

<p>DOCTOR VISITS PAGE (1) See questions 18-21a on Pages 4 and 5</p> <p>Record each date on which a Doctor was visited in a separate Question 2a of the Doctor Visits Questions.</p> <p>Ask and record the answer to Question 2b on the last set of Doctor Visits Questions for each person.</p> <p>Item D: Interviewer Check Item Enter the number of Doctor Visits reported for each person in question 18-21a on pages 4 and 5. If "None" reported for all persons, check here <input type="checkbox"/> None reported Go to Person pages</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">Person No.</td> <td style="width:10%;">01</td> <td style="width:10%;">02</td> <td style="width:10%;">03</td> <td style="width:10%;">04</td> <td style="width:10%;">05</td> <td style="width:10%;">06</td> </tr> <tr> <td>Visits</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p>Fill one Doctor Visit section for each visit or call reported including additional visits or calls reported in question 2b.</p> <p>FOOTNOTES:</p>	Person No.	01	02	03	04	05	06	Visits							<p style="text-align: right;">Person number</p> <p>1. Person number Write in and mark </p> <p>EARLIER YOU TOLD ME THAT -- HAD SEEN OR TALKED TO A DOCTOR DURING THE PAST 2 WEEKS. Write in and mark Month } 2a. ON WHAT DATES DURING THAT 2-WEEK PERIOD DID -- VISIT OR TALK TO A DOCTOR? Day } b. WERE THERE ANY OTHER DOCTOR VISITS FOR -- DURING THAT PERIOD? <input type="checkbox"/> Yes- Reask Q. 2a <input type="checkbox"/> No- Ask Q. 3-5 for each visit</p> <p>3. WHERE DID -- SEE THE DOCTOR ON THE (Date)? Mark one circle</p> <div style="border: 1px solid black; width: 300px; height: 50px; margin: 5px 0;"></div> <p>4. HOW MUCH WAS THE DOCTOR'S BILL FOR THAT VISIT (CALL)? If bill not received, ask: HOW MUCH DO YOU EXPECT THE DOCTOR'S BILL TO BE FOR THAT VISIT (CALL)?</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">Dollars</td> <td style="width:20%;">Cents</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table> <p>5. IS THE DOCTOR A GENERAL PRACTITIONER OR A SPECIALIST? <input type="checkbox"/> General Practitioner <input type="checkbox"/> Specialist If "Specialist" ask: WHAT KIND OF SPECIALIST IS HE? <div style="border: 1px solid black; width: 200px; height: 30px; margin: 5px 0;"></div></p> <div style="float: right; width: 150px;"> <p>Home.....</p> <p>Telephone.....</p> <p>Doctor's Office.....</p> <p>Prepaid Insurance Group.....</p> <p>Hospital Emergency Room.....</p> <p>Hospital Outpatient Clinic.....</p> <p>Health Department.....</p> <p>Company or Industry.....</p> <p>Other Specify.....</p> </div> <div style="clear: both;"></div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p style="text-align: center;">WASHINGTON USE</p> <p>Dollars</p> <hr style="border-top: 1px dashed black;"/> <p>Cents</p> <p>Dum. Code</p> <p>First Visit? Yes No</p> <p>Kind of Spec.</p> </div>	Dollars	Cents		
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