

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: 10px;"> OR } </div> <div> <input type="checkbox"/> 7777 Last week <input type="checkbox"/> 8888 Week before </div> </div> _____ Month Date
2a. On what (other) dates during that 2-week period did -- visit or talk to a doctor?		Y (Reask 2a and b) N (Ask 3-6 for each visit)	
b. Were there any other doctor visits for him during that period?		b.	
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.	<input type="checkbox"/> 0 While inpatient in hospital (Next DV) <input type="checkbox"/> 1 Doctor's office (group practice or doctor's clinic) <input type="checkbox"/> 2 Telephone <input type="checkbox"/> 3 Hospital Outpatient Clinic <input type="checkbox"/> 4 Home <input type="checkbox"/> 5 Hospital Emergency Room <input type="checkbox"/> 6 Company or Industry Clinic <input type="checkbox"/> 7 Other (Specify) _____
4. Was the doctor a general practitioner or a specialist?		4.	<input type="checkbox"/> 01 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.	<input type="checkbox"/> 1 Diag. or treatment (6c) <input type="checkbox"/> 3 General checkup (6b) <input type="checkbox"/> 2 Pre or Postnatal care <input type="checkbox"/> 4 Eye exam. (glasses) <input type="checkbox"/> 5 Immunization <input type="checkbox"/> 6 Other _____ <div style="float: right; margin-top: -20px;"> } (Next DV) </div>
b. Was this for any specific condition?		b. Y (Enter condition in 6a and change to "Diag. or treatment") N (Next DV)	
Mark box or ask:		<input type="checkbox"/> Condition reported in 6a	
c. For what condition did -- visit (call) the doctor on _____ (date)?		c. _____	
FOOTNOTES			
<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 5px; margin-right: 10px; font-weight: bold; font-size: 1.2em;">PI</div> <div> <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> </div> </div>			