



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

NATIONAL CENTER FOR
 HEALTH STATISTICS

Dear Friend:

Your household has just taken part in a health interview conducted by the Bureau of the Census for the U.S. Public Health Service. We greatly appreciate your cooperation in providing us with this information.

Another area of great concern today is the cost of health care in our country. We, therefore, ask you to provide us with information about the amount of money you, your family, and other relatives living with you spent for medical care during 1974 by answering the few questions on this form. Please use any records such as bills, receipts, or check stubs, that would help you in answering the questions. If you cannot supply the exact amounts from your records, give the best estimate you can.

We would appreciate your completing the attached questionnaire within FIVE DAYS, and returning it in the enclosed preaddressed envelope which requires no postage. If a delay cannot be avoided and you cannot answer and return your form during this time, please fill in the information and return it as soon as possible. Since this study is based on a scientific sample of the total population, it is important that each household return a completed questionnaire.

Please be assured that the Bureau of the Census and the U.S. Public Health Service hold as confidential all the information you provide. Thus, the results of this voluntary survey will be issued only in the form of statistical totals from which no individual can be identified.

Thank you for your cooperation.

Sincerely yours,

Robert R. Fuchsberg
 Director
 Division of Health Interview Statistics

ASSURANCE OF CONFIDENTIALITY: All information which would permit identification of the individual will be held in strict confidence, will be used only by persons engaged in and for the purposes of the survey, and will not be disclosed or released to others for any purposes.

FOR OFFICE USE ONLY:

| a. PSU | b. Segment | c. Serial | d. Col. of head | e. Interviewer's name | Code |
|--------|------------|-----------|-----------------|-----------------------|------|
| | | | | | |

GENERAL INSTRUCTIONS

1. Fill a separate page for the family member whose name is entered at the top. Answer all questions on the page even though the person may not have had any medical or dental expenses in 1974. If the person did not have any expense of a certain kind during 1974, mark the "No bills paid" box. The amounts you give should only include what THIS FAMILY paid, NOT any payments made by health insurance or some other person or agency. IF EXACT AMOUNTS ARE NOT KNOWN, PLEASE ENTER YOUR BEST ESTIMATE.

2. Do not include any amounts paid (or to be paid) by:
 - Health insurance
 - Workmen's compensation
 - Non-profit organizations such as the "Polio Foundation"
 - Charitable or Welfare Organizations
 - Military Services
 - Veterans Administration
 - Federal, State, City, or County Governments

3. If there are any babies in the household who were born during the past 12 months, the hospital and doctor bills relating to the baby's birth should be reported on the page for the mother. All other medical expenditures relating to the baby's health should be reported on the page for the baby.

Please answer the following questions for _____

Person No.

| | |
|--|--|
| | |
|--|--|

DENTAL BILLS PAID

1. How much did THIS FAMILY spend on dental bills for this person during 1974, that is, from January 1, 1974, to December 31, 1974?

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 | |
| <input type="checkbox"/> No dental bills paid for this person | |

DOCTORS' BILLS PAID

2. How much did THIS FAMILY spend on doctor bills for this person during 1974?

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 | |
| <input type="checkbox"/> No doctor bills paid for this person | |

HOSPITAL BILLS PAID

3. How much did THIS FAMILY spend on hospital bills for this person during 1974?

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

| | |
|---|-------|
| DOLLARS | CENTS |
| \$ | \$ |
| or | |
| <input type="checkbox"/> 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 1974 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 | |
| <input type="checkbox"/> No prescribed medicines bought for this person | |

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

5. During 1974 how much did THIS FAMILY spend on eyeglasses, contact lenses, or optometrists' fees for this person?

| | |
|---|-------|
| DOLLARS | CENTS |
| \$ | \$ |
| or | |
| <input type="checkbox"/> 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 1974?

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 | |
| <input type="checkbox"/> 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:

- 1 Referred to records for all dollar amounts entered on this page.
- 2 Referred to records for some but not all dollar amounts entered on this page.
- 3 Did not refer to any records.

HEALTH INSURANCE

1. During 1974, 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 | |
| <input type="checkbox"/> 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 ON THIS QUESTIONNAIRE

2. During 1974, did THIS FAMILY pay any medical expenses for anyone whose name does NOT appear on this questionnaire?

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, eyeglasses, and so forth.

No

(Check one box)

Yes

TYPE OF MEDICAL EXPENSE

Amount This Family Paid

| | |
|---------|-------|
| DOLLARS | CENTS |
| \$ | |
| DOLLARS | CENTS |
| \$ | |
| DOLLARS | CENTS |
| \$ | |

3. Please print below the name of the person or persons who completed this form.

Name _____

Name _____

NOTE: Before returning this questionnaire, please check to see that you have filled in an answer for EACH question for EACH person listed on the questionnaire, even though the person did not have any medical or dental expenses during 1974.