

Section H. Other Health Care Providers

TIME THIS SECTION BEGINS RECORDED HERE
TSST06H

H1. INTERVIEWER: CHECK A5

(Circle One)

A5 IS CODED 1 1

A5 IS CODED 2 2 → SKIP TO H3

H2. You told me you received care from another kind of medical practitioner. In the last 6 months did you visit:

IF YES:
How many visits
(during the last 6 months)?

	<u>NO</u>	<u>YES</u>		
B06H02A1 a. An optometrist?	2	1 →	_____	B06H02A2
B06H02B1 b. A foot doctor?	2	1 →	_____	B06H02B2
B06H02C1 c. A nutritionist?	2	1 →	_____	B06H02C2
B06H02D1 d. A chiropractor?	2	1 →	_____	B06H02D2
B06H02E1 e. Some other practitioner?	2	1 →	_____	B06H02E2

H3. INTERVIEWER: CHECK A6

(Circle One)

A6 IS CODED 1 1

A6 IS CODED 2 2 → SKIP TO H5

H4. You said you visited alternative therapists, such as practitioners of holistic medicine, massage therapists, acupuncturists, or herbalists. How many visits to alternative therapists did you make in the last 6 months?

B06H04 VISITS: _____

H5. INTERVIEWER: CHECK A7

(Circle One)

A7 IS CODED 1 1

A7 IS CODED 2 2 → SKIP TO I1

H6. You told me you bought or replaced some medical equipment. During the last 6 months what kind of equipment did you buy or replace? (HAND R CARD #30)

(Circle All That Apply)

- B06H06A** EYEGASSES / CONTACT LENSES 1
- B06H06B** CANE 2
- B06H06C** WHEELCHAIR / WALKER 3
- B06H06D** HOSPITAL BED 4
- B06H06E** NEBULIZER 5
- B06H06F** OTHER MEDICAL EQUIPMENT 6