

Dental Care (DN) Section

DN01

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OMITTED.

DN02

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OMITTED.

DN03

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

What type of dental care provider did (PERSON) see during this
visit?

PROBE: Any other type of dental care person?

CODE ALL THAT APPLY.

GENERAL DENTIST	1
DENTAL HYGIENIST	2
DENTAL TECHNICIAN	3
DENTAL SURGEON	4
ORTHODONTIST	5
ENDODONTIST	6
PERIODONTIST	7
OTHER	91
REF	-7
DK	-8

[Code All That Apply]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

DN04
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{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER.....} {EVN-DT}

SHOW CARD DN-1.

What did (PERSON) have done during this visit?

PROBE: What else was done? CODE ALL THAT APPLY.

FOR DEFINITIONS OF ANSWER CATEGORIES, PRESS F1.

- *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
 - REF -7
 - DK -8

[Code All That Apply]

| IF CODE '91' (OTHER) ENTERED ALONE OR IN |
| COMBINATION WITH ANY OTHER CODE, CONTINUE WITH |
DN04OV

OTHERWISE, GO TO DN05

| HEADINGS AND CODE CATEGORIES WILL NOT FIT ON ONE |
| SCREEN. THEREFORE, HEADINGS WILL ONLY APPEAR ON |
| F1 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

DN04OV
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ENTER OTHER TYPE OF DENTAL CARE:

[Enter Other Specify].....
REF -7
DK -8

DN05
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{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER.....} {EVN-DT}

During this visit, were any medicines prescribed for
(PERSON)? Please include only prescriptions which were
filled.

YES 1
NO 2 {BOX_01}
REF -7 {BOX_01}
DK -8 {BOX_01}

PRESS F1 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?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D.
TO LEAVE, PRESS ESC.

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

| ROSTER DEFINITION: THIS ITEM DISPLAYS PERSON'S-
PRESCRIBED-MEDICINES-ROSTER.

ROSTER BEHAVIOR SPECIFICATIONS

- 1. INTERVIEWER MAY SELECT A MEDICINE(S) ALREADY LISTED ON THE ROSTER.
 - 2. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF MEDICINES AT THE ROSTER QUESTIONS (I.E., NO LIMIT TO THE NUMBER OF MEDICINES).
 - 3. INTERVIEWER SHOULD BE ABLE TO DELETE A MEDICINE THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS USED. THAT IS, AS LONG AS THE INTERVIEWER HAS NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO DELETE A MEDICINE ENTERED IN ERROR. IF DELETE IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED (I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY THE FOLLOWING ERROR MESSAGE: 'DELETE ALLOWED ONLY WHEN MEDICINE IS FIRST ENTERED.'
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BOX_01

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| IF THE CHARGE/PAYMENT SECTION HAS NOT BEEN ASKED |
| FOR THE EVENT-PROVIDER PAIR BEING ASKED ABOUT, GO |
TO THE CHARGE/PAYMENT SECTION.

OTHERWISE, GO TO THE EVENT DRIVER (ED) SECTION.