

Provider Roster (PV) Section

PV01

====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EV}

{[What is the name of the person or place that provided health care to (PERSON)?]}

INTERVIEWER: IS THE PROVIDER {ASSOCIATED WITH THIS EVENT} A PERSON OR A FACILITY (INCLUDING GROUP PRACTICES AND HMOs)?

PERSON ..... 1  
FACILITY ..... 2 {BOX\_01}

PRESS F1 FOR DEFINITION OF PERSON/FACILITY.

-----  
| DISPLAY '[What is ... (PERSON)?]' AND 'ASSOCIATED |  
| WITH THIS EVENT' IF THE PROVIDER ROSTER (PV) |  
| SECTION WAS NOT CALLED FROM THE ACCESS TO CARE |  
| (AC) SECTION. IF THE PV SECTION WAS CALLED FROM |  
THE AC SECTION, USE A NULL DISPLAY.

-----  
| IF CODED '1' (PERSON), SET PROVIDER TYPE TO |  
'PERSON-TYPE-PROVIDER'.

-----  
| IF CODED '2' (FACILITY), SET PROVIDER TYPE TO |  
'FACILITY-PROVIDER'.

-----  
| IF CODED '1' (PERSON) AND NO PROVIDERS THAT ARE |  
| TYPE 'PERSON-TYPE-PROVIDER' ON |  
RU-MEDICAL-PROVIDERS-ROSTER, GO TO PV04

-----  
| IF CODED '1' (PERSON) AND AT LEAST ONE PROVIDER |  
| THAT IS TYPE 'PERSON-TYPE-PROVIDER' ON |  
RU-MEDICAL-PROVIDERS-ROSTER, CONTINUE WITH PV02

```

-----
| EDIT: IF EVENT TYPE IS HS, ER, OP, OR IC, PV01 |
| CANNOT BE CODED '1' (PERSON). IF PV01 IS CODED |
| '1' (PERSON) FOR AN HS, ER, OP, OR IC EVENT, |
| DISPLAY THE FOLLOWING MESSAGE: 'A FACILITY MUST |
| BE ASSOCIATED WITH {EV} TYPE. VERIFY PROVIDER AND |
| RE-ENTER.' |
-----
    
```

PV02  
 =====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EV}

SELECT CORRECT {USUAL SOURCE OF CARE} PROVIDER {ASSOCIATED WITH THE EVENT}.

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.  
 TO LEAVE, PRESS ESC.

ROSTER. PERSON-TYPE-PROVIDER	PV02_02. FACILITY	PV02_03. STREET
1. [Display Truncated Person-Provider-25]	[Display Truncated Facility-Provider-30]	[Display Truncated Street Address-15]
2. [Display Truncated Person-Provider-25]	[Display Truncated Facility-Provider-30]	[Display Truncated Street Address-15]
3. [Display Truncated Person-Provider-25]	[Display Truncated Facility-Provider-30]	[Display Truncated Street Address-15]

```

-----
| ROSTER DEFINITION: THIS ITEM DISPLAYS THE |
| PROVIDERS ON THE RU-MEDICAL-PROVIDERS-ROSTER THAT |
| ARE OF THE TYPE PERSON-TYPE-PROVIDER, WHICH |
| INCLUDES THE SUBGROUP FLAGGED AS |
| 'PERSON-IN-FACILITY-PROVIDER'. |
-----
    
```

-----  
| DISPLAY 'USUAL SOURCE OF CARE' IF THE PROVIDER |  
| ROSTER (PV) SECTION WAS CALLED FROM THE ACCESS TO |  
| CARE (AC) SECTION. OTHERWISE, USE A NULL DISPLAY. |  
|

| DISPLAY 'ASSOCIATED WITH THE EVENT' IF THE |  
| PROVIDER ROSTER (PV) SECTION WAS NOT CALLED FROM |  
| THE ACCESS TO CARE (AC) SECTION. IF THE PV |  
| SECTION WAS CALLED FROM THE AC SECTION, USE A NULL |  
DISPLAY.

