

DOCTOR VISITS (1)		1. Person number	First Visit	Dum.
Record each date on which a doctor was visited in a separate question 2a.	Earlier, you told me that -- had seen or talked to a doctor during the past 2 weeks.		Month	Day
Ask and record the answer to question 2b on the last set of Doctor Visits questions for each person.	2a. On what (other) dates during that 2-week period did -- visit or talk to a doctor? b. Were there any other doctor visits for -- during that period? <input type="checkbox"/> Yes (Reask 2a and b) <input type="checkbox"/> No (Ask 3-6 for each visit)			
FOOTNOTES:	3. Where did -- see the doctor on the (date), at a doctor's office, a clinic or some other place? (Mark one box)	<input type="checkbox"/> While inpatient in hospital (STOP) <input type="checkbox"/> Home <input type="checkbox"/> Telephone <input type="checkbox"/> Doctor's office <input type="checkbox"/> Pre-paid Ins. Group <input type="checkbox"/> Hospital Out-Patient Clinic <input type="checkbox"/> Hospital Emergency Room <input type="checkbox"/> Health Department <input type="checkbox"/> Company or Industry <input type="checkbox"/> Other (Specify) →		
	4a. How much was the doctor's bill for that visit (call)?		Dollars	Cents
	If bill not received, ask: b. How much do you expect the doctor's bill to be for that visit (call)?		Dollars	Cents
	5. Is the doctor a general practitioner or a specialist? 01 <input type="checkbox"/> General Practitioner <input type="checkbox"/> Specialist What kind of specialist is he? →			
	6a. Why did you visit (call) a doctor on (date)? Write in and mark appropriate box(es)	1 <input type="checkbox"/> Diag. or treatment (6b) 2 <input type="checkbox"/> Pre or Post natal care (Next DV) 3 <input type="checkbox"/> General check-up (Next DV)	4 <input type="checkbox"/> Eye exam. (glasses) 5 <input type="checkbox"/> Immunization 6 <input type="checkbox"/> Other	(Next DV)
	If 2 or more doctor visits for person and no condition reported in 6a, ask: b. For what condition did you visit the doctor on this date?	Write in		Washington Use
These next questions are about health insurance. We are interested in all kinds of HEALTH insurance plans except those which pay only for accidents.				
	32a. (Not counting Social Security Medicare) Is anyone in the family covered by hospital insurance, that is, a health insurance plan which pays any part of a hospital bill? <input type="checkbox"/> Yes <input type="checkbox"/> No (32d)		32a.	
	b. Who (else) is covered by hospital insurance? If all persons are covered, go to 32d		b, c.	8 <input type="checkbox"/> Covered 0 <input type="checkbox"/> Not covered
	c. (Again not counting Medicare) Is anyone else in the family covered by a health insurance plan which pays any part of a hospital bill? <input type="checkbox"/> Yes (32b) <input type="checkbox"/> No			
	d. (Besides Medicare) Is anyone in the family covered by any health insurance plan which pays any part of a surgeon's bill? <input type="checkbox"/> Yes <input type="checkbox"/> No (32)			
	e. Who (else) is covered by surgical insurance? If all persons are covered, go to 33		e, f.	8 <input type="checkbox"/> Covered 0 <input type="checkbox"/> Not covered
	f. Is anyone else in the family covered by a health insurance plan (besides Medicare) which pays any part of a surgeon's bill? <input type="checkbox"/> Yes (32e) <input type="checkbox"/> No			
				0 <input type="checkbox"/> Under 65 (NP)
IF 65 OR OVER, ASK:	33. (These next questions are about Social Security Medicare.) Does -- have a Medicare card? <input type="checkbox"/> Yes (NP) <input type="checkbox"/> No (NP)		33.	
	If "Yes" for one or more persons in Q. 33, ask: 34. It would be helpful if I could see --, --, Medicare card(s) to determine the coverage. May I please see this (these) card(s)? (Transcribe the information from the card or check the appropriate "No card" box.)		34.	From card: 1 <input type="checkbox"/> Hospital } NP 2 <input type="checkbox"/> Medical } No card: 4 <input type="checkbox"/> Can't loc. } NI 5 <input type="checkbox"/> Refused } 6 <input type="checkbox"/> Other }
	For each person with BOTH "Hospital" and "Medical" boxes BLANK in Q. 34, ask: 35a. Is -- covered by that part of Social Security Medicare which pays for hospital bills? b. Is -- covered by that part of Medicare which pays for doctor's bills, that is, the Medicare plan for which he or some agency must pay \$4.00 a month?		35a.	<input type="checkbox"/> Yes <input type="checkbox"/> No
			b.	<input type="checkbox"/> Yes (NP) <input type="checkbox"/> No (NP)
I	For each person, check Q's 32 through 35 and determine if "Covered" by either insurance or Medicare or "Not covered." 36. (Many people do not carry health insurance for various reasons.) Would you mind telling me why -- does not have health insurance?		36.	0 <input type="checkbox"/> Covered (NP) <input type="checkbox"/> Not covered (36)
	If 17 years old or over, ask: 37a. What is the highest grade -- attended in school? b. Did -- finish the -- grade (year)?		37a.	<input type="checkbox"/> None (38a) <input type="checkbox"/> Und. 17 (N?) Elem: 1 2 3 4 5 6 7 8 High: 9 10 11 12 College: 1 2 3 4 5+ <input type="checkbox"/> Yes <input type="checkbox"/> No
	Ask for all males 17 years or over: 38a. Did -- ever serve in the Armed Forces of the United States? b. Was any of his service during a war? c. Was any of his service between June 27, 1950, and January 31, 1955? d. Was any of his service after January 31, 1955?		38a.	<input type="checkbox"/> Female (NP) <input type="checkbox"/> Yes (38b) <input type="checkbox"/> No (NP) <input type="checkbox"/> DK b. <input type="checkbox"/> Yes (NP) <input type="checkbox"/> No (38c) <input type="checkbox"/> DK c. <input type="checkbox"/> Yes (NP) <input type="checkbox"/> No (38d) <input type="checkbox"/> DK d. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK