CY 1971

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION
ROCKVILLE, MARYLAND 20852

NATIONAL CENTER FOR
HEALTH STATISTICS

SURVEY OF FAMILY MEDICAL EXPENSES

ASSURANCE OF CONFIDENTIALITY:

All information which would permit identification of an individual, or of an establishm. nt, will be held confidential, will be used only by persons engaged in and for the purpose of the survey, and will be protected against disclosure in accordance with provisions of 42 CFR Part 1.

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READ AND FILL THIS PAGE FIRST

ITEM A

Please list below the names of each family member NOW living at home beginning with the Head of the family.

	Names of Family Members	Relationship to Family Head	Sex (Check one)	Person's age on last birthday:
1.	______	Head	☐ Male ☐ Female	______ years old
2.	______	______	☐ Male ☐ Female	______ years old
3.	______	______	☐ Male ☐ Female	______ years old
4.	______	______	☐ Male ☐ Female	______ years old
5.	______	______	☐ Male ☐ Female	______ years old
6.	______	______	☐ Male ☐ Female	______ years old
7.	______	______	☐ Male ☐ Female	______ years old
8.	______	______	☐ Male ☐ Female	______ years old
9.	______	______	☐ Male ☐ Female	______ years old
10.	______	______	☐ Male ☐ Female	______ years old

Are any family members now living at this household on full-time active duty with the Armed Forces of the United States?

(Check one box)

☐ No ☐ Yes

Who is this?

______
Name of Family Member

______
Name of Family Member

What is the highest grade or year the HEAD of the family completed in school?

(Circle one)
Elementary: 1 2 3 4 5 6 7 8
High School: 9 10 11 12
College: 1 2 3 4 5+

ITEM B

Besides the family members that you have listed above, is there anyone else living with you now, such as friends or roomers?

(Check one box)

☐ No *(Go to next page)* ☐ Yes

Please list below the name of each person not related to you who is now living at this household.

Names of Other Persons

1. ______
2. ______
3. ______
4. ______
5. ______

The term "THIS FAMILY" in each of the questions on the following pages refers to all members of your family that you have listed in Item A on the page to the left.

HEALTH INSURANCE

1. During 1970, that is, from January 1, 1970, to December 31, 1970, how much did THIS FAMILY spend on health insurance premiums for plans that pay for any part of a hospital bill or a doctor's bill?

DOLLARS	CENTS

or

☐ This family did not pay any insurance premiums

Include:

Amount deducted from paycheck for health insurance premiums

Amount deducted from Social Security check for Medicare

Amount paid directly to health insurance plans or to Social Security for Medicare

Do not include:

Health insurance plans that pay only in the case of accidents

Employer or union contributions

PAYMENTS MADE FOR PERSONS NOT LISTED IN ITEM A ON THIS QUESTIONNAIRE

2. During 1970, did THIS FAMILY pay any medical expenses for any person who is NOT listed in Item A on the page to the left?

This might include expenses for children now away at school or parents, other relatives or friends now in nursing homes or elsewhere, or who are deceased.

These expenses may include bills from doctors, dentists, optometrists, hospitals, nursing homes, health insurance premiums, cost of prescription medicine, eye glasses, and so forth.

(Check one box)

☐ No ☐ Yes

TYPE OF MEDICAL EXPENSE	Amount This Family Paid DOLLARS	CENTS
____________________	$	
____________________	$	
____________________	$	

3. What income group best describes THIS FAMILY'S total combined income during 1970?

(Check one box)

☐ Less than $3,000
☐ $3,000 - $4,999
☐ $5,000 - $6,999
☐ $7,000 - $9,999
☐ $10,000 - $14,999
☐ $15,000 - $24,999
☐ $25,000+

4. Please print below the name of the person or persons who are completing this form.

Name ____________________

Name ____________________

FILL ONE PAGE FOR EACH FAMILY MEMBER NOW LIVING IN THIS HOUSEHOLD WRITE IN THE PERSON'S NAME BELOW BEFORE ANSWERING THE QUESTIONS ABOUT HIM:

The following medical and dental expenses were for ______________________
Write in Name of Family Member

All questions on this page should be answered even though the person may not have had any medical or dental expenses in 1970. If the person did not have any expense of a certain kind during 1970, be sure to make a mark in the "no bills paid" box. The amounts you give below should only include what THIS FAMILY paid, NOT any payments made by health insurance or some other person or agency. Do not include payments you made if health insurance has or will reimburse you. IF EXACT AMOUNTS ARE NOT KNOWN, PLEASE ENTER YOUR BEST ESTIMATE.

DENTAL BILLS PAID

1. How much did THIS FAMILY spend on dental bills for this person during 1970, that is, from January 1, 1970, to December 31, 1970?

INCLUDE amounts spent for:
Cleanings, Fillings, Straightening, X-rays, Dental surgery, Extractions, Bridgework, Dental laboratory fees, Other services from a dentist or hygienist

DOLLARS $ | CENTS
or
☐ No dental bills paid for this person

DOCTORS' BILLS PAID

2. How much did THIS FAMILY spend on doctor bills for this person during 1970?

INCLUDE amounts spent for:
Routine doctor visits, Treatments, Check-ups, Doctor fees while a patient in a hospital, Operations, Deliveries, Pregnancy care, Laboratory fees, Shots, Other services by a medical doctor

DOLLARS $ | CENTS
or
☐ No doctor bills paid for this person

HOSPITAL BILLS PAID

3. How much did THIS FAMILY spend on hospital bills for this person during 1970?

INCLUDE amounts spent for:
Room and board, Operating and delivery rooms, Anesthesia, Tests, X-rays, Special treatments, Any other hospital services

DOLLARS $ | CENTS
or
☐ No hospital bills paid for this person

PAYMENTS MADE FOR PRESCRIPTION MEDICINE

4. About how much did THIS FAMILY spend on medicine for this person during 1970 that was purchased on a DOCTOR'S OR DENTIST'S PRESCRIPTION?

INCLUDE amounts spent for:
Medicines only if they were prescribed by a doctor or dentist

DOLLARS $ | CENTS
or
☐ No prescribed medicines bought for this person

PAYMENTS MADE FOR EYEGLASSES, CONTACT LENSES OR OPTOMETRIST'S BILLS

5. During 1970 how much did THIS FAMILY spend on eyeglasses, contact lenses, or optometrists' fees for this person?

DOLLARS $ | CENTS
or
☐ No amount paid for these items

PAYMENTS MADE FOR "OTHER" MEDICAL BILLS

6a. How much did THIS FAMILY spend on other medical expenses for this person during 1970?

Do not include any expenses which you have already recorded. Do not include amounts spent for medicines of any kind.

INCLUDE amounts spent for such expenses as:
Chiropractors' or Podiatrists' fees, Hearing aid, Special braces, trusses, wheelchair or artificial limbs, Physical or Speech Therapy, Special nursing care, Nursing Home or Convalescent Home care

DOLLARS $ | CENTS
or
☐ No amount paid for these items

6b. What type of medical expense did this person have?

____
Type of Medical Expense

7. Check one of the following boxes:

☐ Referred to records for all dollar amounts entered on this page.

☐ Referred to records for some but not all dollar amounts entered on this page.

☐ Did not refer to any records.