

DOCTOR VISITS PAGE		DOCTOR VISIT (1)	DOCTOR VISIT (2)
	1.	Person number _____	Person number _____
Earlier, you told me that -- had seen or talked to a doctor during the past 2 weeks.			
2a. On what (other) dates during that 2-week period did -- visit or talk to a doctor? ----- b. Were there any other doctor visits for him during that period?	2a. b.	OR { <input type="checkbox"/> Last week <input type="checkbox"/> Week before Month _____ Date _____ <input type="checkbox"/> Yes (Reask 2a and b) <input type="checkbox"/> No (Ask 3-8 for each visit)	OR { <input type="checkbox"/> Last week <input type="checkbox"/> Week before Month _____ Date _____ <input type="checkbox"/> Yes (Reask 2a and b) <input type="checkbox"/> No (Ask 3-8 for each visit)
3. Where did he see the doctor on the (date), at a clinic, hospital, doctor's office, or some other place? If Hospital: Was it the out-patient clinic, or the emergency room? If Clinic: Was it a hospital out-patient clinic, a company clinic, or some other kind of clinic?	3.	x0 <input type="checkbox"/> While inpatient in hospital (STOP) 01 <input type="checkbox"/> Doctor's office 10 <input type="checkbox"/> Telephone (?) 20 <input type="checkbox"/> Hospital Out-Patient Clinic 30 <input type="checkbox"/> Home (?) 40 <input type="checkbox"/> Hospital Emergency Room 50 <input type="checkbox"/> Company or Industry Clinic 60 <input type="checkbox"/> Other (Specify) _____	x0 <input type="checkbox"/> While inpatient in hospital (STOP) 01 <input type="checkbox"/> Doctor's office 10 <input type="checkbox"/> Telephone (?) 20 <input type="checkbox"/> Hospital Out-Patient Clinic 30 <input type="checkbox"/> Home (?) 40 <input type="checkbox"/> Hospital Emergency Room 50 <input type="checkbox"/> Company or Industry Clinic 60 <input type="checkbox"/> Other (Specify) _____
4. About how long did it take him to get there for that visit?	4.	_____ Minutes _____ Hours	_____ Minutes _____ Hours
5. Did he have an appointment for that visit?	5.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
6. Once he got there, about how long did he wait to see the doctor?	6.	_____ Minutes xxx <input type="checkbox"/> DK _____ Hours	_____ Minutes xxx <input type="checkbox"/> DK _____ Hours
7. Is the doctor a general practitioner or a specialist?	7.	01 <input type="checkbox"/> General practitioner <input type="checkbox"/> Specialist -- What kind of specialist is he? _____	01 <input type="checkbox"/> General practitioner <input type="checkbox"/> Specialist -- What kind of specialist is he? _____
8a. Why did he visit (call) a doctor on (date)? Write in and mark appropriate box(es)	8a.	1 <input type="checkbox"/> Diag. or treatment (8b) 2 <input type="checkbox"/> Pre or Postnatal care 3 <input type="checkbox"/> General checkup 4 <input type="checkbox"/> Eye exam. (glasses) 5 <input type="checkbox"/> Immunization 6 <input type="checkbox"/> Other	1 <input type="checkbox"/> Diag. or treatment (8b) 2 <input type="checkbox"/> Pre or Postnatal care 3 <input type="checkbox"/> General checkup 4 <input type="checkbox"/> Eye exam. (glasses) 5 <input type="checkbox"/> Immunization 6 <input type="checkbox"/> Other
If 2 or more doctor visits for person, ask: b. For what condition did -- visit the doctor on this date?	b.		