

2-WEEKS DOCTOR VISITS PAGE		1.	Person number _____
Earlier, you told me that -- had seen or talked to a doctor during the past 2 weeks.		2a.	<div style="display: flex; align-items: center;"> <div style="margin-right: 20px;"> OR { <div style="display: inline-block; vertical-align: middle; margin-right: 5px;">7777 <input type="checkbox"/> Last week</div> <div style="display: inline-block; vertical-align: middle;">8888 <input type="checkbox"/> Week before</div> </div> <div style="margin-right: 20px;"> _____ Month Date </div> </div>
2a. On what (other) dates during that 2-week period did -- visit or talk to a doctor?		b. Y (Reask 2a and b) N (Ask 3-6 for each visit)	
b. Were there any other doctor visits for him during that period? 3. Where did he see the doctor on the <u> </u> (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.	<input type="checkbox"/> While inpatient in hospital (Next DV) <input type="checkbox"/> Doctor's office (group practice or doctor's clinic) <input type="checkbox"/> Telephone <input type="checkbox"/> Hospital Outpatient Clinic <input type="checkbox"/> Home <input type="checkbox"/> Hospital Emergency Room <input type="checkbox"/> Company or Industry Clinic <input type="checkbox"/> Other (Specify) <u> </u>
4. Is the doctor a general practitioner or a specialist?		4.	<input type="checkbox"/> General practitioner <input type="checkbox"/> Specialist -- What kind of specialist is he? <u> </u>
5. During this visit (call) did -- actually see (talk to) the doctor?		5.	<div style="display: flex; justify-content: space-around;"> 1 Y 2 N </div>
6a. Why did he visit (call) the doctor on <u> </u> (date) ? Write in reason _____ Mark appropriate box(es)		6a.	<input type="checkbox"/> Diag. or treatment (6c) <input type="checkbox"/> General checkup (6b) <input type="checkbox"/> Pre or Postnatal care <input type="checkbox"/> Eye exam. (glasses) <input type="checkbox"/> Immunization <input type="checkbox"/> Other _____ } (PT)
b. Was this for any specific condition?		b.	Y (Enter condition in 6a and change to "Diag. or treatment") N (PT)
Mark box or ask:			<input type="checkbox"/> Condition reported in 6a
c. For what condition did -- visit (call) the doctor on <u> </u> (date) ?		c.	_____
PI	If the condition in question 6 is first reported on the DV page, a Condition page is required. If there is no Condition page, enter condition in item C and fill a page for it after completing columns for all required doctor visits.		
FOOTNOTES			