESTION |
| WORDING AS 'OP-IN-PERSON' EVENTS DURING THE      |
| ADMINISTRATION OF THE OP SECTION.                |
----------------------------------------------------
OP04
====

{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 {OP04A}
NO ..................................... 2 {OP05}
REF ................................... -7 {OP05}
DK .................................... -8 {OP05}

HELP AVAILABLE FOR DEFINITION OF MEDICAL DOCTOR.
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}
ORTHOPEDICS ............................... 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]
**OP05**

{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}
- 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.

---

| BOX_01

| ---

| IF OP02 IS CODED '2' (TELEPHONE CALL), '-7' (REFUSED), OR '-8' (DON'T KNOW), GO TO OP08 |

---

| IF OP02 IS CODED '1' (SAW PROVIDER), CONTINUE WITH OP07 |

---
SHOW CARD OP-1.

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

GENERAL CHECKUP ........................ 1 {OP08}
DIAGNOSIS OR TREATMENT .................. 2 {OP08}
EMERGENCY (E.G., ACCIDENT OR INJURY) ... 3 {OP08}
PSYCHOTHERAPY OR MENTAL HEALTH
   COUNSELING ............................. 4 {OP08}
FOLLOW-UP OR POST-OPERATIVE VISIT ...... 5 {OP08}
IMMUNIZATIONS OR SHOTS .................. 6 {OP08}
VISION EXAM .............................. 7 {OP08}
PREGNANCY-RELATED (INCLUDING PRENATAL CARE AND DELIVERY) ............. 8 {OP08}
WELL CHILD EXAM .......................... 9 {OP08}
LASER EYE SURGERY .......................... 10 {OP08}
OTHER ..................................... 91 {OP08}
REF ....................................... -7 {OP08}
DK ......................................... -8 {OP08}

[Code One]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

| IF 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 CODED ‘9’ (WELL CHILD EXAM), CHECK THAT PERSON IS <7 YEARS OLD (OR AGE CATEGORIES 1 TO 3). IF NOT, DISPLAY THE FOLLOWING MESSAGE: “CODE UNAVAILABLE FOR PERSONS 7 AND OLDER. VERIFY AND RE-ENTER.” |
OP08
====

{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 {OP09}
NO ..................................... 2 {BOX_02}
REF ................................... -7 {BOX_02}
DK .................................... -8 {BOX_02}

----------------------------------------------------
|  DISPLAY 'visit' IF OP02 IS CODED '1' (SAW PROVIDER), '-7' (REFUSED), OR '-8' (DON'T KNOW) FOR THIS EVENT.  DISPLAY 'telephone call' IF OP02 IS CODED '2' (TELEPHONE CALL) FOR THIS EVENT. |
----------------------------------------------------

OP09
====

{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 OP02 IS CODED '1' (SAW PROVIDER), '-7' (REFUSED), OR '-8' (DON'T KNOW) FOR THIS EVENT.  DISPLAY 'telephone call' IF OP02 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

| IF OP02 IS CODED '2' (TELEPHONE CALL), '-7' (REFUSED), OR '-8' (DON'T KNOW), GO TO OP14 |

| IF OP02 IS CODED '1' (SAW PROVIDER), CONTINUE WITH OP11 |

OP11

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

SHOW CARD OP-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 {OP12}
SONOGRAM OR ULTRASOUND .......... 2 {OP12}
X-RAYS ........................................ 3 {OP12}
MAMMOGRAM ............................. 4 {OP12}
MRI OR CATSCAN ..................... 5 {OP12}
EKG OR ECG ............................. 6 {OP12}
EEG .................................... 7 {OP12}
VACCINATION ....................... 8 {OP12}
ANESTHESIA ............................ 9 {OP12}
OTHER DIAGNOSTIC TEST .......... 10 {OP12}
THROAT SWAB ......................... 11 {OP12}
NO SERVICES RECEIVED .......... 95 {OP12}
REF ................................... -7 {OP12}
DK .................................... -8 {OP12}

[Code All That Apply]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.
SOFT CHECK:
IF CODED ‘4’ (MAMMOGRAM) AND PERSON BEING ASKED ABOUT IS MALE OR IS FEMALE AND < OR = 17 YEARS OF AGE (OR AGE CATEGORIES 1-3), DISPLAY THE FOLLOWING MESSAGE: “UNLIKELY RESPONSE FOR [MALES/CHILDREN 17 AND YOUNGER]. VERIFY AND RE-ENTER.”

