

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.	OR $\left\{ \begin{array}{l} 7777 \square \text{ Last week} \\ 8888 \square \text{ Week before} \end{array} \right.$ _____ Month      Date	OR $\left\{ \begin{array}{l} 7777 \square \text{ Last week} \\ 8888 \square \text{ Week before} \end{array} \right.$ _____ Month      Date
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?	b.	Y (Reask 2a and b) N (Ask 3-5 for each visit)	Y (Reask 2a and b) N (Ask 3-5 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) $\rightarrow$ _____	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) $\rightarrow$ _____
4. Is the doctor a general practitioner or a specialist?	4.	01 <input type="checkbox"/> General practitioner <input type="checkbox"/> Specialist - What kind of specialist is he? $\rightarrow$ _____	01 <input type="checkbox"/> General practitioner <input type="checkbox"/> Specialist - What kind of specialist is he? $\rightarrow$ _____
5a. Why did he visit (call) a doctor on (date)? Write in reason	5a.	_____	_____
Mark appropriate box(es)		1 <input type="checkbox"/> Diag. or treatment (5c) 3 <input type="checkbox"/> General checkup (5b) 2 <input type="checkbox"/> Pre or Postnatal care 4 <input type="checkbox"/> Eye exam. (glasses) 5 <input type="checkbox"/> Immunization 6 <input type="checkbox"/> Other $\left. \begin{array}{l} \\ \\ \\ \\ \end{array} \right\} \text{(Next DV)}$	1 <input type="checkbox"/> Diag. or treatment (5c) 3 <input type="checkbox"/> General checkup (5b) 2 <input type="checkbox"/> Pre or Postnatal care 4 <input type="checkbox"/> Eye exam. (glasses) 5 <input type="checkbox"/> Immunization 6 <input type="checkbox"/> Other $\left. \begin{array}{l} \\ \\ \\ \\ \end{array} \right\} \text{(Next DV)}$
b. Was this for any specific condition?	b.	Y (Enter condition in 5a and change to "Diag. or treatment") N (Next DV)	Y (Enter condition in 5a and change to "Diag. or treatment") N (Next DV)
Mark box or ask:		<input type="checkbox"/> Condition reported in 5a	<input type="checkbox"/> Condition reported in 5a
c. For what condition did --- visit the doctor on this date?	c.	_____	_____
FOOTNOTES			