

E. 2-WEEK DOCTOR VISITS PROBE PAGE			
<i>Read to respondent:</i> These next questions are about health care received during the 2 weeks outlined in red on that calendar.			
E1	<i>Refer to age.</i>	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.) 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.	<input type="checkbox"/> None <input style="width: 50px; height: 20px;" type="text"/> } (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.			
<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 <i>Ask for each person with "DR Visit" in 2b:</i>		d.	<input style="width: 50px; height: 20px;" 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 <i>Ask for each person with "Phone call" in 3b:</i>		d.	<input style="width: 50px; height: 20px;" type="text"/> Number of calls
E2 <i>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.</i>			
FOOTNOTES			

F. 2-WEEK DOCTOR VISITS PAGE		DR VISIT 1
Refer to C1, "2-WK. DV" box.		PERSON NUMBER _____
F1	Refer to age.	F1 <input type="checkbox"/> Under 14 (1b) <input type="checkbox"/> 14 and over (1a)
1 a. On what (other) date(s) during those 2 weeks did — see or talk to a medical doctor, nurse, or doctor's assistant?	1 a. and b. Month _____ Date _____ OR { 7777 <input type="checkbox"/> Last week 8888 <input type="checkbox"/> Week before	1 a. and 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 —?	c. 1 <input type="checkbox"/> Yes (Reask 1a or b and c) 2 <input type="checkbox"/> No (Ask 2-6 for each visit)	c.
<i>Ask after last DR visit column for this person:</i> c. Were there any other visits or calls for — during that period? Make necessary correction to 2-Wk. DV box in C1.		2.
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? <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> What was done during this visit? (Footnote)	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"/> Lab 07 <input type="checkbox"/> Other (Specify) ▾	Hospital: 08 <input type="checkbox"/> O.P. clinic 09 <input type="checkbox"/> Emergency room 10 <input type="checkbox"/> Doctor's office 11 <input type="checkbox"/> Lab 12 <input type="checkbox"/> Overnight patient (b) 88 <input type="checkbox"/> Other (Specify) ▾
<i>Ask 3b if under 14.</i> 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		c.
d. _____		d. 1 <input type="checkbox"/> One (3f) 2 <input type="checkbox"/> More 3 <input type="checkbox"/> None (4) 9 <input type="checkbox"/> DK
e. and f. _____		e. and f. 1 <input type="checkbox"/> GP (4) 2 <input type="checkbox"/> Specialist (3g) 9 <input type="checkbox"/> DK (4)
g. _____ Kind of specialist _____		g.
<i>Ask 4b if under 14.</i> 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 <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) ▾
c. _____ (4g)		c. <input type="checkbox"/> Yes (4h) <input type="checkbox"/> No
d. _____		d. <input type="checkbox"/> Yes (4h) <input type="checkbox"/> No (4g)
e. _____		e. <input type="checkbox"/> Yes <input type="checkbox"/> No (4g)
f. _____ (Item C2, THEN 4g)		f.
g. _____ Condition _____		g. <input type="checkbox"/> Yes <input type="checkbox"/> No (5)
h. _____ (Item C2, THEN 4g)		h. <input type="checkbox"/> Pregnancy (4e)
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 (6)
<i>Go to next DV if "Home" in 2.</i> 6. In what city (town), county, and State is the (place in 2) located?		5a. (1) _____ (2) _____
		c. <input type="checkbox"/> Yes (Reask 5b and c) <input type="checkbox"/> No
		6. City/County _____ / _____ State/ZIP Code _____ / _____