

F. 2-WEEK DOCTOR VISITS PAGE

F. 2-WEEK DOCTOR VISITS PAGE		DR VISIT 1
Refer to CI, "2-WK, DV" box.		PERSON NUMBER _____
F1 Refer to age.		F1 <input type="checkbox"/> Under 14 (1b) <input type="checkbox"/> 14 and over (1a)
1a. On what (other) date(s) during these 2 weeks did --- see or talk to a medical doctor, nurse, or doctor's assistant? b. On what (other) date(s) during these 2 weeks did anyone see or talk to a medical doctor, nurse, or doctor's assistant about ---? Ask after last DR visit column for this person: c. Were there any other visits or calls for --- during that period? Make necessary correction to 2-WK, DV box in CI.	1a, and b. Month _____ Date _____ OR { 7777 Last week 8888 Week before	c. 1 <input type="checkbox"/> Yes (Reask 1a or b and c) 2 <input type="checkbox"/> No (Ask 2-5 for each visit)
2. Where did --- receive health care on (date in 1), at a doctor's office, clinic, hospital, some other place, or was this a telephone call? If doctor's office: Was this office in a hospital? If hospital: Was it the outpatient clinic or the emergency room? If clinic: Was it a hospital outpatient clinic, a company clinic, a public health clinic, or some other kind of clinic? If lab: Was this lab in a hospital? What was done during this visit? (Footnote)	2. 01 <input type="checkbox"/> Telephone Not in hospital: Hospital: 02 <input type="checkbox"/> Home 08 <input type="checkbox"/> O.P. clinic 03 <input type="checkbox"/> Doctor's office 09 <input type="checkbox"/> Emergency room 04 <input type="checkbox"/> Co. or ind. clinic 10 <input type="checkbox"/> Doctor's office 05 <input type="checkbox"/> Other clinic 11 <input type="checkbox"/> Lab 06 <input type="checkbox"/> Lab 12 <input type="checkbox"/> Overnight patient 07 <input type="checkbox"/> Other (Specify) _____ 13 <input type="checkbox"/> Other (Specify) _____	
Ask 3b if under 14. 3a. Did --- actually talk to a medical doctor? b. Did anyone actually talk to a medical doctor about ---? c. What type of medical person or assistant was talked to? d. Does the (entry in 3c) work with or for ONE doctor or MORE than one doctor? e. For this [visit/call] what kind of doctor was the (entry in 3c) working with or for - a general practitioner or a specialist? f. Is that doctor a general practitioner or a specialist? g. What kind of specialist?	3a, and b. 1 <input type="checkbox"/> Yes (3f) 8 <input type="checkbox"/> DK if M.D. (3c) 2 <input type="checkbox"/> No (3c) 9 <input type="checkbox"/> DK who was seen (3f)	c. _____ type _____ 99 <input type="checkbox"/> DK d. 1 <input type="checkbox"/> One (3f) 3 <input type="checkbox"/> None (4) 2 <input type="checkbox"/> More 9 <input type="checkbox"/> DK e. 1 <input type="checkbox"/> GP (4) 2 <input type="checkbox"/> Specialist (3g) 9 <input type="checkbox"/> DK (4)
Ask 4b if under 14. 4a. For what condition did --- see or talk to the [doctor/entry in 3c] on (date in 1)? Mark first appropriate box. b. For what condition did anyone see or talk to the [doctor/entry in 3c] about --- on (date in 1)? Mark first appropriate box. c. Was a condition found as a result of the [test(s)/examination] ? d. Was this [test/examination] because of a specific condition --- had? e. During the past 2 weeks was --- sick because of --- pregnancy? f. What was the matter? g. During this [visit/call] was the [doctor/entry in 3c] talked to about any (other) condition? h. What was the condition?	4a, and b. 1 <input type="checkbox"/> Condition (Item C2, THEN 4g) 2 <input type="checkbox"/> Pregnancy (4e) 3 <input type="checkbox"/> Test(s) or examination (4c) 4 <input type="checkbox"/> Other (Specify) _____ (4g)	c. <input type="checkbox"/> Yes (4h) <input type="checkbox"/> No d. <input type="checkbox"/> Yes (4h) <input type="checkbox"/> No (4g) e. <input type="checkbox"/> Yes <input type="checkbox"/> No (4g) f. _____ Condition (Item C2, THEN 4g) g. <input type="checkbox"/> Yes <input type="checkbox"/> No (5) h. <input type="checkbox"/> Pregnancy (4e) _____ Condition (Item C2, THEN 4g)
Mark box if "Telephone" in 2. 5a. Did --- have any kind of surgery or operation during this visit, including bone settings and stitches? b. What was the name of the surgery or operation? If name of operation not known, describe what was done. c. Was there any other surgery or operation during this visit?	5a. 0 <input type="checkbox"/> Telephone in 2 (Next DR visit) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (Next DR visit)	b. (1) _____ (2) _____ c. <input type="checkbox"/> Yes (Reask 5b and c) <input type="checkbox"/> No

