**HMO PAGE**

In some parts of the country medical care is provided by Health Maintenance Organizations or HMO's. A "Health Maintenance Organization" or "HMO" is a medical group in which one doctor or a group of doctors provides medical care to all members, including office visits and hospital services. This medical care is provided for a fixed amount paid at regular intervals.

<table>
<thead>
<tr>
<th>RI</th>
<th>☐ Head ☐ Spouse ☐ Other</th>
<th>(1-11)</th>
</tr>
</thead>
</table>

1. Have you ever heard the term, "Health Maintenance Organization," or "HMO"?  
   - ☐ Y ☐ N ☐ DK

2. Have you ever heard the term, "Prepaid Group Practice Plan"?  
   - ☐ Y ☐ N ☐ DK

   if "Y" in 1 or 2, ask: otherwise go to 7

3a. Can you name (a Health Maintenance Organization or a prepaid group practice plan)?  
   - ☐ Y ☐ N (7)

b. What is the name?  

4a. Does anyone in the family belong to a Health Maintenance Organization or a prepaid group practice plan?  
   - ☐ Y ☐ N (7) ☐ DK (7)

b. What is the name? Record in Table P below.

c. Does anyone in the family belong to any other Health Maintenance Organization or prepaid group practice plan?  
   - ☐ Y (Rerack 4b) ☐ N ☐ DK

<table>
<thead>
<tr>
<th>TABLE P</th>
<th>ASK FOR EACH PLAN LISTED IN TABLE P</th>
</tr>
</thead>
</table>

**Plan 1**

5a. Name of plan

b. Who is the policyholder or subscriber of this (name) plan?

c. How long has (name of subscriber) belonged to this (name) plan?
   - 1 mos. 2 yrs.

6a. Does —— belong to this (name) plan?

b. Does he ever see a doctor who is not a part of this plan?

c. Why does —— sometimes see other doctors?

d. Is there any other reason —— sometimes sees doctors who are not part of this plan?

<table>
<thead>
<tr>
<th>☐ Belongs</th>
<th>☐ Does not belong (NP)</th>
</tr>
</thead>
</table>

**Plan 2**

5a. Name of plan

b. Who is the policyholder or subscriber of this (name) plan?

c. How long has (name of subscriber) belonged to this (name) plan?
   - 1 mos. 2 yrs.

6a. Does —— belong to this (name) plan?

b. Does he ever see a doctor who is not a part of this plan?

c. Why does —— sometimes see other doctors?

d. Is there any other reason —— sometimes sees doctors who are not part of this plan?

| ☐ Belongs | ☐ Does not belong (NP) |

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68
79. (Besides plan) Is anyone in the family covered by a health insurance plan which pays any part of a hospital, doctor's, or surgeon's bill? Y 2 N (10) DK (10)

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

c. Is anyone in the family covered by any other health insurance plan? Y (Reask 7b and c) N

<table>
<thead>
<tr>
<th>TABLE H. I.</th>
<th>ASK FOR EACH PLAN LISTED IN TABLE H. I.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan 1</td>
<td></td>
</tr>
<tr>
<td>8a. Name of plan</td>
<td></td>
</tr>
<tr>
<td>b. Who is the policyholder or subscriber of this (name) plan?</td>
<td>9. Is — covered under this (name) plan?</td>
</tr>
<tr>
<td>Plan 2</td>
<td></td>
</tr>
<tr>
<td>8a. Name of plan</td>
<td></td>
</tr>
<tr>
<td>b. Who is the policyholder or subscriber of this (name) plan?</td>
<td>9. Is — covered under this (name) plan?</td>
</tr>
<tr>
<td>Plan 3</td>
<td></td>
</tr>
<tr>
<td>8a. Name of plan</td>
<td></td>
</tr>
<tr>
<td>b. Who is the policyholder or subscriber of this (name) plan?</td>
<td>9. Is — covered under this (name) plan?</td>
</tr>
</tbody>
</table>

10. Is there ONE particular doctor or place — usually goes to when he is sick or when you need advice about his health? Y 2 N (NP)

11. Where do you go for this care or advice for ——, to a clinic, hospital, doctor’s office, or some other place?

   If Hospital: Is this an outpatient clinic or the emergency room?

   If Clinic: Is this an hospital outpatient clinic, a company clinic, or some other kind of clinic?

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0 □ Resp. SP 19+ (NP)
1 □ Not SP at SP under 19 (NP)
2 □ Sp 19+ callback required (NP)
3 □ SP 19+ avail. (12–14)

12. Have you ever heard the term, “Health Maintenance Organization,” or “HMO”? Y 2 N 8 DK

13. Have you ever heard the term, “Prepaid Group Practice Plan”? Y 2 N 8 DK

   If “Y” in 12 or 13, ask; otherwise go to NP.

14a. Can you name (a Health Maintenance Organization/or prepaid group practice plan)? Y 2 N (NP)

b. What is the name?

<table>
<thead>
<tr>
<th>Name of plan</th>
<th></th>
</tr>
</thead>
</table>