

| MEDICAL CARE PAGE<br>(SAMPLE PERSONS ONLY)   | Person number _____ |   |
|--|---------------------|---|
| 1. Is there ONE particular doctor or place -- usually goes to when he is sick or when you need advice about his health?  |                     | 1 Y                      2 N (11)   |
| 2a. Where do you go for this care or advice for --, to a clinic, hospital, doctor's office, or some other place?<br><br>If Hospital: Is this an outpatient clinic or the emergency room?<br><br>If Clinic: Is this a hospital outpatient clinic, a company clinic, or some other kind of clinic? |                     | <input type="checkbox"/> 1 Private doctor's office (5)<br><input type="checkbox"/> 2 Home (5)<br><input type="checkbox"/> 3 Doctor's clinic (2b)<br><input type="checkbox"/> 4 Group practice<br><input type="checkbox"/> 5 Hospital Outpatient Clinic<br><input type="checkbox"/> 6 Hospital Emergency Room<br><input type="checkbox"/> 7 Company or Industry Clinic<br><input type="checkbox"/> Other (Specify) <u>      </u> |
| b. Is this a group practice clinic -- that is, does it consist of three or more doctors who share the same equipment?  |                     | 1 Y                      2 N                      9 DK  |
| 3a. What is the name of this (place) ?<br><br>_____  |                     |   |
| b. During the past 12 months, that is, since (date) a year ago, how many times did you see or talk to a doctor at this place about --?   |                     | _____ Visits      000 <input type="checkbox"/> None   |
| c. If something bothered you about --'s health, would you first go to (name of place), or would you try to determine what was wrong and go to the type of place most appropriate for this kind of trouble?   |                     | <input type="checkbox"/> 1 Go to regular place first<br><input type="checkbox"/> 2 Select most appropriate place<br><input type="checkbox"/> Other (Specify) <u>      </u>  |
| 4a. Is there a PARTICULAR doctor -- usually sees at (name of place) ?  |                     | 1 Y                      2 N (M1)   |
| b. Is this doctor a general practitioner or a specialist?  |                     | <input type="checkbox"/> 01 General practitioner (M1)<br><input type="checkbox"/> Specialist --<br><br>What kind of specialist is he? <u>      </u> (M1)  |
| 5a. What is the name of this doctor?<br><br>_____  |                     | <input type="checkbox"/> 2+ Doctors (2b)  |
| b. During the past 12 months, that is, since (date) a year ago, how many times did you see or talk to (name of doctor) about --?   |                     | _____ Visits      000 <input type="checkbox"/> None   |
| c. Is this doctor part of a group practice -- that is, does he work with two or more other doctors and share the same equipment?   |                     | 1 Y                      2 N                      9 DK  |
| 6. Is this doctor a general practitioner or a specialist?  |                     | <input type="checkbox"/> 01 General practitioner<br><input type="checkbox"/> Specialist --<br>What kind of specialist is he? <u>      </u>  |

|  |  |
|--|--|
| <p>7. If something bothered you about --'s health, would you first go to <u>(name of doctor)</u>, or would you try to determine what was wrong and select the most appropriate specialist?</p> | <p>1 <input type="checkbox"/> Go to regular doctor first<br/>         2 <input type="checkbox"/> Select most appropriate specialist<br/> <input type="checkbox"/> Other (Specify) <u>✓</u></p> |
|--|--|

|           |   |
|-----------|---|
| <b>M1</b> | Refer to "12 Mo. DV" box at top of person's column and mark as appropriate:    1 <input type="checkbox"/> 12-month DV (8)    2 <input type="checkbox"/> No 12-month DV (17) |
|-----------|---|

