

1. Person number _____	1. Person number _____	1. Person number _____
2a. _____ Month Date OR { 7777 <input type="checkbox"/> Last week 8888 <input type="checkbox"/> Week before	2a. _____ Month Date OR { 7777 <input type="checkbox"/> Last week 8888 <input type="checkbox"/> Week before	2a. _____ Month Date OR { 7777 <input type="checkbox"/> Last week 8888 <input type="checkbox"/> Week before
b. Y (Reask 2a and b) N (Ask 3-6 for each visit)	b. Y (Reask 2a and b) N (Ask 3-6 for each visit)	b. Y (Reask 2a and b) N (Ask 3-6 for each visit)
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) <u> </u>	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) <u> </u>	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) <u> </u>
4. 01 <input type="checkbox"/> General practitioner <input type="checkbox"/> Specialist - What kind of specialist is he? <u> </u>	4. 01 <input type="checkbox"/> General practitioner <input type="checkbox"/> Specialist - What kind of specialist is he? <u> </u>	4. 01 <input type="checkbox"/> General practitioner <input type="checkbox"/> Specialist - What kind of specialist is he? <u> </u>
5. 1 Y 2 N	5. 1 Y 2 N	5. 1 Y 2 N
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 _____ } (P1)	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 _____ } (P1)	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 _____ } (P1)
b. Y (Enter condition in 6a and change to "Diag. or treatment") N (P1)	b. Y (Enter condition in 6a and change to "Diag. or treatment") N (P1)	b. Y (Enter condition in 6a and change to "Diag. or treatment") N (P1)
c. <input type="checkbox"/> Condition reported in 6a	c. <input type="checkbox"/> Condition reported in 6a	c. <input type="checkbox"/> Condition reported in 6a
PI A Condition page is required for the condition in question 6. 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		