

These next questions are about health insurance.

Und. 65 (NP)

IF 65 OR OVER, ASK:

1a. Is -- covered by that part of Social Security Medicare which pays for hospital bills? 1a. 1 Y 2 N 9 DK

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 a certain amount each month? b. 1 Y 2 N 9 DK (NP) (NP) (NP)

For each person with "DK" in Q. 1a or b, ask:

2. May I please see the Social Security Medicare card(s) for -- (and --) to determine the type of coverage? 2. 1 Hospital 2 Medical 3 Card not seen } (NP)

(Transcribe the information from the card or mark the "Card not seen" box.)

We are interested in all kinds of health insurance plans except those which pay only for accidents.

3a. (Not counting Medicare) Is anyone in the family covered by hospital insurance, that is, a health insurance plan which pays any part of a hospital bill? Y (3b, c) N (3d)

b. What is the name of the plan? (Record in Table H.I.)

c. Is anyone in the family covered by any other hospital insurance plan? Y (3b, c) N (3d)

d. Is anyone in the family covered by a (any other) health insurance plan which pays any part of a doctor's or surgeon's bill? Y N (Complete Table H.I. for each plan. If no plans reported, go to I)

e. What is the name of the plan? (Record in Table H.I.; reask 3d)

TABLE H.I.		Which members of the family are covered by (name of plan)? Circle person numbers Is anyone else in the family covered under this policy?	Was this insurance plan obtained through an employer, union, or some other group?	Is this plan NOW carried through a group or as an individual plan?	To receive services under this plan must you and your family go to certain clinics or doctors?
Name of plan (a)		(b)	(c)	(d)	(e)
A		1 2 3 4 5 6 7 8 9 10	1 Y 2 N 9 DK	1 <input type="checkbox"/> Group 2 <input type="checkbox"/> Ind. 9 DK	1 Y 2 N 9 DK
B		1 2 3 4 5 6 7 8 9 10	1 Y 2 N 9 DK	1 <input type="checkbox"/> Group 2 <input type="checkbox"/> Ind. 9 DK	1 Y 2 N 9 DK

Table H.I.—Continued

Does this -- plan pay any part of hospital expenses?	Does this -- plan pay any part of doctor's or surgeon's bills for operations?	Does this plan pay any part of a doctor's bill for office visits or home calls?	Does this plan pay any part of a doctor's bill for office visits or home calls after a certain amount has been paid by the family?	What do you like most about this -- plan?	What do you like least about this -- plan?	When was the last time any member of your family used this -- plan?
(f)	(g)	(h)	(i)	(j)	(k)	(l)
1 Y 2 N 9 DK	1 Y 2 N 9 DK	1 Y (j) 2 N 9 DK	1 Y 2 N 9 DK			000 <input type="checkbox"/> Nev. used 2 ___ Wks. 3 ___ Mos. 4 ___ Yrs.
1 Y 2 N 9 DK	1 Y 2 N 9 DK	1 Y (j) 2 N 9 DK	1 Y 2 N 9 DK			000 <input type="checkbox"/> Nev. used 2 ___ Wks. 3 ___ Mos. 4 ___ Yrs.

①

I For each person, review Q's. 1 and 2 and Table H.I. and determine if "Covered" by either Medicare or insurance or "Not covered."

I 1  Covered (NP)  
2  Not covered (NP)

Ask for each person "Not covered"  
(Many people do not carry health insurance for various reasons)

4. Which of these statements (Hand Card N) best describes why -- is not covered by any health insurance plan? Any other reason? Circle all reasons given

4. 1 2 3 4 5 6  
7 (Specify) →

5a. Is anyone in the family covered by an insurance plan which pays any part of a dentist bill for routine or regular care? 1 Y 2 N (4f)