|   |  |
|---|--|
| 8a. (Besides <u>(name of doctor)</u> ) During the past 12 months has -- seen a (any other) doctor at a private doctor's office? | 1 Y                      2 N (9)                     |
| b. During that period, how many (other) doctors has -- seen at a private doctor's office?                                       | 1 <input type="checkbox"/> One<br>_____ Doctors (8d) |
| c. Did <u>(name of doctor/place)</u> EVER refer -- to this doctor?  | 1 Y (9)                      2 N (9)                 |
| d. Did <u>(name of doctor/place)</u> EVER refer -- to ANY of these other doctors?   | 1 Y                      2 N (9)                     |
| e. Did <u>(name of doctor/place)</u> refer -- to ALL of these other doctors?  | 1 Y                      2 N                         |

|   |                                    |   |
|---|------------------------------------|---|
| 9. During the past 12 months has -- seen a doctor at (any of the following places) -- |                                    | Did <u>(name of doctor/place)</u> refer him to this place?<br>(1) |
| a. (A/any other) hospital emergency room?   | 1 Y (Col. 1)              2 N (9b) | 1 Y              2 N  |
| b. (A/any other) hospital outpatient clinic?  | 1 Y (Col. 1)              2 N (9c) | 1 Y              2 N  |
| c. (A/any other) company or industry clinic?  | 1 Y (Col. 1)              2 N (9d) | 1 Y              2 N  |
| d. (A/any other) public health clinic?  | 1 Y (Col. 1)              2 N (9e) | 1 Y              2 N  |
| e. (A/any other) neighborhood health center?  | 1 Y (Col. 1)              2 N (10) | 1 Y              2 N  |

|  |                                   |                            |
|--|-----------------------------------|----------------------------|
| 10a. During the past 12 months has -- seen a doctor at any other type of place? (Do not include doctors seen while a patient in a hospital.) | 1 Y                      2 N (14) |                            |
| b. What type of place was this?  | Type of place<br>_____ (Col. 1)   | 1 Y } (Reask 10e)<br>2 N } |
|  | Type of place<br>_____ (Col. 1)   | 1 Y } (Reask 10a)<br>2 N } |

|  |   |
|--|---|
| <p>11. Many people do not have ONE particular doctor. (Hand Card D) Which of those statements best describes why you don't have one particular doctor or place for medical care for ---?</p>   | <p>1                      2                      3</p> <p>Other (Specify) _____</p> <p>_____</p>  |
| <p><b>M2</b></p>   | <p>Refer to "12 Mo. DV" box at top of person's column and mark as appropriate:      1 <input type="checkbox"/> 12 Month DV (12)      2 <input type="checkbox"/> No 12 Month DV (17)</p>                                 |
| <p>12. During the past 12 months, has --- seen a doctor at any of the following places --</p> <p>a. A private doctor's office? -----</p> <p>b. A hospital emergency room? -----</p> <p>c. A hospital outpatient clinic? -----</p> <p>d. A company or industry clinic? -----</p> <p>e. A public health clinic? -----</p> <p>f. A neighborhood health center? -----</p>            | <p>1 Y                      2 N</p> <p>1 Y                      2 N</p> <p>1 Y                      2 N</p> <p>1 Y                      2 N</p> <p>1 Y                      2 N</p> <p>1 Y                      2 N</p> |
| <p>13a. During the past 12 months, has --- seen a doctor at any other type of place?<br/>(Do not include doctors seen while a patient in a hospital.)</p> <p>b. What type of place was this?</p>   | <p>1 Y                      2 N (14)</p> <p>Type of place</p> <p>_____ (Reask 13a)</p> <p>Type of place</p> <p>_____ (Reask 13a)</p>  |
| <p>14. During the past 12 months did you get medical advice for --- from ANY doctor over the telephone?</p>  | <p>1 Y                      2 N</p>   |
| <p>15. During the past 12 months has ANY doctor come to your home to give --- medical care?</p>  | <p>1 Y                      2 N</p>   |
| <p>Hand Card H</p> <p>16a. During the past 12 months, which of those sources paid any part of ---'s doctor bills? -----</p> <p>b. During that period, did any other source pay any part of his doctor bills? -----</p> <p>If "1" is circled in 16a, go to 17; otherwise ask:</p> <p>c. During the past 12 months, did you or your family pay any part of ---'s doctor bills?</p> | <p>1 2 3 4 5 6 7 8 9 10</p> <p>Other (Specify) _____</p> <p>Y (Reask 16a)      N</p> <p>1 Y                      2 N</p>  |

