

HEALTH INSURANCE PAGE			
These next questions are about health insurance.			<input type="checkbox"/> 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 1a or b, ask: 2. May I please see the Social Security Medicare card(s) for -- (and --) to determine the type of coverage? (Transcribe the information from the card or mark the "Card not seen" box.)	2.	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical <input type="checkbox"/> Card not seen
We are interested in all kinds of health insurance plans except those which pay only for accidents.		TABLE H.I.	
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 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 (Reask 3b and c) N d. Is anyone in the family covered by any (other) health insurance plan which pays any part of a DOCTOR'S or SURGEON'S bill? Y N (4) e. What is the name of the plan? (Record in Table H.I., reask 3d)	PLAN 1	4.	<input type="checkbox"/> Covered (NP) <input type="checkbox"/> Not covered (NP)
	5a. GROUP 1 Y 2 N 9 DK		
	b. HOSPITAL 1 Y 2 N 9 DK		
	c. SURGICAL 1 Y 2 N 9 DK		
	d. DR. VISIT 1 Y (4) 2 N 9 DK		
	PLAN 2	4.	<input type="checkbox"/> Covered (NP) <input type="checkbox"/> Not covered (NP)
	5a. GROUP 1 Y 2 N 9 DK		
	b. HOSPITAL 1 Y 2 N 9 DK		
	c. SURGICAL 1 Y 2 N 9 DK		
	d. DR. VISIT 1 Y (4) 2 N 9 DK		
	e. DEDUCTIBLE 1 Y 2 N 9 DK		
	PLAN 3	4.	<input type="checkbox"/> Covered (NP) <input type="checkbox"/> Not covered (NP)
	5a. GROUP 1 Y 2 N 9 DK		
	b. HOSPITAL 1 Y 2 N 9 DK		
	c. SURGICAL 1 Y 2 N 9 DK		
	d. DR. VISIT 1 Y (4) 2 N 9 DK		
	e. DEDUCTIBLE 1 Y 2 N 9 DK		
Ask for each Plan listed in Table H.I. If no plans, go to I.	4. Is -- covered under this (name) Plan?	I	<input type="checkbox"/> Covered (NP) <input type="checkbox"/> Not covered (NP)
	5a. Was this (name) Plan obtained through an employer, union, or some other group?		
	b. Does this plan pay any part of hospital expenses?		
	c. Does this plan pay any part of doctor's or surgeon's bills for operations?		
	d. Does this plan pay any part of a doctor's bill for office visits or home calls?		
	e. 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?		
I	For each person, review 1 and 2 and 4 for each plan and determine if "Covered" by either Medicare or insurance, or "Not covered."	I	<input type="checkbox"/> Covered (NP) <input type="checkbox"/> Not covered (NP)
Ask for each person "Not covered." Many people do not carry health insurance for various reasons (Hand Card N)			
6a. Which of those statements describes why -- is not covered by any health insurance plan? Any other reason? Circle all reasons given →		6a.	1 2 3 4 5 6 Other (Specify) <u>7</u>
Mark box or ask: b. What is the MAIN reason -- is not covered by any health insurance plan?		b.	<input type="checkbox"/> Only one reason 1 2 3 4 5 6 Other (Specify) <u>7</u>

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

CARD N

- 1. CAN'T OBTAIN INSURANCE BECAUSE OF AGE, ILLNESS, OR POOR HEALTH.
- 2. DON'T BELIEVE IN INSURANCE.
- 3. DISSATISFIED WITH PREVIOUS INSURANCE.
- 4. DON'T NEED HEALTH INSURANCE BECAUSE CARE RECEIVED THROUGH MEDICARE, MEDICAID OR WELFARE.
- 5. HAVE BEEN HEALTHY, NOT MUCH SICKNESS IN THE FAMILY, HAVEN'T NEEDED HEALTH INSURANCE.
- 6. TOO EXPENSIVE, CAN'T AFFORD HEALTH INSURANCE.
- 7. OTHER REASON.

CARD O

- 1. DON'T KNOW WHO TO GO TO.
- 2. IT COSTS TOO MUCH.
- 3. NO ONE IN THIS AREA STRAIGHTENS TEETH.
- 4. CANNOT GET APPOINTMENT.
- 5. THINKS BRACES OR BANDS WOULD BE UNATTRACTIVE.
- 6. DENTIST OR ORTHODONTIST ADVISED US TO WAIT.
- 7. DON'T HAVE TIME.
- 8. TOO MUCH PAIN AND DISCOMFORT INVOLVED.
- 9. OTHER REASON

CARD M

- 1. HEALTH CARE IS TOO EXPENSIVE.
- 2. HAVE PROBLEMS GETTING TO AND FROM THE DOCTOR.
- 3. CAN'T GET APPOINTMENTS WHEN WANTED.
- 4. OFFICE HOURS ARE INCONVENIENT
- 5. DOCTORS NEVER SPEND ENOUGH TIME WITH ME WHEN I SEE THEM.
- 6. OTHER REASON.