Emergency Room (ER) Section

{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 PRENATAL CARE AND DELIVERY) .......... 6 (ER03) |
| OTHER ........................................ 91 (ER03) |
| REF ......................................... -7 (ER03) |
| DK ........................................... -8 (ER03) |

[Code One]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.
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
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{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]

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| DISPLAY 'ADD CONDITION' AS AN OPTION ON THIS SCREEN. |
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| GO TO ER05 |
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| ROSTER DETAILS: |
| Title: PERS_COND_1 |
| COL #1 HEADER: MEDICAL CONDITION |
| INSTRUCTIONS: DISPLAY NAME OF MEDICAL CONDITION |
| (COND.CONDNAM) |
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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.
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]

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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. |
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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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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.
ER09
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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 prescribed medicines from this visit that were filled?

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

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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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| ROSTER DETAILS:                                   |
| TITLE: PERSON'S_PRESCRIBED_MEDICINES_1            |
|                                                  |
| COL # 1 HEADER: PRESCRIBED MEDICINE              |
| INSTRUCTIONS: DISPLAY NAME OF PRESCRIBED MEDICINE |
| (DRUG.DRUGNAME)                                  |
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| ROSTER DEFINITION:                                |
| THIS ITEM DISPLAYS THE PERSON'S-PRESCRIPTION-     |
| MEDICINES-ROSTER FOR SELECTION.                   |
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