

CHANGES AFTER THE BASIC EXAMINATION FOLLOW-UP EXAMINATION

Name: _____ Locality: _____

Personal identification code

Id number:

1. Have you seen a physician after your last mobile clinic examination?

No

Yes

2. What for?

New illness

Illnesses: 1.	_____	<input type="checkbox"/>
2.	_____	<input type="checkbox"/>
3.	_____	<input type="checkbox"/>
4.	_____	<input type="checkbox"/>

3. Have you been in hospital after your last mobile clinic examination?

No

Yes

4. For what illness? In which hospital?

Illness

New
illness

Name of hospital or sanatorium

1.	_____	<input type="checkbox"/>	_____
2.	_____	<input type="checkbox"/>	_____
3.	_____	<input type="checkbox"/>	_____

5. Have you taken any medicine prescribed by a physician in the past 3 months?

No

Yes

6. What medicine (name)?

New

1.	_____	<input type="checkbox"/>	6.	_____	<input type="checkbox"/>
2.	_____	<input type="checkbox"/>	7.	_____	<input type="checkbox"/>
3.	_____	<input type="checkbox"/>	8.	_____	<input type="checkbox"/>
4.	_____	<input type="checkbox"/>	9.	_____	<input type="checkbox"/>
5.	_____	<input type="checkbox"/>	10.	_____	<input type="checkbox"/>

7. Have you stopped taking any medicine prescribed by a physician after your last mobile clinic examination?

No

Yes

8. What is the name of the medicine you have stopped taking and for what reason?

Physician's
order

Other
reason

1.	_____	<input type="checkbox"/>	<input type="checkbox"/>
2.	_____	<input type="checkbox"/>	<input type="checkbox"/>

9. Have you received any other treatment (than medication) after your last mobile clinic examination?

No
Yes

10. What kind of treatment? For what illnesses?

Treatment	Illness
1. _____	_____
2. _____	_____
3. _____	_____