-----  
| **ROSTER BEHAVIOR SPECIFICATIONS:** |  
|

- | 1. INTERVIEWER MAY SELECT ANY PROVIDER ALREADY |  
| LISTED OR SELECT 'NONE OF THE ABOVE.' |
- | 2. ONLY ONE SELECTION MAY BE MADE. |
- | 3. INTERVIEWER CANNOT ADD AT THIS SCREEN. |  
| PROVIDERS ARE 'ADDED' BY USING THE 'NONE OF |  
| THE ABOVE' SELECTION. |
- | 4. INTERVIEWER CANNOT DELETE AT THIS SCREEN |  
| (I.E., CTRL/D). |
- | 5. IF NO FACILITY IS ASSOCIATED WITH THE |  
| PERSON-PROVIDER, LEAVE THE FACILITY COLUMN |  
| BLANK FOR THAT PERSON-TYPE-PROVIDER. |  
|-----

-----  
| DISPLAY 'NONE OF THE ABOVE' AS THE LAST ENTRY ON |  
ROSTER.

-----  
IF 'NONE OF THE ABOVE' IS SELECTED, GO TO PV04

-----  
OTHERWISE, CONTINUE WITH PV03

PV03  
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EV}

Is the address of (READ NAME AND ADDRESS OF PROVIDER BELOW)...

{PERSON-TYPE-PROVIDER NAME SELECTED AT PV02}  
{FACILITY-PROVIDER W/ PERSON-TYPE-PROVIDER}  
{PERSON-TYPE-PROVIDER STREET ADDRESS LINE1}  
{PERSON-TYPE-PROVIDER STREET ADDRESS LINE2}

ADDRESS {& FACILITY NAME} CORRECT ..... 1 {BOX\_02}  
ADD NEW ADDRESS FOR PROVIDER ..... 2 {PV06}  
ADD NEW/DIFFERENT FACILITY FOR  
PROVIDER ..... 3 {BOX\_01}  
ABOVE PROVIDER NAME/ADDRESS  
{OR FACILITY NAME} NEEDS SPELLING  
OR MINOR CORRECTION ..... 4 {BOX\_02}  
SELECTED WRONG PROVIDER/ADDRESS ..... 5  
REF ..... -7 {BOX\_02}  
DK ..... -8 {BOX\_02}

[Code One]

-----  
| FOR: {PERSON-TYPE-PROVIDER NAME SELECTED AT PV02}, |  
| DISPLAY THE PERSON-TYPE-PROVIDER NAME SELECTED AT |  
| PV02. |  
| FOR: {FACILITY-PROVIDER W/ PERSON-TYPE-PROVIDER.}, |  
| DISPLAY THE FACILITY-PROVIDER NAME ASSOCIATED WITH |  
| THE PERSON-TYPE-PROVIDER SELECTED AT PV02. IF NO |  
| FACILITY-PROVIDER NAME ASSOCIATED WITH THIS |  
| PERSON-TYPE-PROVIDER, USE A NULL DISPLAY. |  
| FOR: {PERSON-TYPE-PROVIDER STREET ADDRESS LINE1.} |  
| AND {PERSON-TYPE-PROVIDER STREET ADDRESS LINE2.}, |  
| DISPLAY LINES 1 & 2 OF THE PERSON-TYPE-PROVIDER'S |  
| ADDRESS FOR THE PERSON-TYPE-PROVIDER SELECTED AT |  
| PV02. |  
| |  
| DISPLAY '& FACILITY NAME' AND 'OR FACILITY NAME' |  
| IF FACILITY-PROVIDER NAME ASSOCIATED WITH THE |  
| PERSON-TYPE-PROVIDER SELECTED AT PV02. IF NO |  
| FACILITY-PROVIDER NAME ASSOCIATED WITH THIS |  
PERSON-TYPE-PROVIDER, USE A NULL DISPLAY.

```
-----  
| IF CODED '5' (SELECTED WRONG PROVIDER/ADDRESS), |  
| CAPI REDISPLAYS PV02 TO ALLOW INTERVIEWER TO |  
| SELECT CORRECT PROVIDER. |  
-----
```

```
-----  
| IF CODED '4' (ABOVE PROVIDER NAME/ADDRESS |  
| {OR FACILITY NAME} NEEDS SPELLING OR MINOR |  
| CORRECTIONS), DISPLAY THE FOLLOWING MESSAGE: |  
| 'THIS OPTION IS DISABLED. PLEASE RECORD |  
| INFORMATION IN COMMENTS.' |  
-----
```

PV04  
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EV}

ENTER NAME OF PROVIDER {ASSOCIATED WITH EVENT}.

