

E. 2-WEEK DOCTOR VISITS PROBE PAGE

Read to respondent(s): These next questions are about health care received during the 2 weeks outlined in red on that calendar.		
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. 00 <input type="checkbox"/> None } (NP) <input type="text"/> } 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 (3a)		
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		
Ask for each person with "DR Visit" in 2b.		
d. 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		
Ask for each person with "Phone call" in 3b.		
d. 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.	
FOOTNOTES		

FORM HS-1 (1985) (10-1 B4)

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 those 2 weeks did --- see or talk to a medical doctor, nurse, or doctor's assistant?	1a. and b.	Month _____ Date _____ OR { 7777 <input type="checkbox"/> Last week 8888 <input type="checkbox"/> Week before
b.	On what (other) date(s) during those 2 weeks did anyone see or talk to a medical doctor, nurse, or doctor's assistant about ---?	c.	1 <input type="checkbox"/> Yes (Reask 1a or b and c) 2 <input type="checkbox"/> No (Ask 2-5 for each visit)
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.		
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 02 <input type="checkbox"/> Home 03 <input type="checkbox"/> Doctor's office 04 <input type="checkbox"/> Co. or ind. clinic 05 <input type="checkbox"/> Other clinic 06 <input type="checkbox"/> Hospital 07 <input type="checkbox"/> O.P. clinic 08 <input type="checkbox"/> Emergency room 09 <input type="checkbox"/> Doctor's office 10 <input type="checkbox"/> Lab 11 <input type="checkbox"/> Lab 12 <input type="checkbox"/> Overnight patient (Next DR visit) 13 <input type="checkbox"/> Other (Specify) _____ 14 <input type="checkbox"/> Other (Specify) _____
Ask 3b if under 14.			
3a.	Did --- actually talk to a medical doctor?	3a. and b.	1 <input type="checkbox"/> Yes (3f) 2 <input type="checkbox"/> No (3c)
b.	Did anyone actually talk to a medical doctor about ---?	8	<input type="checkbox"/> DK if M.D. (3c) <input type="checkbox"/> DK who was seen (3f)
c.	What type of medical person or assistant was talked to?	c.	_____ Type 99 <input type="checkbox"/> DK
d.	Does the (entry in 3c) work with or for ONE doctor or MORE than one doctor?	d.	1 <input type="checkbox"/> One (3f) 2 <input type="checkbox"/> More 3 <input type="checkbox"/> None (4) 9 <input type="checkbox"/> DK
e.	For this [visit/call] what kind of doctor was the (entry in 3c) working with or for - a general practitioner or a specialist?	e. and f.	1 <input type="checkbox"/> GP (4) 2 <input type="checkbox"/> Specialist (3g) 9 <input type="checkbox"/> DK (4)
f.	Is that doctor a general practitioner or a specialist?	g.	_____ Kind of specialist
g.	What kind of specialist?		
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.	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)
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.	<input type="checkbox"/> Yes (4h) <input type="checkbox"/> No
c.	Was a condition found as a result of the [test(s)/examination]?	d.	<input type="checkbox"/> Yes (4h) <input type="checkbox"/> No (4g)
d.	Was this [test/examination] because of a specific condition --- had?	e.	<input type="checkbox"/> Yes <input type="checkbox"/> No (4g)
e.	During the past 2 weeks was --- sick because of --- pregnancy?	f.	_____ Condition (Item C2, THEN 4g)
f.	What was the matter?	g.	<input type="checkbox"/> Yes <input type="checkbox"/> No (5)
g.	During this [visit/call] was the [doctor/(entry in 3c)] talked to about any (other) condition?	h.	<input type="checkbox"/> Pregnancy (4e) _____ Condition (Item C2, THEN 4g)
h.	What was the condition?		
Mark box if "Telephone" in 2.			
5a.	Did --- have any kind of surgery or operation during this visit, including bone settings and stitches?	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.	What was the name of the surgery or operation? If name of operation not known, describe what was done.	b.	(1) _____ (2) _____
c.	Was there any other surgery or operation during this visit?	c.	<input type="checkbox"/> Yes (Reask 5b and c) <input type="checkbox"/> No

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