5b. Which members of the family are covered?  Covered

		<input type="checkbox"/> Under 17 (NP) 00 <input type="checkbox"/> None (42) Elem: 1 2 3 4 5 6 7 8 High: 9 10 11 12 College: 1 2 3 4 5+
If 17 years old or over, ask: 41a. What is the highest grade or year --- attended in school?		41a.
b. Did --- finish the --- grade (year)?		b. 1 Y 2 N
Ask for all males 17 years or over: 42a. Did --- ever serve in the Armed Forces of the United States?		42a. 2 Y 1 N (43)
b. When did he serve? Circle code in descending order of priority. Thus if person served in Vietnam and in Korea, circle VN.		b. 1 VN 4 WWI 2 KW 5 OS 3 WWII 6 DK
43a. Did --- work at any time last week or the week before - (For females): not counting work around the house?		43a. 1 Y (44a) 2 N
b. Even though --- did not work during these 2 weeks, does he have a job or business?		b. 1 Y 2 N
c. Was he looking for work or on layoff from a job?		c. 1 Y 2 N (Omit 43d)
d. Which - looking for work or on layoff from a job?		d. 1 <input type="checkbox"/> Looking 3 <input type="checkbox"/> Both 2 <input type="checkbox"/> Layoff
Ask for all persons with a "Yes" in 43a, b, or c.  If "Yes" in 43c only, questions 44a through 44d apply to this person's LAST full-time civilian job.	44a. Who does (did) --- work for?	44a. Employer
	b. What kind of business or industry is this?	b. Industry
	c. What kind of work is (was) --- doing?	c. Occupation
	Fill 44d from entries in 44a-44c; if not clear, ask: d. Class of worker	d. 1 <input type="checkbox"/> Pv't. pd. 5 <input type="checkbox"/> Non-pd. 2 <input type="checkbox"/> Gov. Fed. 6 <input type="checkbox"/> Nev. wk'd. 3 <input type="checkbox"/> Gov. oth. 4 <input type="checkbox"/> Own - If not a farm, ask: is the business Y incorporated? N
Please look at this card - (Show Card 1)		Group 03 <input type="checkbox"/> D 07 <input type="checkbox"/> H
45. Which of these income groups represents your total combined family income for the past 12 months - that is yours, your ---'s etc.? Include income from all sources such as wages, salaries, social security or retirement benefits, help from relatives, rent from property, and so forth.		45. 00 <input type="checkbox"/> A 04 <input type="checkbox"/> E 08 <input type="checkbox"/> I 01 <input type="checkbox"/> B 05 <input type="checkbox"/> F 09 <input type="checkbox"/> J 02 <input type="checkbox"/> C 06 <input type="checkbox"/> G 10 <input type="checkbox"/> K

CARD C

Conditions reported for which questions 3a-3e need not be asked:

- Acne
- Appendicitis
- Arteriosclerosis
- Athlete's foot
- Bronchitis (any kind)
- Bunions
- Bursitis
- Calluses
- Chickenpox
- Cold
- Corns
- Croup
- Diabetes
- Epilepsy
- Gallstones
- Goiter
- Hardening of the arteries
- Hay fever
- Hemorrhoids or piles
- Hernia (all types)
- Kidney stones
- Laryngitis
- Migraine headache
- Mumps
- Phlebitis (Thrombophlebitis)
- Pneumonia
- Pregnancy
- Sciatica
- Sinus trouble (Sinusitis)
- Strep (Streptococcus) throat
- Tonsillitis
- Ulcer (duodenal, stomach, peptic or gastric only)
- Warts
- Whooping cough

C

CARD E

"EXTRA CASH" INSURANCE PLAN DEFINED

It is a health insurance plan which pays a fixed amount of money for each day or week the policy holder is a patient overnight in the hospital. This type of health insurance almost always pays the money directly to the policy holder. Payments are made to the policy holder regardless of what other types of health insurance coverage the person may have.

FORM HIS-502  
(12-15-71)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

EXTRA CASH INSURANCE FLASHCARD  
HEALTH INTERVIEW SURVEY

CARD H

1. Total or partial payment by self or family
2. Social Security Medicare
3. Hospital insurance or Doctor Visit insurance
4. Workmen's Compensation
5. Accident insurance carried by family or someone outside the family
6. Armed Forces Dependent Care (CHAMPUS)
7. Veteran's Benefits
8. Medicaid
9. Welfare
10. Other (Some other source)

H

CARD I

- Under \$1,000 (including loss) . . . Group A
- \$ 1,000 - \$ 1,999 . . . . . Group B
- \$ 2,000 - \$ 2,999 . . . . . Group C
- \$ 3,000 - \$ 3,999 . . . . . Group D
- \$ 4,000 - \$ 4,999 . . . . . Group E
- \$ 5,000 - \$ 5,999 . . . . . Group F
- \$ 6,000 - \$ 6,999 . . . . . Group G
- \$ 7,000 - \$ 9,999 . . . . . Group H
- \$10,000 - \$14,999 . . . . . Group I
- \$15,000 - \$24,999 . . . . . Group J
- \$25,000 and over . . . . . Group K

I  
INCOME