ENTER COMPLETE PROVIDER NAME AND VERIFY SPELLING.

[Enter Provider Name-65] .....

```
-----  
| DISPLAY 'ASSOCIATED WITH EVENT' IF THE PROVIDER |  
| ROSTER (PV) SECTION WAS NOT CALLED FROM THE ACCESS |  
| TO CARE (AC) SECTION. IF THE PV SECTION WAS |  
| CALLED FROM THE AC SECTION, USE A NULL DISPLAY. |  
-----
```

```
-----  
| WRITE PROVIDER NAME TO THE PERSON-TYPE-PROVIDER |  
| COLUMN OF THE RU-MEDICAL-PROVIDERS-ROSTER. |  
-----
```

PV05  
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE  
PROVIDER.....} {EV}

Is (PROVIDER) in a group practice, that is, do other doctors  
practice at the same office (or are part of an HMO)?

- YES ..... 1 {BOX\_01}
- NO ..... 2
- REF ..... -7
- DK ..... -8

-----  
| IF CODED '1' (YES), FLAG PERSON-TYPE-PROVIDER AS |  
'PERSON-IN-FACILITY-PROVIDER'.

PV06  
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE  
PROVIDER.....} {EV}

ENTER {NEW} STREET ADDRESS FOR (PROVIDER).

ENTER STREET ADDRESS AND VERIFY SPELLING. IF PROVIDER HAS  
MORE THAN ONE LOCATION, RECORD LOCATION PERSON VISITED.

PROVIDER\_STR1 (PV06\_01): [ \_\_\_\_\_ ]  
PROVIDER\_STR2 (PV06\_02): [ \_\_\_\_\_ ]

-----  
| DISPLAY 'NEW' IF PV03 IS CODED '2' (ADD NEW |  
| ADDRESS FOR PROVIDER). OTHERWISE, USE A NULL |  
DISPLAY.

-----  
| CODES '-7' (REF) AND '-8' (DK) ARE ALLOWED ON EACH |  
FORM ITEM.

-----  
| IF PV04 WAS ASKED, ASSOCIATE ADDRESS WITH |  
PERSON-TYPE-PROVIDER ENTERED AT PV04.

```
-----  
| IF PV03 WAS CODED '2' (ADD NEW ADDRESS FOR |  
| PROVIDER), WRITE ANOTHER RECORD FOR PROVIDER IN |  
| RU-MEDICAL-PROVIDERS-ROSTER AND ASSOCIATE ADDRESS |  
| WITH THAT NEW PROVIDER RECORD. SET PROVIDER TYPE |  
| TO 'PERSON-TYPE-PROVIDER'. |  
| |  
| IF A FACILITY WAS DISPLAYED AS PART OF PROVIDER'S |  
| ADDRESS AT PV03, ASSOCIATE THAT FACILITY WITH THE |  
| NEW PROVIDER RECORD AND FLAG THE PERSON-TYPE- |  
| PROVIDER AS A 'PERSON-IN-FACILITY-PROVIDER'. |  
-----
```

```
-----  
| GO TO BOX_02 |  
-----
```

PV07  
=====

OMITTED.

BOX\_01  
=====

```
-----  
| IF NO PROVIDERS THAT ARE TYPE 'FACILITY-PROVIDERS' |  
| ON RU-MEDICAL-PROVIDERS-ROSTER, GO TO PV10 |  
-----
```

```
-----  
| OTHERWISE, CONTINUE WITH PV08 |  
-----
```

PV08  
 =====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EV}

SELECT CORRECT {USUAL SOURCE OF CARE} {PROVIDER/FACILITY}  
 {ASSOCIATED WITH THE EVENT}.

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.  
 TO LEAVE, PRESS ESC.

