

QUESTIONNAIRE API WITH SOAP WIDGETS

List Questions in a Questionnaire API

The API to list questions in a questionnaire

URI

GET - /api/ehr/v1/questionnaire/{questionnaire_id}

Sample cURL - Request

```
curl -i -X GET \
```

```
'https://apiehr.charmtracker.com/api/ehr/v1/questionnaire/100003000000014001'
```

Sample Response

```
{
  "code": "0",
  "message": "success",
  "data": [
    {
      "notes": "Consultation Form",
      "is_multi_choice": false,
      "is_deleted": false,
      "label_style": {
        "font_weight": "bold",
        "text_decoration": "underline",
        "font_size": 12,
        "font_style": "italic",
        "text_align": "left"
      },
      "template_id": "1884000017549159",
      "is_mandatory": false,
      "position": 0,
      "entry_id": "1884000017549161",
      "notes_type": "Label"
    },
    {
      "notes": "Primary Insurance Details",
      "is_multi_choice": false,
      "is_deleted": false,
```

```

    "template_id": "1884000017549159",
    "is_mandatory": false,
    "position": 1,
    "entry_id": "1884000020464281",
    "notes_type": "Primary Insurance Details"
  },
  {
    "notes": "Allergies",
    "is_multi_choice": false,
    "is_deleted": false,
    "options": [
      "Drug Allergy",
      "Food Allergy",
      "Environmental Allergy"
    ],
    "template_id": "1884000017549159",
    "is_mandatory": false,
    "position": 2,
    "entry_id": "1884000017549163",
    "notes_type": "Allergies"
  },
  {
    "notes": "Medications",
    "is_multi_choice": false,
    "is_deleted": false,
    "template_id": "1884000017549159",
    "is_mandatory": false,
    "position": 3,
    "entry_id": "1884000017549165",
    "notes_type": "Medications"
  },
  {
    "notes": "History of Present Illness",
    "is_multi_choice": false,
    "is_deleted": false,
    "soap_widget": {
      "soap_widget_id": "1884000021125527",
      "soap_template_id": "1884000021125749",

```

```

    "entries": [
      {
        "soap_entry_name": "Do you have any symptoms? If yes, please explain.",
        "soap_entry_type": "Simple Question",
        "soap_entry_id": "1884000021125535",
        "is_mandatory": false,
        "OPTIONS": "MULTILINE:true",
        "soap_entry_position": 0
      },
      {
        "soap_entry_name": "",
        "soap_entry_type": "Text Box",
        "soap_entry_id": "1884000021125545",
        "is_mandatory": false,
        "soap_entry_position": 1
      }
    ],
    "soap_widget_name": "1. General SOAP - HPI",
    "soap_widget_module": "History of Present Illness"
  },
  "template_id": "1884000017549159",
  "is_mandatory": false,
  "position": 4,
  "entry_id": "1884000017549171",
  "notes_type": "History of Present Illness"
},
{
  "notes": "Today's date",
  "is_multi_choice": false,
  "is_deleted": false,
  "template_id": "1884000017549159",
  "is_mandatory": false,
  "position": 5,
  "entry_id": "1884000017549173",
  "notes_type": "Date"
},
{
  "notes": "PATIENT SIGNATURE",

```

```

    "is_multi_choice": false,
    "is_deleted": false,
    "template_id": "1884000017549159",
    "is_mandatory": false,
    "position": 6,
    "entry_id": "1884000017549175",
    "notes_type": "Signature"
  }
]
}

```

Save Answers to Questionnaire API

The API to save answers to a questionnaire.

URI

POST - api/ehr/v1/questionnaire/answers

Form Data

Key Name	Type	Optional/Required	Description
template_id	Long	Required	Questionnaire Identifier
patient_id	Long	Required	Patient Identifier
provider_id	Long	Optional	Provider Identifier
facility_id	Long	Required	Facility Identifier
member_id	Long	Optional	Identifying member
is_submitted	Boolean	Optional	If it is true, then all mandatory questions must be answered. Default value: false
ques_map_id	Long	Optional	Identifier of the questionnaire shared to patient.
appointment_id	Long	Optional	Pass

			appointment_id value to map to an appointment (or) Pass encounter_id value to map to an encounter. Note: Both appointment_id and encounter_id values will be same.
answers	JSONArray	Required	Answers to Questions.(Refer Table1 below)

