

TABLE X - Continued

INTERVIEWER - DO NOT ASK FOR DENTAL X-RAYS

What was this X-ray for - A checkup or an examination or for a treatment? (g)	If "Both" in column (g), ask: How many of these -- X-rays were for treatment? (h)	If "Treatment" or "Both" in column (g), ask: For what condition were you being treated? (Enter condition) (i)	INTERVIEWER - Ask for each person with 2 or more lines in Table X after all X-rays have been recorded for a person. (DO NOT include dental X-rays in number of X-ray visits.) Altogether you had -- X-rays during the past 3 months. How many separate visits did you make to have these -- X-rays? (j)	Line number
<input type="checkbox"/> Checkup/Examination <input type="checkbox"/> Treatment (Skip to column (i)) <input type="checkbox"/> Both (Ask columns (h) and (i))	_____ Number		_____ Number of visits	1
<input type="checkbox"/> Checkup/Examination <input type="checkbox"/> Treatment (Skip to column (i)) <input type="checkbox"/> Both (Ask columns (h) and (i))	_____ Number		_____ Number of visits	2
<input type="checkbox"/> Checkup/Examination <input type="checkbox"/> Treatment (Skip to column (i)) <input type="checkbox"/> Both (Ask columns (h) and (i))	_____ Number		_____ Number of visits	3
8. INTERVIEWER - After completing X-ray Supplement, check appropriate box.			FOOTNOTES	
<input type="checkbox"/> No X-rays reported X-rays reported and <input type="checkbox"/> No problems (release signed, no missing information, etc.) <input type="checkbox"/> Problems (release not signed, missing information, etc.) (Enter problem in footnote.)				