

2-WEEKS DOCTOR VISITS PAGE

<p>Earlier, you told me that -- had seen or talked to a doctor during the past 2 weeks.</p> <p>2a. On what (other) dates during that 2-week period did -- visit or talk to a doctor?</p> <p>b. Were there any other doctor visits for him during that period?</p> <p>3. Where did he see the doctor on the (date) at a clinic, hospital, doctor's office, or some other place?</p> <p>If Hospital: Was it the outpatient clinic or the emergency room?</p> <p>If Clinic: Was it a hospital outpatient clinic, a company clinic, or some other kind of clinic?</p>	<p>1. Person number _____</p> <p>2a. _____ <div style="text-align: right;">OR { 7777 <input type="checkbox"/> Last week 8888 <input type="checkbox"/> Week before</div> Month _____ Date _____</p> <p>b. Y (Reask 2a and b) N (Ask 3-6 for each visit)</p> <p>3.</p> <p>0 <input type="checkbox"/> While inpatient in hospital (Next DV)</p> <p>1 <input type="checkbox"/> Doctor's office (group practice or doctor's clinic)</p> <p>2 <input type="checkbox"/> Telephone</p> <p>3 <input type="checkbox"/> Hospital Outpatient Clinic</p> <p>4 <input type="checkbox"/> Home</p> <p>5 <input type="checkbox"/> Hospital Emergency Room</p> <p>6 <input type="checkbox"/> Company or Industry Clinic</p> <p>7 <input type="checkbox"/> Other (Specify) _____</p>
<p>4. Was the doctor a general practitioner or a specialist?</p>	<p>4. 01 <input type="checkbox"/> General practitioner <input type="checkbox"/> Specialist -- What kind of specialist is he? _____</p>
<p>5. During this visit (call) did -- actually see (talk to) the doctor?</p>	<p>5. 1 Y 2 N</p>
<p>6a. Why did he visit (call) the doctor on (date) ?</p> <p style="padding-left: 40px;">Write in reason _____</p> <p style="padding-left: 40px;">Mark appropriate box(es)</p>	<p>6a.</p> <p>1 <input type="checkbox"/> Diag. or treatment (6c)</p> <p>3 <input type="checkbox"/> General checkup (6b)</p> <p>2 <input type="checkbox"/> Pre or Postnatal care</p> <p>4 <input type="checkbox"/> Eye exam. (glasses)</p> <p>5 <input type="checkbox"/> Immunization</p> <p>6 <input type="checkbox"/> Other _____ } (Next DV)</p>
<p>b. Was this for any specific condition?</p> <p>Mark box or ask:</p>	<p>b. Y (Enter condition in 6a and change to "Diag. or treatment") N (Next DV)</p> <p><input type="checkbox"/> Condition reported in 6a</p>
<p>c. For what condition did -- visit (call) the doctor on (date) ?</p>	<p>c. _____</p>
<p>FOOTNOTES</p>	
PI	<p>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.</p>

1.	Person number _____	1.	Person number _____	1.	Person number _____
2a.	_____ OR { 7777 <input type="checkbox"/> Last week _____ 8888 <input type="checkbox"/> Week before Month Date	2a.	_____ OR { 7777 <input type="checkbox"/> Last week _____ 8888 <input type="checkbox"/> Week before Month Date	2a.	_____ OR { 7777 <input type="checkbox"/> Last week _____ 8888 <input type="checkbox"/> Week before Month Date
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) _____	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) _____	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.	01 <input type="checkbox"/> General practitioner <input type="checkbox"/> Specialist - What kind of specialist is he? _____	4.	01 <input type="checkbox"/> General practitioner <input type="checkbox"/> Specialist - What kind of specialist is he? _____	4.	01 <input type="checkbox"/> General practitioner <input type="checkbox"/> Specialist - What kind of specialist is he? _____
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 _____ } (Next DV)	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)	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)
b.	Y (Enter condition in 6a and change to "Diag. or treatment") N (Next DV)	b.	Y (Enter condition in 6a and change to "Diag. or treatment") N (Next DV)	b.	Y (Enter condition in 6a and change to "Diag. or treatment") N (Next DV)
c.	<input type="checkbox"/> Condition reported in 6a	c.	<input type="checkbox"/> Condition reported in 6a	c.	<input type="checkbox"/> Condition reported in 6a
FOOTNOTES					
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