

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 _____ Y (Reask 2a and b) N (Ask 3-6 for each visit)	Month _____ Date _____ Y (Reask 2a and b) N (Ask 3-6 for each visit)
b. Were there any other doctor visits for him during that period?	b.	Y (Reask 2a and b) N (Ask 3-6 for each visit)	Y (Reask 2a and b) N (Ask 3-6 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.	0 <input type="checkbox"/> While inpatient in hospital (Next DV) 1 <input type="checkbox"/> Doctor's office (group practice or doctor's clinic) 2 <input type="checkbox"/> Telephone 3 <input type="checkbox"/> Hospital Outpatient Clinic 4 <input type="checkbox"/> Home 5 <input type="checkbox"/> Hospital Emergency Room 6 <input type="checkbox"/> Company or Industry Clinic 7 <input type="checkbox"/> Other - Specify _____	0 <input type="checkbox"/> While inpatient in hospital (Next DV) 1 <input type="checkbox"/> Doctor's office (group practice or doctor's clinic) 2 <input type="checkbox"/> Telephone 3 <input type="checkbox"/> Hospital Outpatient Clinic 4 <input type="checkbox"/> Home 5 <input type="checkbox"/> Hospital Emergency Room 6 <input type="checkbox"/> Company or Industry Clinic 7 <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? _____
5. During this visit (call) did -- actually see (talk to) the doctor?	5.	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 _____ } (Next DV)	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 _____ } (Next DV)
b. Was this for any specific condition?	b.	Y (Enter condition in 6a and change to "Diag. or treatment")      N (Next DV) <input type="checkbox"/> Condition reported in 6a	Y (Enter condition in 6a and change to "Diag. or treatment")      N (Next DV) <input type="checkbox"/> Condition reported in 6a
Mark box or ask: c. For what condition did -- visit the doctor on (date) ?	c.	_____	_____
FOOTNOTES			