



U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HYATTSVILLE, MARYLAND 20782

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 the past 12 months, that is, from January 1, 1977 to December 31, 1977, 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 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

ROBERT R. FUCHSBERG

Director

Division of Health Interview Statistics

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 during the past 12 months. If the person did not have any expense of a certain kind during that period, 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.
4. PLEASE COMPLETE THE BACK PAGE BEFORE MAILING.

DENTAL BILLS PAID

1. How much did **THIS FAMILY** spend on dental bills for this person during the past 12 months, that is, from January 31, 1977 to December 31, 1977?

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

No dental bills paid for this person

DOCTORS' BILLS PAID

2. How much did **THIS FAMILY** spend on doctor bills for this person during the past 12 months?

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

No doctor bills paid for this person

HOSPITAL BILLS PAID

3. How much did **THIS FAMILY** spend on hospital bills for this person during the past 12 months?

INCLUDE amounts spent for:

Room and board
Operating and
delivery rooms

Anesthesia
Tests
X-rays

Special treatments
Any other hospital services

DOLLARS	CENTS
\$	

or

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 the past 12 months 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

No prescribed medicines bought for this person

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

5. During the past 12 months, how much did **THIS FAMILY** spend on eyeglasses, contact lenses, or optometrists' fees for this person?

DOLLARS	CENTS
\$	

or

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 the past 12 months?

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

No amount paid for these items

- 6b. What type of medical expenses did this person have?

Type of Medical Expense

REFERRED TO RECORDS

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.

1 All

2 Some

3 None

HEALTH INSURANCE

1. During the past 12 months, that is, from January 1, 1977 to December 31, 1977 how much did THIS FAMILY spend on health insurance premiums for plans that pay for any part of a hospital bill or 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 the past 12 months, that is, from January 1, 1977 to December 31, 1977 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

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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 _____