

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.	2o.	OR { 7777 Last week 8888 Week before
2a. On what (other) dates during that 2-week period did -- visit or talk to a doctor? b. Were there any other doctor visits for him during that period?	b.	Y (Reask 2a and b) N (Ask 3-8 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) →
4. Was 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? →
5. During this visit (call) did -- actually see (talk to) the doctor?	5.	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)
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
c. For what condition did -- visit (call) the doctor on (date) ?	c.	_____
If "Telephone" or "Home" in 3, go to next DV; otherwise ask: 7. In what city (town), county, and State is the (place in 3) located?	7.	City _____ County _____ State _____
8. About how long did it take -- to get to the (place in 3) on (date in 2a)?	8.	_____ Minutes
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.	

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2a. _____ OR { 7777 [] Last week 8888 [] Week before Month _____ Date _____	2a. _____ OR { 7777 [] Last week 8888 [] Week before Month _____ Date _____	2a. _____ OR { 7777 [] Last week 8888 [] Week before Month _____ Date _____
b. Y (Reask 2a and b) N (Ask 3-8 for each visit)	b. Y (Reask 2a and b) N (Ask 3-8 for each visit)	b. Y (Reask 2a and b) N (Ask 3-8 for each visit)
3. 0 [] While inpatient in hospital (Next DV) 1 [] Doctor's office (group practice or doctor's clinic) 2 [] Telephone 3 [] Hospital Outpatient Clinic 4 [] Home 5 [] Hospital Emergency Room 6 [] Company or Industry Clinic 7 [] Other (Specify) _____	3. 0 [] While inpatient in hospital (Next DV) 1 [] Doctor's office (group practice or doctor's clinic) 2 [] Telephone 3 [] Hospital Outpatient Clinic 4 [] Home 5 [] Hospital Emergency Room 6 [] Company or Industry Clinic 7 [] Other (Specify) _____	3. 0 [] While inpatient in hospital (Next DV) 1 [] Doctor's office (group practice or doctor's clinic) 2 [] Telephone 3 [] Hospital Outpatient Clinic 4 [] Home 5 [] Hospital Emergency Room 6 [] Company or Industry Clinic 7 [] Other (Specify) _____
4. 01 [] General practitioner [] Specialist - What kind of specialist is he? _____	4. 01 [] General practitioner [] Specialist - What kind of specialist is he? _____	4. 01 [] General practitioner [] Specialist - What kind of specialist is he? _____
5. 1 Y 2 N	5. 1 Y 2 N	5. 1 Y 2 N
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b. Y (Enter condition in 6a and change to "Diag. or treatment") N (7) [] Condition reported in 6a	b. Y (Enter condition in 6a and change to "Diag. or treatment") N (7) [] Condition reported in 6a	b. Y (Enter condition in 6a and change to "Diag. or treatment") N (7) [] Condition reported in 6a
c. _____	c. _____	c. _____
7. City _____ County _____ State _____	7. City _____ County _____ State _____	7. City _____ County _____ State _____
8. _____ Minutes	8. _____ Minutes	8. _____ Minutes
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