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?	2a.	OR { 7777 ☐ Last week 8888 ☐ Week before ___Month___ ___Date___	OR { 7777 ☐ Last week 8888 ☐ Week before ___Month___ ___Date___
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 ☐ While inpatient in hospital (STOP) 01 ☐ Doctor's office (group practice or doctor's clinic) 10 ☐ Telephone 20 ☐ Hospital Out-Patient Clinic 30 ☐ Home 40 ☐ Hospital Emergency Room 50 ☐ Company or Industry Clinic 60 ☐ Other (Specify) ——⌐ _____	X0 ☐ While inpatient in hospital (STOP) 01 ☐ Doctor's office (group practice or doctor's clinic) 10 ☐ Telephone 20 ☐ Hospital Out-Patient Clinic 30 ☐ Home 40 ☐ Hospital Emergency Room 50 ☐ Company or Industry Clinic 60 ☐ Other (Specify) ——⌐ _____
4. Is the doctor a general practitioner or a specialist?	4.	01 ☐ General practitioner ☐ Specialist — What kind of specialist is he? —⌐	01 ☐ General practitioner ☐ Specialist — What kind of specialist is he? —⌐
5a. Why did he visit (call) the doctor on __(date)__? Write in reason Mark appropriate box(es)	5a.	_____ 1 ☐ Diag. or treatment (5c) 3 ☐ General checkup (5b) 2 ☐ Pre or Postnatal care 4 ☐ Eye exam. (glasses) } (Next DV) 5 ☐ Immunization 6 ☐ Other	_____ 1 ☐ Diag. or treatment (5c) 3 ☐ General checkup (5b) 2 ☐ Pre or Postnatal care 4 ☐ Eye exam. (glasses) } (Next DV) 5 ☐ Immunization 6 ☐ Other
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:		☐ Condition reported in 5a	☐ Condition reported in 5a
c. For what condition did -- visit the doctor on this date?	c.	_____	_____

HOSPITAL PAGE		
	1.	Person number _____
You said that -- was in the hospital (nursing home) during the past year. 2. When did -- enter the hospital (nursing home) (the last time)?	2.	USE YOUR CALENDAR Make sure the YEAR is correct Month Day Year 19___
3. What is the name and address of this hospital (nursing home)?	3.	Name Street City (or county) State
4. How many nights was -- in the hospital (nursing home)?	4.	_____ Nights
Complete question 5 from entries in questions 2 and 4; if not clear, ask the questions. 5a. How many of these -- nights were during the past 12 months?	5a.	_____ Nights
b. How many of these -- nights were during the past 2 weeks?	b.	_____ Nights
c. Was -- still in the hospital (nursing home) last Sunday night for this hospitalization (stay)?	c.	Y N