|                  |   | During the past 12 months, did this problem ever DELAY you in getting medical care for --? |           | During the past 12 months, did this problem ever PREVENT you from getting medical care for --? |             |
|------------------|---|--|-----------|--|-------------|
|                  |   | (1)  |           | (2)  |             |
| 17.              | During the past 12 months, have you had any problems getting medical care for -- (for any of the following reasons) - |  |           |  |             |
| a.               | Because no doctor was available when you needed one?  | 1 Y (Col. 1)   | 2 N (17b) | 1 Y  | 2 N         |
| b.               | Because of how much it cost?  | 1 Y (Col. 1)   | 2 N (17c) | 1 Y  | 2 N         |
| c.               | Because you didn't know where to go?  | 1 Y (Col. 1)   | 2 N (17d) | 1 Y  | 2 N         |
| d.               | Because you didn't have a way to get to the doctor?   | 1 Y (Col. 1)   | 2 N (17e) | 1 Y  | 2 N         |
| e.               | Because the office hours weren't convenient?  | 1 Y (Col. 1)   | 2 N (18)  | 1 Y  | 2 N         |
| 18.              | During the past 12 months, have you had any problem getting an appointment for -- as soon as you felt he needed one?  | 1 Y (Col. 1)   | 2 N (19)  | 1 Y  | 2 N         |
| 19a.             | During the past 12 months, have you had any other problem getting medical care for --?                                | 1 Y  | 2 N (20)  |  |             |
| b.               | What problem did you have?  |  |           | 1 Y } (Reask 19a)  |             |
|                  | _____ (Col. 1)  | 1 Y  | 2 N       | 2 N }  |             |
|                  | _____ (Col. 1)  | 1 Y  | 2 N       | 1 Y }  | (Reask 19a) |
|                  | _____ (Col. 1)  |  |           | 2 N }  |             |
| 20a.             | In general do you feel -- is getting as much medical care as he needs?<br>Hand Card M                                 |  |           | 1 Y (21)   | 2 N         |
| b.               | Which of those statements describes why -- isn't getting enough medical care?<br>Any other reason?                    |  |           | 1 2 3 4 5  |             |
|                  | Circle all reasons given  |  |           | Other (Specify) _____  |             |
| 21.              | During the past 12 months, has -- received any services from any of the following persons -                           |  |           |  |             |
| a.               | A chiropractor?   |  |           | 1 Y  | 2 N         |
| b.               | An optometrist?   |  |           | 1 Y  | 2 N         |
| c.               | A podiatrist or chiropodist?  |  |           | 1 Y  | 2 N         |
| d.               | A physical therapist?   |  |           | 1 Y  | 2 N         |
| RM<br>RESPONDENT | Show who responded for the Hypertension and Medical Care Pages.   |  |           | 1 <input type="checkbox"/> Responded for self  |             |
|                  | If other than self respondent, give reason for accepting a proxy.   |  |           | Person _____ was respondent  |             |
|                  |   |  |           | 0 <input type="checkbox"/> Under 17  |             |
|                  |   |  |           | 1 <input type="checkbox"/> Mentally incompetent  |             |
|                  |   |  |           | 2 <input type="checkbox"/> Physically incompetent  |             |

#### CARD D

1. HAVEN'T NEEDED A DOCTOR.
2. HAVEN'T BEEN ABLE TO FIND THE RIGHT DOCTOR.
3. GO TO A NUMBER OF DIFFERENT DOCTORS DEPENDING UPON WHAT IS WRONG.
4. OTHER REASON.

#### CARD H

1. SELF OR FAMILY.
2. SOCIAL SECURITY MEDICARE.
3. HEALTH 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. PROFESSIONAL COURTESY.
11. OTHER SOURCE.

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.