Dental Care (DN) Section

DN03
====

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

SHOW CARD DN-1.

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

*PERIODONTIC (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)
DN05
====

{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 {DN06}
NO ..................................... 2 {BOX_01}
REF ................................... -7 {BOX_01}
DK .................................... -8 {BOX_01}

HELP AVAILABLE FOR DEFINITION OF PRESCRIBED MEDICINE.

DN06
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{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 that were filled.

PROBE: Any other prescriptions from this visit filled?

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

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| ROSTER DETAILS:                                      |
| TITLE: PERSON'S-PRESCRIBED-MEDICINES_1.             |
|                                                    |
| COL # 1 HEADER: PRESCRIBED MEDICINE                 |
| INSTRUCTIONS: DISPLAY PMED NAME (PMED.PMEDNAME)     |
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| ROSTER DEFINITION:                                 |
| THIS ITEM DISPLAYS PERSON'S-PRESCRIBED-MEDICINES- |
| ROSTER FOR SELECTION AND ADDITION OF PRESCRIBED    |
| MEDICINES.                                        |
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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.