Table 1

Key Name	Type	Optional/Required	Description
entry_id	Long	Required	Identifier for Question
answer	String	Required for Simple question	Answer to question maximum size allowed is 10000 characters.
multiple_answers	JSONArray	Required for Question with options	selected answers to question. (Refer Table2 below)
allergy_entries	JSONArray	Required for Allergy widgets	Allergy entries. (Refer Table3 below)
medication_entries	JSONArray	Required for Medication widgets	Medication entries. (Refer Table4 below)
supplement_entries	JSONArray	Required for Supplement widgets	Supplement entries. (Refer Table5 below)
soap_entries	JSONObject	Required for subjective widgets	Soap entries (Refer Table6 below)

Table 2

Key Name	Type	Optional/Required	Description
answer	String	Required	maximum size allowed is 1000 characters

Table 3

Key Name	Type	Optional/Required	Description
allergen	String	Required	
type	String	Required	Allowed Values : Drug, Food, Environmental
severity	String	Optional	Allowed Values : Severe, Moderate, Mild
reactions	String	Optional	

Table 4

Key Name	Type	Optional/Required	Description
medication	String	Required	
intake_details	String	Optional	

Table 5

Key Name	Type	Optional/Required	Description
supplement	String	Required	
intake_details	String	Optional	

Table 6

Key Name	Type	Optional/Required	Description
soap_widget_id	Long	Required	Widget ID
soap_template_id	Long	Required	Template ID

soap_widget_answers	JSONArray	Required	Soap Widget answers (refer Table7 below)
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Table 7

Key Name	Type	Optional/Required	Description
soap_entry_id	Long	Required	Entry ID
soap_entry_value	String	Required	Template values (Format in Table8 below)

Table 8

Entry Type	Format
Header	Header Text
Simple Question	Answer in Text
Yes or No Question	"Yes" or "No" option along with Yes/No comments (separated with "^^COMMENT_FOR_YES_<comments>" or "^^COMMENT_FOR_No_<comments>"
Radio, Check Box, Check List	Options with "^^" separated, hierarchy option (as given in template creation section ">>option") along with comments (^^COMMENT_VALUE_<comments>)
Rating scale	Answer (Rating number) in Text
Text Box	Answer in Text

Sample cURL - Request

```
curl -i -X POST \
  -H "Content-Type:application/json" \
  -H "Authorization:Bearer
YXBpZGVtbzJAbWVkaWNhbG1pbmUuY29tOkFQSURlbW8yJA==" \
  -d \
  '{
    "template_id": "100001000000785086",
    "patient_id": "100001000000036011",
```

```

"ques_map_id": "100001000000785104",
"facility_id": "100003000000009151",
"member_id": "100003000000006685",
"is_submitted": "true",
"answers": [
  {
    "entry_id": "1884000017549163",
    "allergy_entries": [
      {
        "allergen": "pencillin",
        "type": "Drug",
        "severity": "Severe",
        "reactions": "Rashes"
      }
    ]
  },
  {
    "entry_id": "1884000017549165",
    "medication_entries": [
      {
        "medication": "Warfaring 2 mg",
        "intake_details": "twice daily"
      }
    ]
  },
  {
    "entry_id": "1884000017549171",
    "soap_entries": {
      "soap_widget_id": "1884000021125527",
      "soap_template_id": "1884000021125749",
      "soap_widget_answers": [
        {
          "soap_entry_id": "1884000021125535",
          "soap_entry_value": "Yes, I had cold, fever, cough and breathing problems frequently."
        },
        {
          "soap_entry_id": "1884000021125545",

```



```
"soap_entry_value": "Patient denies headache, change in vision or hearing,
change in bowel/bladder habits, presence of numbness, tingling, or weakness in upper
and lower extremities bilaterally, history of cancer, recent unexplained weight loss,
symptoms waking them up at night, fever, balance problem, or dizziness."
```

```
    }
```

```
  ]
```

```
}
```

```
}
```

```
]
```

```
}'\
```

```
'https://apiehr.charmtracker.com/api/ehr/v1/questionnaire/answers'
```

