

M. DOCTOR SERVICE PAGE

DR VISIT 1

Refer to "2-Week Doctor Visits Page," and complete for each visit, or mark box.

No 2-week doctor visits for family (M2)

3-4

Person number _____

5-6

M1

Refer to question 2 on 2-Week Doctor Visits Page and mark appropriate box.

M1

- 1 Telephone call } (Next DR visit)
 2 Home visit
 8 Other (1)

7

Hand calendar.

Refer to questions 1 and 2 on "2-Week Doctor Visits Page" for date and type of health care facility.

1a. Earlier you told me that during the two weeks outlined in red on that calendar, --- received health care [on (date)/last week/the week before last]. In what city, county, and State is the (place in 2) located?

1a.

City 8-11

County 12-14

State 15-16

b. How long did it take for --- to get to this (place) this time?

Hand Card M.

c. Which letters explain why --- went to this (place) this time?

Mark all that apply.

b.

_____ Minutes 17-19

c.

1 **A.** Place used for nearly all medical care 20

1 **B.** Especially good for treating this condition 21

1 **C.** Convenient to home 22

1 **D.** Convenient to work/shopping 23

1 **E.** Referred by a doctor 24

1 **F.** Referred by friend/relative 25

1 **G.** Only place available 26

1 **H.** Health insurance plan requires 27

1 **I.** Emergency 28

1 **J.** Other (Specify) 29

d. Any other reason?

d.

Yes (Reask 1c and d) No

30
NCN

FOOTNOTES

M. DOCTOR SERVICE PAGE, Continued

PERSON 1

M2

Refer to "BD" box above person's column.

No 2-week bed days for family (Next page)

M2

1 BD box marked (2)
8 Other (NP)

5

Hand calendar.

2. Earlier you told me that during the 2 weeks outlined in red on that calendar, --- stayed in bed more than half a day because of illness or injury. Did a doctor advise --- to stay in bed during that time?

2.

1 Yes
2 No
9 DK

6

FOOTNOTES

Card M

- A. Place used for nearly all medical care**
- B. Especially good for treating this condition**
- C. Convenient to home**
- D. Convenient to work or shopping**
- E. Referred by a doctor**
- F. Referred by friend or relative**
- G. Only place available**
- H. Health insurance plan requires**
- I. Emergency**
- J. Some other reason — Specify**

Card J

Card M

(Cut along broken line)

FORM HES 501 (1983) (4-29-83)

CARD N

- 1. Job layoff, job loss, or any reasons related to unemployment**
- 2. Can't obtain insurance because of poor health, illness, or age**
- 3. Too expensive, can't afford health insurance**
- 4. Dissatisfied with previous insurance**
- 5. Don't believe in insurance**
- 6. Have been healthy, not much sickness in the family, haven't needed health insurance**
- 7. Covered by some other health plan**
- 8. Some other reason — Specify**

Form HES 501 (1983) (4-29-83)

MEDICARE

| | |
|---------------------------------------|--------------------------|
| Health Insurance | |
| SOCIAL SECURITY ACT | |
| NAME OF BENEFICIARY JOHN Q. PUBLIC | |
| CLAIM NUMBER 000-00-0000-A | SEX MALE |
| IS ENTITLED TO HOSPITAL INSURANCE | EFFECTIVE DATE 7-1-66 |
| MEDICAL INSURANCE | 7-1-66 |
| SIGN HERE <i>John Q. Public</i> | |

FORM HES-501 (1983) (4-29-83)