

**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**

- Under 14 (1b)
- 14 and over (1a)

**1 a. 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.)**

**1 a. and b.**

- 00  None
- } (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.)**

**2 a. (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.**

- Yes
- No (3a)

**b. Who received this care? Mark "DR Visit" box in person's column.**

**2b.**

- DR Visit

**c. Anyone else?**

- Yes (Reask 2b and c)
- No

*Ask for each person with "DR Visit" in 2b:*

**d. How many times did — receive this care during that period?**

**d.**

- 
- Number of times

**3 a. (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?**

- Yes
- No (E2)

**b. Who was the phone call about? Mark "Phone call" box in person's column.**

**3b.**

- Phone call

**c. Were there any calls about anyone else?**

- Yes (Reask 3b and c)
- No

*Ask for each person with "Phone call" in 3b:*

**d. How many telephone calls were made about — ?**

**d.**

- 
- 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

F. 2-WEEK DOCTOR VISITS PAGE		DR VISIT 1
Refer to C1, "2-WK. DV" box.		PERSON NUMBER _____
<b>F1</b> Refer to age.		<b>F1</b> <input type="checkbox"/> Under 14 (1b) <input type="checkbox"/> 14 and over (1a)
<b>1 a.</b> On what (other) date(s) during those 2 weeks did — see or talk to a medical doctor, nurse, or doctor's assistant? <b>b.</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 —? <i>Ask after last DR visit column for this person:</i> <b>c.</b> Were there any other visits or calls for — during that period? <i>Make necessary correction to 2-Wk. DV box in C1.</i>		<b>1 a. and b.</b> Month _____ Date _____ OR { 7777 <input type="checkbox"/> Last week 8888 <input type="checkbox"/> Week before <b>c.</b> 1 <input type="checkbox"/> Yes (Reask 1a or b and c) 2 <input type="checkbox"/> No (Ask 2-6 for each visit)
<b>2.</b> 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? <i>If doctor's office: Was this office in a hospital?</i> <i>If hospital: Was it the outpatient clinic or the emergency room?</i> <i>If clinic: Was it a hospital outpatient clinic, a company clinic, a public health clinic, or some other kind of clinic?</i> <i>If lab: Was this lab in a hospital?</i> <b>What was done during this visit? (Footnote)</b>		<b>2.</b> 01 <input type="checkbox"/> Telephone <i>Not in hospital:</i> 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 (6) 07 <input type="checkbox"/> Other (Specify) <input type="checkbox"/> 88 <input type="checkbox"/> Other (Specify) <input type="checkbox"/>
<i>Ask 3b if under 14.</i> <b>3a.</b> Did — actually talk to a medical doctor? <b>b.</b> Did anyone actually talk to a medical doctor about —? <b>c.</b> What type of medical person or assistant was talked to? <b>d.</b> Does the (entry in 3c) work with or for ONE doctor or MORE than one doctor? <b>e.</b> For this (visit/call) what kind of doctor was the (entry in 3c) working with or for — a general practitioner or a specialist? <b>f.</b> Is that doctor a general practitioner or a specialist? <b>g.</b> What kind of specialist?		<b>3a. and b.</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) <b>c.</b> _____ Type _____ 99 <input type="checkbox"/> DK <b>d.</b> 1 <input type="checkbox"/> One (3f) 2 <input type="checkbox"/> More 3 <input type="checkbox"/> None (4) 9 <input type="checkbox"/> DK <b>e. and f.</b> 1 <input type="checkbox"/> GP (4) 2 <input type="checkbox"/> Specialist (3g) 9 <input type="checkbox"/> DK (4) <b>g.</b> _____ Kind of specialist
<i>Ask 4b if under 14.</i> <b>4a.</b> For what condition did — see or talk to the [doctor/(entry in 3c)] on (date in 1)? <i>Mark first appropriate box.</i> <b>b.</b> For what condition did anyone see or talk to the [doctor/(entry in 3c)] about — on (date in 1)? <i>Mark first appropriate box.</i> <b>c.</b> Was a condition found as a result of the [test(s)/examination]? <b>d.</b> Was this [test/examination] because of a specific condition — had? <b>e.</b> During the past 2 weeks was — sick because of her pregnancy? <b>f.</b> What was the matter? <b>g.</b> During this (visit/call) was the [doctor/(entry in 3c)] talked to about any (other) condition? <b>h.</b> What was the condition?		<b>4a. and b.</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) 8 <input type="checkbox"/> Other (Specify) <input type="checkbox"/> _____ (4g) <b>c.</b> <input type="checkbox"/> Yes (4h) <input type="checkbox"/> No <b>d.</b> <input type="checkbox"/> Yes (4h) <input type="checkbox"/> No (4g) <b>e.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (4g) <b>f.</b> _____ (Item C2, THEN 4g) <b>g.</b> Condition _____ <input type="checkbox"/> Yes <input type="checkbox"/> No (5) <b>h.</b> <input type="checkbox"/> Pregnancy (4e) Condition _____ (Item C2, THEN 4g)
<i>Mark box if "Telephone" in 2.</i> <b>5a.</b> Did — have any kind of surgery or operation during this visit, including bone settings and stitches? <b>b.</b> What was the name of the surgery or operation? <i>If name of operation not known, describe what was done.</i> <b>c.</b> Was there any other surgery or operation during this visit?		<b>5a.</b> 0 <input type="checkbox"/> Telephone in 2 (Next Dr. visit) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (6) <b>b.</b> (1) _____ (2) _____ <b>c.</b> <input type="checkbox"/> Yes (Reask 5b and c) <input type="checkbox"/> No
<i>Go to next DV if "Home" in 2.</i> <b>6.</b> In what city (town), county, and State is the (place in 2) located?		<b>6.</b> City/County _____ / _____ State/ZIP Code _____ / _____

FORM HIS-1 (1991) (8-27-90)