

<b>DOCTOR VISITS (1)</b>		First Visit	Dum.				
	1. Person number <span style="float: right; border: 1px solid black; display: inline-block; width: 60px; height: 20px;"></span>						
Record each date on which a Doctor was visited in a separate question 2a of the Doctor Visits questions.	Earlier you told me that -- had seen or talked to a doctor during the past 2 weeks.						
	2a. On what dates during that 2-week period did -- visit or talk to a doctor? Month <span style="float: right; border: 1px solid black; display: inline-block; width: 30px; height: 20px;"></span> Day <span style="float: right; border: 1px solid black; display: inline-block; width: 30px; height: 20px;"></span>						
Ask and record the answer to question 2b on the last set of Doctor Visits questions for each person.	b. Were there any other doctor visits for -- during that period? <input type="checkbox"/> Yes--Reask Q. 2a <input type="checkbox"/> No--Ask Q. 3-5 for each visit						
FOOTNOTES:	3. Where did -- see the doctor on the (Date)? <i>Mark one</i> 01 <input type="checkbox"/> Home                      20 <input type="checkbox"/> Doctor's Office                      40 <input type="checkbox"/> Hospital Out-patient Clinic                      70 <input type="checkbox"/> Health Department 10 <input type="checkbox"/> Telephone                      30 <input type="checkbox"/> Pre-paid Insurance Group                      50 <input type="checkbox"/> Hospital Emergency Room                      80 <input type="checkbox"/> Company or Industry 90 <input type="checkbox"/> Other--Specify _____ xx <input type="checkbox"/> While inpatient in hospital --Stop						
	4. How much was the doctor's bill for that visit (call)? If bill not received, ask: How much do you expect the doctor's bill to be for that visit (call)?	<table border="1" style="margin: auto; border-collapse: collapse;"> <thead> <tr> <th style="width: 50px;">Dollars</th> <th style="width: 50px;">Cents</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </tbody> </table>		Dollars	Cents		
Dollars	Cents						
	5. Is the doctor a general practitioner or a specialist? <input type="checkbox"/> General Practitioner <input type="checkbox"/> Specialist If "Specialist" ask: What kind of specialist is he? <span style="float: right;">→</span>	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 150px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>					
<b>DOCTOR VISITS (2)</b>		First Visit	Dum.				
	1. Person number <span style="float: right; border: 1px solid black; display: inline-block; width: 60px; height: 20px;"></span>						
Record each date on which a Doctor was visited in a separate question 2a of the Doctor Visits questions.	Earlier you told me that -- had seen or talked to a doctor during the past 2 weeks.						
	2a. On what dates during that 2-week period did -- visit or talk to a doctor? Month <span style="float: right; border: 1px solid black; display: inline-block; width: 30px; height: 20px;"></span> Day <span style="float: right; border: 1px solid black; display: inline-block; width: 30px; height: 20px;"></span>						
	b. Were there any other doctor visits for -- during that period? <input type="checkbox"/> Yes--Reask Q. 2a <input type="checkbox"/> No--Ask Q. 3-5 for each visit						
FOOTNOTES:	3. Where did -- see the doctor on the (Date)? <i>Mark one</i> 01 <input type="checkbox"/> Home                      20 <input type="checkbox"/> Doctor's Office                      40 <input type="checkbox"/> Hospital Out-patient Clinic                      70 <input type="checkbox"/> Health Department 10 <input type="checkbox"/> Telephone                      30 <input type="checkbox"/> Pre-paid Insurance Group                      50 <input type="checkbox"/> Hospital Emergency Room                      80 <input type="checkbox"/> Company or Industry 90 <input type="checkbox"/> Other--Specify _____ xx <input type="checkbox"/> While inpatient in hospital --Stop						
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