

E. 2-WEEK DOCTOR VISITS PROBE PAGE

<p>Read to respondent(s): These next questions are about health care received during the 2 weeks outlined in red on that calendar.</p>		
E1	Refer to age.	E1 <input type="checkbox"/> Under 14 (1b) <input type="checkbox"/> 14 and over (1a)
1a.	During those 2 weeks, how many times did --- see or talk to a medical doctor? (Include all types of doctors, such as dermatologists, psychiatrists, and ophthalmologists, as well as general practitioners and osteopaths.) (Do not count times while an overnight patient in a hospital.)	1a. and b. <input type="checkbox"/> None <input type="text"/> (NP) Number of times
b.	During those 2 weeks, how many times did anyone see or talk to a medical doctor about ---? (Do not count times while an overnight patient in a hospital.)	
2a.	(Besides the time(s) you just told me about) During those 2 weeks, did anyone in the family receive health care at home or go to a doctor's office, clinic, hospital or some other place? Include care from a nurse or anyone working with or for a medical doctor. Do not count times while an overnight patient in a hospital. <input type="checkbox"/> Yes <input type="checkbox"/> No (2a)	
b.	Who received this care? Mark "DR Visit" box in person's column.	2b. <input type="checkbox"/> DR Visit
c.	Anyone else? <input type="checkbox"/> Yes (Reask 2b and c) <input type="checkbox"/> No	
d.	Ask for each person with "DR Visit" in 2b: How many times did --- receive this care during that period?	d. <input type="text"/> Number of times
3a.	(Besides the time(s) you already told me about) During those 2 weeks, did anyone in the family get any medical advice, prescriptions or test results over the PHONE from a doctor, nurse, or anyone working with or for a medical doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No (E2)	
b.	Who was the phone call about? Mark "Phone call" box in person's column.	3b. <input type="checkbox"/> Phone call
c.	Were there any calls about anyone else? <input type="checkbox"/> Yes (Reask 3b and c) <input type="checkbox"/> No	
d.	Ask for each person with "Phone call" in 3b: How many telephone calls were made about ---?	d. <input type="text"/> Number of calls
E2	Add numbers in 1, 2d, and 3d for each person. Record total number of visits and calls in "2-WK. DV" box in item C1.	
<p>FOOTNOTES</p>		

FORM H18-11 (982) (4-4-82)