DISPLAY ‘MALE’ IN ERROR MESSAGE IF PERSON BEING ASKED ABOUT IS A MALE > 17 YEARS OF AGE (OR AGE CATEGORIES 4 THROUGH 9). DISPLAY ‘CHILDREN 17 AND YOUNGER’ IN THE ERROR MESSAGE IF PERSON BEING ASKED ABOUT IS MALE OR FEMALE AND < OR = 17 YEARS OF AGE (OR AGE CATEGORIES 1-3).

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.

‘OTHER DIAGNOSTIC TEST’ AND ‘NO SERVICES RECEIVED’ ARE NOT DISPLAYED ON SHOW CARD.

HARD CHECK:
EDIT: IF CODED ‘95’ (NO SERVICES RECEIVED), NO OTHER TREATMENT CATEGORIES CAN BE CODED. IF INTERVIEWER SELECTION 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).
OP12
====

{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 {OP14}
NO ..................................... 2 {OP14}
REF ................................... -7 {OP14}
DK .................................... -8 {OP14}

HELP AVAILABLE FOR DEFINITION OF SURGICAL PROCEDURE.

OP14
====

{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 {OP15}
NO ..................................... 2 {BOX_04}
REF ................................... -7 {BOX_04}
DK .................................... -8 {BOX_04}

HELP AVAILABLE FOR DEFINITION OF PRESCRIBED MEDICINE.

| DISPLAY 'visit' IF OP02 IS CODED '1' (SAW PROVIDER), '-7' (REFUSED), OR '-8' (DON'T KNOW) FOR THIS EVENT. DISPLAY 'telephone call' IF OP02 IS CODED '2' (TELEPHONE CALL) FOR THIS EVENT. |
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 OP02 IS CODED '1' (SAW PROVIDER), '-7' (REFUSED), OR '-8' (DON'T KNOW) FOR THIS EVENT. DISPLAY 'telephone call' IF OP02 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 AND ADDITION OF PRESCRIBED MEDICINES.
ROSTER BEHAVIOR:
1. MULTIPLE SELECT ALLOWED 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 ON PERSON’S’ ROSTER; NO FILTER.

BOX_04

IF OP02 IS CODED '2' (TELEPHONE CALL), '-7' (REFUSED), OR '-8' (DON'T KNOW), GO TO BOX_10

BOX_07

IF NO CONDITION IS ASSOCIATED WITH THIS VISIT TO THIS PROVIDER FOR THIS PERSON, GO TO BOX_10

OTHERWISE, CONTINUE WITH BOX_08
| IF 2 OR MORE VISITS TO THIS PROVIDER FOR THIS |
| PERSON HAVE NOT COMPLETED THE OUTPATIENT |
| DEPARTMENT (OP) UTILIZATION SECTION, CONTINUE |
| WITH BOX_09 |
| OTHERWISE, GO TO BOX_10 |
OP19
====

{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 an outpatient department at {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}?

<table>
<thead>
<tr>
<th>CONDITIONS</th>
<th>SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>{Person's OP Medical Condition}</td>
<td>{Services Received}</td>
</tr>
<tr>
<td>{Person's OP Medical Condition}</td>
<td>{Services Received}</td>
</tr>
<tr>
<td>{Person's OP Medical Condition}</td>
<td>{Services Received}</td>
</tr>
</tbody>
</table>

YES .................................... 1 {OP20}
NO ..................................... 2 {BOX_10}
REF ................................... -7 {BOX_10}
DK .................................... -8 {BOX_10}

HELP AVAILABLE FOR DEFINITION OF REPEAT VISITS.

