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.            |
 ------------------------------------------------------
```