

2-WEEKS DOCTOR VISITS PAGE		1. Person number _____	Person number _____
Earlier, you told me that -- had seen or talked to a doctor during the past 2 weeks.		OR { 7777 <input type="checkbox"/> Last week 8888 <input type="checkbox"/> Week before	OR { 7777 <input type="checkbox"/> Last week 8888 <input type="checkbox"/> Week before
2a. On what (other) dates during that 2-week period did -- visit or talk to a doctor?	2a.	Month _____ Date _____	Month _____ Date _____
b. Were there any other doctor visits for him during that period?	b.	Y (Reask 2a and b) N (Ask 3-7 for each visit)	Y (Reask 2a and b) N (Ask 3-7 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 outpatient clinic or the emergency room? If Clinic: Was it a hospital outpatient 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 (group practice or doctor's clinic) 10 <input type="checkbox"/> Telephone 20 <input type="checkbox"/> Hospital Outpatient 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 (group practice or doctor's clinic) 10 <input type="checkbox"/> Telephone 20 <input type="checkbox"/> Hospital Outpatient 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. 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? _____	01 <input type="checkbox"/> General practitioner <input type="checkbox"/> Specialist What kind of specialist is he? _____
5a. Was this visit for emergency care?	5a.	1 Y 2 N	1 Y 2 N
b. Was this visit for surgery or pre or postsurgical care?	b.	1 Y 2 N	1 Y 2 N
6a. Why did he visit (call) the doctor on (date) _____? Write in reason Mark appropriate box(es)	6a.	1 <input type="checkbox"/> Diag. or treatment (6c) 3 <input type="checkbox"/> General checkup (6b) 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 } (7)	1 <input type="checkbox"/> Diag. or treatment (6c) 3 <input type="checkbox"/> General checkup (6b) 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 } (7)
b. Was this for any specific condition? Mark box or ask:	b.	Y (Enter condition in 6a and change to "Diag. or treatment") N (7) <input type="checkbox"/> Condition reported in 6a	Y (Enter condition in 6a and change to "Diag. or treatment") N (7) <input type="checkbox"/> Condition reported in 6a
c. For what condition did -- visit the doctor on (date) _____?	c.	_____	_____
Please look at this card (Show Card H).		1 2 3 4 5 6 7 8 9 10 (Specify) _____	1 2 3 4 5 6 7 8 9 10 (Specify) _____
7a. Which of those sources did or will pay any of the doctor's bill for this visit on (date) _____?	7a.	_____	_____
b. Did or will any other source pay any of the doctor's bill for this visit?	b.	1 Y 2 N (Next DV)	1 Y 2 N (Next DV)
c. Which source?	c.	Circle additional sources in 7a	Circle additional sources in 7a

12-MONTHS DOCTOR VISITS PAGE		1.
Earlier, you told me that -- had seen or talked to a doctor during the past 12 months.		<input type="checkbox"/> 2-week D.V. (NP) <input type="checkbox"/> No 12-month D.V. (NP)
2. In what month during the past 12 months did -- last visit or talk to a doctor?		2. <u> </u> 19 <u> </u> Month Year
3. Where did he last see the doctor in <u> </u> (month) <u> </u> , at a clinic, hospital, doctor's office, or some other place? If Hospital: Was it the outpatient clinic or the emergency room? If Clinic: Was it a hospital outpatient 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 (group practice or Doctor's Clinic) 10 <input type="checkbox"/> Telephone 20 <input type="checkbox"/> Hospital Outpatient 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) <u> </u> ↗
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? <u> </u> ↗
5a. Was this visit for emergency care?		5a. 1 Y 2 N
b. Was this visit for surgery or pre or postsurgical care?		b. 1 Y 2 N
6a. Why did he visit (call) the doctor in <u> </u> (month) <u> </u> ? Write in reason ----- Mark appropriate box(es)		6a. <input type="checkbox"/> 1 Diag. or treatment (6c) <input type="checkbox"/> 3 General checkup (6b) <input type="checkbox"/> 2 Pre or Postnatal care <input type="checkbox"/> 4 Eye exam. (glasses) } (7) <input type="checkbox"/> 5 Immunization <input type="checkbox"/> 6 Other
b. Was this for any specific condition? Mark box or ask:		b. Y (Enter cond. in 6a, change to "Diag. or treatment") N (7) <input type="checkbox"/> Condition reported in 6a
c. For what condition did -- visit the doctor in <u> </u> (month) <u> </u> ? Please look at this card - (Show Card H)		c. 1 2 3 4 5 6 7 8 9 10 (Specify) <u> </u> ↗
7a. Which of those sources did or will pay any of the doctor's bill for this visit? -----		7a. b. 1 Y 2 N (NP)
b. Did or will any other source pay any of the doctor's bill for this visit?		b. c. Circle additional sources in 7a
c. Which source?		c. c. Circle additional sources in 7a

CARD H

1. Total or partial payment by self or family
2. Social Security Medicare
3. Hospital insurance or Doctor Visit insurance
4. Workmen's Compensation
5. Accident insurance carried by family or someone outside the family
6. Armed Forces Dependent Care (CHAMPUS)
7. Veteran's Benefits
8. Medicaid
9. Welfare
10. Other (*Some other source*)

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