ROSTER. FACILITY-PROVIDERS	PV08 02. STREET
[Display Truncated Facility-Provider-30]	[Display Truncated Street Address-15]
[Display Truncated Facility-Provider-30]	[Display Truncated Street Address-15]
[Display Truncated Facility-Provider-30]	[Display Truncated Street Address-15]

```

-----
| ROSTER DEFINITION: THIS ITEM DISPLAYS THE |
| PROVIDERS ON THE RU-MEDICAL-PROVIDERS-ROSTER THAT |
| ARE TYPE FACILITY-PROVIDERS. |
-----
    
```

```

-----
| DISPLAY 'USUAL SOURCE OF CARE' IF THE PROVIDER |
| ROSTER (PV) SECTION WAS CALLED FROM THE ACCESS TO |
| CARE (AC) SECTION. OTHERWISE, USE A NULL DISPLAY. |
| |
| DISPLAY 'PROVIDER' IF PV01 IS CODED '2' |
| (FACILITY). DISPLAY 'FACILITY' IF PV01 IS CODED |
| '1' (PERSON). |
| |
| DISPLAY 'ASSOCIATED WITH THE EVENT' IF THE |
| PROVIDER ROSTER (PV) SECTION WAS NOT CALLED FROM |
| THE ACCESS TO CARE (AC) SECTION. IF THE PV |
| SECTION WAS CALLED FROM THE AC SECTION, USE A NULL |
| DISPLAY. |
-----
    
```



-----  
| **ROSTER BEHAVIOR SPECIFICATIONS:** |

- | |  
| 1. INTERVIEWER MAY SELECT ANY PROVIDER ALREADY |  
| LISTED OR SELECT 'NONE OF THE ABOVE.' |  
| 2. ONLY ONE SELECTION MAY BE MADE. |  
| 3. INTERVIEWER CANNOT ADD AT THIS SCREEN. |  
| PROVIDERS ARE 'ADDED' BY USING THE 'NONE OF |  
| THE ABOVE' SELECTION. |  
| 4. INTERVIEWER CANNOT DELETE AT THIS SCREEN |  
| (I.E., CTRL/D). |

-----  
| DISPLAY 'NONE OF THE ABOVE' AS THE LAST ENTRY ON |  
| ROSTER. |

-----  
| IF 'NONE OF THE ABOVE' IS SELECTED, GO TO PV10 |

-----  
| OTHERWISE, CONTINUE WITH PV09 |

PV09  
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EV}

Is the address of (READ NAME AND ADDRESS OF  
{PROVIDER/FACILITY}) BELOW)...

{FACILITY NAME SELECTED AT PV08}  
{FACILITY STREET ADDRESS LINE1.}  
{FACILITY STREET ADDRESS LINE2.}

FACILITY NAME AND ADDRESS CORRECT ..... 1 {BOX\_02}  
ADD NEW ADDRESS FOR FACILITY ..... 2  
ABOVE NAME/ADDRESS NEEDS SPELLING OR  
MINOR CORRECTION ..... 3 {BOX\_02}  
SELECTED WRONG FACILITY/ADDRESS ..... 4  
REF ..... -7 {BOX\_02}  
DK ..... -8 {BOX\_02}

[Code One]

-----  
| DISPLAY 'PROVIDER' IF PV01 IS CODED '2' |  
| (FACILITY). DISPLAY 'FACILITY' IF PV01 IS CODED |  
| '1' (PERSON). |  
| |  
| FOR: {FACILITY NAME SELECTED AT PV08}, DISPLAY |  
| THE FACILITY-PROVIDER NAME SELECTED AT PV08. |  
| FOR: {FACILITY STREET ADDRESS LINE1.} AND |  
| {FACILITY STREET ADDRESS LINE2.}, DISPLAY LINES |  
| 1 AND 2 OF THE FACILITY-PROVIDER'S ADDRESS FOR THE |  
FACILITY-PROVIDER SELECTED AT PV08.

-----  
| IF CODED '1' (FACILITY NAME AND ADDRESS CORRECT) |  
| OR '3' (ABOVE NAME/ADDRESS FOR FACILITY NEEDS |  
| SPELLING OR MINOR CORRECTION) AND PV01 IS CODED |  
| '1' (PERSON), LINK THE FACILITY SELECTED AT PV08 |  
| TO THE PERSON-TYPE-PROVIDER FLAGGED AS |  
'PERSON-IN-FACILITY-PROVIDER'.