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G. HEALTH INDICATOR PAGE

<p>1a. During the 2-week period outlined in red on that calendar, has anyone in the family had an injury from an accident or other cause that you have not yet told me about?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No (2)</p> <hr/> <p>b. Who was this? Mark "Injury" box in person's column.</p> <hr/> <p>c. What was -- injury? Enter injury(ies) in person's column.</p> <hr/> <p>d. Did anyone have any other injuries during that period?</p> <p style="text-align: center;"><input type="checkbox"/> Yes (Reask 1b, c, and d) <input type="checkbox"/> No</p> <p><i>Ask for each injury in 1c:</i></p> <p>e. As a result of the (injury in 1c) did [--/anyone] see or talk to a medical doctor or assistant (about --) or did -- cut down on -- usual activities for more than half of a day?</p>	<p>1b. <input type="checkbox"/> Injury</p> <hr/> <p>c. _____ Injury</p> <hr/> <p>e. <input type="checkbox"/> Yes (Enter injury in C2, THEN re for next injury) <input type="checkbox"/> No (re for next injury)</p>
<p>2. During the past 12 months, (that is, since (12-month date) a year ago) ABOUT how many days did illness or injury keep -- in bed more than half of the day? (Include days while an overnight patient in a hospital.)</p>	<p>2. 000 <input type="checkbox"/> None _____ No. of days</p>
<p>3a. During the past 12 months, ABOUT how many times did [--/anyone] see or talk to a medical doctor or assistant (about --)? (Do not count doctors seen while an overnight patient in a hospital.) (Include the (number in 2-WK DV box) visit(s) you already told me about.)</p> <hr/> <p>b. About how long has it been since [--/anyone] last saw or talked to a medical doctor or assistant (about --)? Include doctors seen while a patient in a hospital.</p>	<p>3a. 000 <input type="checkbox"/> None (3b) 000 <input type="checkbox"/> Only when overnight patient in hospital } (NP) _____ No. of visits</p> <p>b. <input type="checkbox"/> 1 Interview week (Reask 3b) <input type="checkbox"/> 2 Less than 1 yr. (Reask 3a) <input type="checkbox"/> 3 1 yr., less than 2 yrs. <input type="checkbox"/> 4 2 yrs., less than 5 yrs. <input type="checkbox"/> 5 5 yrs. or more <input type="checkbox"/> 0 Never</p>
<p>4. Would you say -- health in general is excellent, very good, good, fair, or poor?</p>	<p>4. <input type="checkbox"/> 1 Excellent <input type="checkbox"/> 4 Fair <input type="checkbox"/> 2 Very good <input type="checkbox"/> 5 Poor <input type="checkbox"/> 3 Good</p>
<p><i>Mark box if under 18.</i></p> <p>5a. About how tall is -- without shoes?</p> <hr/> <p>b. About how much does -- weigh without shoes?</p>	<p>5a. <input type="checkbox"/> Under 18 (NP) _____ Feet _____ Inches</p> <hr/> <p>b. _____ Pounds</p>
<p>FOOTNOTES</p>	

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