------------------------------------------------------------------------
| DISPLAY '{READ SERVICES BELOW}' IF OP11 IS NOT CODED '95' (NO SERVICES RECEIVED), '-7' (REFUSED), OR '-8' (DON'T KNOW). IF OP11 IS CODED '95' (NO SERVICES RECEIVED), '-7' (REFUSED), OR '-8' (DON'T KNOW), DISPLAY 'the same services'. |
------------------------------------------------------------------------
FOR ‘PERSON’S OP MEDICAL CONDITION’, DISPLAY ALL CONDITIONS SELECTED FROM OR ADDED TO PERSON’S MEDICAL-CONDITIONS-ROSTER AT OP09.

FOR ‘SERVICES RECEIVED’, DISPLAY THE FOLLOWING TEXT FOR EACH CODE ENTERED AT OP11:

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

OP20
====

{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}?

IF R SAYS ‘DON’T KNOW’ – PROBE ABOUT COPAYMENTS. IF ANY OF THESE VISITS OR CALLS HAD THE SAME COPAYMENT OR PERSON DID NOT PAY ANYTHING, CODE ‘YES’.

YES .................................... 1 {OP21}
NO ..................................... 2 {BOX_10}
REF ................................... -7 {BOX_10}
DK .................................... -8 {BOX_10}

HELP AVAILABLE FOR DEFINITION OF COST THE SAME AMOUNT.

----------------------------------------------------
NOTE: THE ISSUE OF COST WHEN THE PERSON HAS A COPAY AND DOES NOT KNOW THE TOTAL CHARGE WILL BE HANDLED IN THE HELP FILE DEFINITION.
OP21
=====

{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}/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?

<table>
<thead>
<tr>
<th>CONDITIONS</th>
<th>SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>{PERSON'S OP MEDICAL CONDITION}</td>
<td>{SERVICES RECEIVED}</td>
</tr>
<tr>
<td>{PERSON'S OP MEDICAL CONDITION}</td>
<td>{SERVICES RECEIVED}</td>
</tr>
<tr>
<td>{PERSON'S OP MEDICAL CONDITION}</td>
<td>{SERVICES RECEIVED}</td>
</tr>
</tbody>
</table>

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

----------------------------------------------------
| DISPLAY '{READ SERVICES BELOW}' IF OP11 IS NOT |
| CODED '95' (NO SERVICES RECEIVED), '-7' (REFUSED), |
| OR '-8' (DON’T KNOW). IF OP11 IS CODED '95' (NO |
| SERVICES RECEIVED), '-7' (REFUSED), OR '-8' |
| (DON’T KNOW), DISPLAY 'the same services'. |
----------------------------------------------------
FOR 'PERSON’S OP MEDICAL CONDITION', DISPLAY ALL CONDITIONS SELECTED FROM OR ADDED TO PERSON’S MEDICAL-CONDITIONS-ROSTER AT OP09.

FOR 'SERVICES RECEIVED', DISPLAY THE FOLLOWING TEXT FOR EACH SERVICE ENTERED AT OP11:

- CODE ‘1’ = LABORATORY TESTS
- CODE ‘2’ = SONOGRAM/ULTRASOUND
- CODE ‘3’ = X-RAY
- 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 OP21 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 OP SECTION.

GO TO OP22

ROSTER DETAILS:
- TITLE: PERS_EVNT_1
- COL # 1 HEADER: MONTH/DAY/YEAR
- INSTRUCTIONS: DISPLAY EVENT BEGIN DATE
  (EVNT.EVTNBTG, EVNT.EVTNBTGD, EVNT.EVTNBTGY)
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 ‘OP’.
4. EVENT IS ASSOCIATED WITH THE SAME PROVIDER AS THE EVENT BEING ASKED ABOUT.

OP22
====

{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_10}

BOX_10
=====

IF CHARGE/PAYMENT (CP) SECTION IS NOT COMPLETED FOR THIS OUTPATIENT EVENT, ASK THE CHARGE/PAYMENT (CP) SECTION

OTHERWISE, GO TO EVENT DRIVER (ED) SECTION