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)*

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.)

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.)

1a. and b. 00 ☐ None

☐ (NP)

Number of times

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.

☐ 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

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?

☐ 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** _____
F1 Refer to age.	**F1** □ Under 14 (1b) □ 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? **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 — —? *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 C1.*	**1a.** **and b.** ___ ___ OR { 7777 □ Last week Month Date 8888 □ Week before **c.** 1 □ Yes (Reask 1a or b and c) 2 □ No (Ask 2–6 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 □ Telephone **Not in hospital:** **Hospital:** 02 □ Home 08 □ O.P. clinic 03 □ Doctor's office 09 □ Emergency room 04 □ Co. or Ind. clinic 10 □ Doctor's office 05 □ Other clinic 11 □ Lab . 06 □ Lab 12 □ Overnight patient (6) 07 □ Other (Specify) ⤵ 88 □ 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 □ Yes (3f) 8 □ DK if M.D. (3c) 2 □ No (3c) 9 □ DK who was seen (3f) **c.** _____ Type 99 □ DK **d.** 1 □ One (3f) 2 □ More 3 □ None (4) 9 □ DK **e. and f.** 1 □ GP (4) 2 □ Specialist (3g) 9 □ DK (4) **g.** _____ 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.* **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 her 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 □ Condition (Item C2, THEN 4g) 2 □ Pregnancy (4e) 3 □ Test(s) or examination (4c) 8 □ Other (Specify) ⤵ _____ (4g) **c.** □ Yes (4h) □ No **d.** □ Yes (4h) □ No (4g) **e.** □ Yes □ No (4g) **f.** _____ Condition (Item C2, THEN 4g) **g.** □ Yes □ No (5) **h.** □ 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 □ Telephone in 2 (Next 1 □ Yes 2 □ No (6) Dr. visit) **b.** (1) _____ (2) _____ **c.** □ Yes (Reask 5b and c) □ No
Go to next DV if "Home" in 2. **6.** In what city (town), county, and State is the *(place in 2)* located?	**6.** City/County _____ / State/ZIP Code _____ /