(If "Yes" to a, ask b-d):

b. How many times have you been diagnosed for this condition in the past?	c. In what year did (this/each of these episodes) begin? *(Record earliest 2 diagnoses.)*	d. Are you currently being seen by a doctor for this condition?
# times_____	1st: 19 _____	Yes 1
DK 98	*DK . . 98*	No 2
	2nd: 19 _____	
	DK . . 98	
# times_____	1st: 19 _____	Yes 1
DK 98	*DK . . 98*	No 2
	2nd: 19 _____	
	DK . . 98	
# times_____	1st: 19 _____	Yes 1
DK 98	*DK . . 98*	No 2
	2nd: 19 _____	
	DK . . 98	
# times_____	1st: 19 _____	Yes 1
DK 98	*DK . . 98*	No 2
	2nd: 19 _____	
	DK . . 98	

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