

Complete for each SP
(19+: Self; 17-18: Self or parent; Under 17: Parent) **EYE CARE PAGE**

1. Person number **E1** Refer to Flashcard Booklet
 1 Callback required (Next SP)
 2 Eligible resp. available

When people need help or advice about their eyes they go to their regular doctor or someone else who takes care of the eyes. Eye care includes examinations, treatments, and surgery. It also includes fitting or adjusting of contact lenses. Eye care does NOT include visits which were only for adjusting frames.

2. Since (12-month date) a year ago, has -- visited a doctor, eye specialist, or someone else for any type of eye care? Please count times a doctor examined --'s eyes even if the visit was not made only for this purpose.

1 Y
2 N (E3)

3. How many total times since (12-month date) a year ago, has -- visited someone for eye care?

Number

4. How many times did -- visit someone for eye care since the first of (hospital probe month) 1979?

0 None (E3)
Number

5a. On what date did -- visit someone for eye care (the last time)?

Month Date OR 7777 Last week
 8888 Week before

b. Where did -- go for that visit -- to a doctor's office, an optical store, or some other place?

1 Doctor's office (group practice or doctor's clinic)
2 Optical store
 Other - Specify

c. What is the (name and) address of this (place in 5b)?

Name _____
Street _____
City _____ State _____

d. Who did -- see at the (place in 5b) on that visit?

Name _____ Spec. code _____

e. Is (person in 5d) an ophthalmologist, an optometrist, an optician, or some other kind of doctor or specialist?

1 Ophthalmologist
2 Optometrist
3 Optician
 Other - Specify

(E3)

f. Is this person a medical doctor?

1 Y
2 N
9 DK

E2 2+ visits in 4 Other (E3)

6a. On what date did -- visit someone for eye care the time before last?

Month Date OR 7777 Last week
 8888 Week before

b. Where did -- go for that visit -- to a doctor's office, an optical store, or some other place?

1 Doctor's office (group practice or doctor's clinic)
2 Optical store
 Other - Specify

c. What is the (name and) address of this (place in 6b)?

Name _____
Street _____
City _____ State _____

d. Who did -- see at the (place in 6b) on that visit?

Name _____ Spec. code _____

e. Is (person in 6d) an ophthalmologist, an optometrist, an optician, or some other kind of doctor or specialist?

1 Ophthalmologist
2 Optometrist
3 Optician
 Other - Specify

(E2)

f. Is this person a medical doctor?

1 Y
2 N
9 DK

E3 a. MARK FIRST APPROPRIATE BOX.

1 Under 17
2 Present for all questions
3 Present for 1+ questions
4 Not present

b. ENTER PERSON NUMBER(S) OF PERSON WHO RESPONDED

Person No. of respondent(s)

SPECIALTY CODES

1-Ophthalmologist
2-Optometrist
3-Optician
4-M.D. - not ophthalmologist
5-M.D. - DK type
6-Not an M.D.
7-DK if M.D.

E4

1 Complete-Personal visit
2 Complete-telephone
3 Refused
 Other - Specify

Complete for each SP
 (19+: Self; 17-18: Self or parent; Under 17: Parent) **EYE CARE PAGE**

E2

2+ visits in 4 Other (E3)

1. Person number **E1** Refer to Flashcard Booklet

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1 Y
 2 N (E3)

3. How many total times since (12-month date) a year ago, has -- visited someone for eye care?

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4. How many times did -- visit someone for eye care since the first of (hospital probe month) 1979?

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5a. On what date did -- visit someone for eye care (the last time)?

Month Date OR 7777 Last week
 8888 Week before

b. Where did -- go for that visit - to a doctor's office, an optical store, or some other place?

1 Doctor's office (group practice or doctor's clinic)
 2 Optical store
 Other - Specify 7

c. What is the (name and) address of this (place in 5b)?

Name
 Street
 City State

d. Who did -- see at the (place in 5b) on that visit?

Name Spec. code

e. Is (person in 5d) an ophthalmologist, an optometrist, an optician, or some other kind of doctor or specialist?

1 Ophthalmologist
 2 Optometrist
 3 Optician
 Other - Specify 7 (E2)

f. Is this person a medical doctor?

1 Y
 2 N
 9 DK

6a. On what date did -- visit someone for eye care the time before last?

Month Date OR 7777 Last week
 8888 Week before

b. Where did -- go for that visit - to a doctor's office, an optical store, or some other place?

1 Doctor's office (group practice or doctor's clinic)
 2 Optical store
 Other - Specify 7

c. What is the (name and) address of this (place in 6b)?

Name
 Street
 City State

d. Who did -- see at the (place in 6b) on that visit?

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e. Is (person in 6d) an ophthalmologist, an optometrist, an optician, or some other kind of doctor or specialist?

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 2 Optometrist
 3 Optician
 Other - Specify 7 (E3)

f. Is this person a medical doctor?

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E4

1 Complete-Personal visit
 2 Complete-telephone
 3 Refused
 Other - Specify 7