-----  
| IF CODED '4' (SELECTED WRONG FACILITY/ADDRESS), |  
| CAPI REDISPLAYS PV08 TO ALLOW INTERVIEWER TO |  
SELECT CORRECT FACILITY.

-----  
| IF CODED '3' (ABOVE NAME/ADDRESS NEEDS SPELLING |  
| OR MINOR CORRECTIONS), DISPLAY THE FOLLOWING |  
| MESSAGE: 'THIS OPTION IS DISABLED. PLEASE |  
RECORD INFORMATION IN COMMENTS.'

PV10  
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE  
PROVIDER.....} {EV}

ENTER {NEW} {NAME AND} ADDRESS OF ({PROVIDER/FACILITY}).

ENTER {NAME AND} STREET ADDRESS AND VERIFY SPELLING. IF  
({PROVIDER/FACILITY}) HAS MORE THAN ONE LOCATION, RECORD LOCATION  
PERSON VISITED.

FACILITY\_NAME (PV10\_01): [ \_\_\_\_\_ ]  
FACILITY\_STR1 (PV10\_02): [ \_\_\_\_\_ ]  
FACILITY\_STR2 (PV10\_03): [ \_\_\_\_\_ ]

-----  
| DISPLAY 'NEW' IF PV09 IS CODED '2' (ADD NEW |  
| ADDRESS FOR FACILITY). OTHERWISE, USE A NULL |  
| DISPLAY. DISPLAY 'PROVIDER' IF PV01 IS CODED '2' |  
| (FACILITY). DISPLAY 'FACILITY' IF PV01 IS CODED |  
| '1' (PERSON). DISPLAY 'NAME AND' IF 'NONE OF THE |  
| ABOVE' WAS SELECTED AT PV08 OR PV08 WAS NOT ASKED. |  
| IF 'NONE OF THE ABOVE' WAS SELECTED AT PV08 OR |  
| PV08 WAS NOT ASKED, THE CONTEXT HEADER WILL NOT |  
| DISPLAY THE NAME OF THE MEDICAL CARE PROVIDER. |  
| THE CONTEXT HEADER WILL ONLY HAVE THE NAME OF THE |  
| PROVIDER(S) ASSOCIATED WITH THE EVENT IF PV09 WAS |  
CODED '2' (ADD NEW ADDRESS FOR FACILITY).

-----  
| CODES '-7' (REF) AND '-8' (DK) ARE ALLOWED ON |  
PV10\_02 AND PV10\_03 ONLY.

-----  
| IF PV09 IS CODED '2' (ADD NEW ADDRESS FOR |  
| FACILITY), PV10 WILL NOT COLLECT THE FACILITY |  
NAME.

-----  
| IF FACILITY-PROVIDER NOT SELECTED AT PV08 (I.E., |  
| PV08 WAS NOT ASKED OR 'NONE OF THE ABOVE' WAS |  
| SELECTED), WRITE NAME AND ADDRESS ENTERED ABOVE TO |  
| FACILITY-PROVIDER NAME COLUMN AND ADDRESS COLUMN |  
| OF THE RU-MEDICAL-PROVIDERS-ROSTER. |  
|  
| IF FACILITY-PROVIDER SELECTED AT PV08 AND PV09 WAS |  
| CODED '2' (ADD NEW ADDRESS FOR FACILITY), WRITE |  
| ANOTHER RECORD FOR THE FACILITY-PROVIDER TO THE |  
| RU-MEDICAL-PROVIDERS-ROSTER AND ASSOCIATE ADDRESS |  
| WITH THAT NEW PROVIDER RECORD. |  
|  
| IF PV01 IS CODED '1' (PERSON), LINK THE FACILITY |  
| TO THE PERSON-TYPE-PROVIDER FLAGGED AS |  
'PERSON-IN-FACILITY-PROVIDER'.

-----  
GO TO BOX\_02

PV11

=====

OMITTED.

BOX\_02

=====

-----  
| RETURN TO QUESTIONNAIRE SECTION FROM WHICH THE |  
PROVIDER ROSTER (PV) SECTION WAS CALLED.