Sample Response

```
{
  "code": "0",
  "message": "Questionnaire saved successfully."
  "questionnaire_details": {
    "ques_map_id": "100001000000014219"
  }
}
```

Fetch answers for a Questionnaire API

API to fetch the answers for a questionnaire using patient_ques_map_id

URI

GET - api/ehr/v1/questionnaire/answer/{ques_map_id}

Sample cURL - Request

```
curl -X GET \

https://apiehr.charmtracker.com/api/ehr/v1/questionnaire/answer/1884000015006137 \

-H 'Authorization: Bearer xxxxxxxx' \
-H 'Cache-Control: no-cache' \
-H 'Postman-Token: 6d138ce3-9397-45c4-bcd4-3fad65281596' \
-H 'api_key: xxxxx'
```

Sample Response

```
{
  "code": "0",
  "message": "success",
  "questionnaire_with_answers": {
    "last_modified_time": "1660137037595",
    "is_submitted": false,
    "patient_id": "1884000000110019",
    "questions": [
      {
        "font_weight": "bold",
        "text_decoration": "underline",
        "is_multi_choice": false,
        "notes": "Consultation Form",
        "is_deleted": false,
        "font_size": 12,
        "is_mandatory": false,
        "position": 0,
        "font_style": "italic",
        "entry_id": "1884000017549161",
        "notes_type": "Label",
        "text_align": "left"
      },
      {
        "allergy_entries": [
          {
            "allergen": "pencillin",
            "type": "Drug",
```

```

        "severity": "Severe",
        "reactions": "Rashes"
    }
],
"is_multi_choice": false,
"notes": "Allergies",
"is_deleted": false,
"options": [
    "Drug Allergy",
    "Food Allergy",
    "Environmental Allergy"
],
"is_mandatory": false,
"position": 2,
"entry_id": "1884000017549163",
"notes_type": "Allergies"
},
{
    "is_multi_choice": false,
    "notes": "Medications",
    "is_deleted": false,
    "medication_entries": [
        {
            "medication": "Warfaring 2 mg",
            "intake_details": "twice daily"
        }
    ],
    "is_mandatory": false,
    "position": 7,
    "entry_id": "1884000017549165",
    "notes_type": "Medications"
},
{
    "is_multi_choice": false,
    "notes": "History of Present Illness",
    "is_deleted": false,
    "soap_widget": {
        "soap_widget_id": "1884000021125527",

```

```

      "soap_template_id": "1884000021125749",
      "entries": [
        {
          "soap_entry_answer": "Yes, I had cold, fever, cough and breathing problems frequently",
          "soap_entry_name": "Do you have any illness? If yes, please explain.",
          "soap_entry_type": "Simple Question",
          "soap_entry_id": "1884000021125535",
          "is_mandatory": false,
          "OPTIONS": "MULTILINE:true",
          "soap_entry_position": 0
        },
        {
          "soap_entry_answer": "Patient denies headache, change in vision or hearing, change in bowel/bladder habits, presence of numbness, tingling, or weakness in upper and lower extremities bilaterally, history of cancer, recent unexplained weight loss, symptoms waking them up at night, fever, balance problem, or dizziness.",
          "soap_entry_name": "",
          "soap_entry_type": "Text Box",
          "soap_entry_id": "1884000021125545",
          "is_mandatory": false,
          "soap_entry_position": 1
        }
      ],
      "soap_widget_name": "1. General SOAP - HPI",
      "soap_widget_module": "History of Present Illness",
      "is_mandatory": false,
      "position": 5,
      "entry_id": "1884000017549171",
      "notes_type": "History of Present Illness",
    },
    {
      "is_multi_choice": false,
      "notes": "Today's date",
      "is_deleted": false,
      "answer": "Aug 10, 2022",
      "is_mandatory": false,

```

```
        "position": 7,  
        "entry_id": "1884000017549173",  
        "notes_type": "Date"  
    },  
    {  
        "is_multi_choice": false,  
        "notes": "PATIENT SIGNATURE",  
        "is_deleted": false,  
        "is_mandatory": false,  
        "position": 8,  
        "entry_id": "1884000017549175",  
        "notes_type": "Signature"  
    }  
],  
"template_id": "1884000017549159",  
"ques_map_id": "1884000021685051"  
}  
}
```