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.

<table>
<thead>
<tr>
<th>E1</th>
<th>Refer to age.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a.</td>
<td>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.) <em>(Do not count times while an overnight patient in a hospital.)</em></td>
</tr>
<tr>
<td>b.</td>
<td>During those 2 weeks, how many times did anyone see or talk to a medical doctor about ——? <em>(Do not count times while an overnight patient in a hospital.)</em></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>E1</th>
<th>Refer to age.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a.</td>
<td>Under 14 (1b)</td>
</tr>
<tr>
<td>b.</td>
<td>14 and over (1a)</td>
</tr>
<tr>
<td>1a.</td>
<td>None</td>
</tr>
<tr>
<td>b.</td>
<td>Number of times</td>
</tr>
</tbody>
</table>

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.

2b. Who received this care? Mark “DR Visit” box in person’s column.

2c. Anyone else?

2d. How many times did —— receive this care during that period?

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?

3b. Who was the phone call about? Mark “Phone call” box in person’s column.

3c. Were there any calls about anyone else?

3d. How many telephone calls were made about ——?

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

**Refer to C1, "2-WK. DV" box.**

### PERSON NUMBER

<table>
<thead>
<tr>
<th>F1</th>
<th>Refer to C1.</th>
</tr>
</thead>
</table>

### DR VISIT 1

<table>
<thead>
<tr>
<th>F1</th>
<th>Refer to C1.</th>
</tr>
</thead>
</table>

#### 1a. On what (other) date(s) during those 2 weeks did — see or talk to a medical doctor, nurse, or doctor’s assistant? [Ask last DR visit column for this person.]

- **Yes** (Ask 1b or c)
- **No** (Ask 2 or each visit)

#### 1b. 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 last DR visit column for this person.]

- **Yes** (Ask 1b or c)
- **No** (Ask 2 or each visit)

#### 1c. Were there any other visits or calls for — during that period? Make necessary correction to 2-Wk. DV box in C1.

#### 2a. 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?

- **Doctor's office**
- **Hospital:**
  - **Inpatient**
  - **Emergency room**
- **Clinic:**
  - **Outpatient**
  - **Public health clinic**
- **Lab:**
  - **Outpatient**
  - **Emergency**
  - **Outpatient**
  - **Emergency**

#### 2b. On what (other) date(s) during those 2 weeks did anyon see or talk to a medical doctor, nurse, or doctor’s assistant about —?

#### 2c. What other visits or calls for — during that period? (Footnote)

#### 3a. Did actually talk to a medical doctor?

- **Yes** (Ask 3b)
- **No** (Ask 3 or each visit)

#### 3b. For what condition did see or talk to a medical doctor about —?

#### 3c. What kind of medical person or assistant was talked to?

- **Specialist**
- **General practitioner**
- **Other**

#### 3d. Does the (entry in 3c) work with or for ONE doctor or MORE than one doctor?

- **One doctor**
- **More than one doctor**
- **Don't know**

#### 4a. For what condition did see or talk to the (doctor/entry in 3c) on (date in 1)? Mark first appropriate box.

#### 4b. For what condition did anyone see or talk to the (doctor/entry in 3c) about — on (date in 1)? Mark first appropriate box.

#### 4c. Was a condition found as a result of the (visit/call) examination?

- **Yes**
- **No**

#### 4d. Was this (visit/call) examination because of a specific condition — had?

- **Yes**
- **No**

#### 4e. During the past 2 weeks was — sick because of her pregnancy?

- **Yes**
- **No**

#### 4f. What was the matter?

#### 4g. During this (visit/call) was the (doctor/entry in 3c) talked to about any other condition?

#### 4h. What was the condition?

#### 5a. Did — have any kind of surgery or operation during this visit, including bone settings and stitches?

- **Yes** (Ask 5b or c)
- **No** (Ask 6 or 5b and c)

#### 4b. What was the name of the surgery or operation? If name of operation not known, describe what was done.

#### 5c. Were there any other surgery or operation during this visit?

**Go to next DV if "Home" in 2.**

#### 6a. In what city (town), county, and State is the (place in 2) located?

<table>
<thead>
<tr>
<th>City/County</th>
<th>Stat/ZIP Code</th>
</tr>
</thead>
</table>