The second of	would permit identification of the individual will be nd for the purposes of the survey, and will not be di		en anno anno de libro a comercial del fall alberto en constitución de la comercia de la comercia de la comercia		BUREAU NO. 6 EXPIRES MARC	
FORM NHS-HIS-4 (7-11-67)	U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS ACTING AS COLLECTING AGENT FOR U.S. PUBLIC HEALTH SERVICE U.S. HEALTH INTERVIEW SURVE NON-FOSDIC SUPPLEMENT			Book	of	Books
FOOTNOTES	F	PSU	Segment No.	Serial No.	Sample No.	•
					B-	
INTERVIEWER CHECK ITEM	After asking Q. 10 on the Hospital Page, checomon No hospitalizations — Leave Doctor's and Surface Hospitalizations — Fill one Doctor's and Surface.	rgeon's Bill Suppleme	nt blank			7 1
HOSPITAL PAGE	DOCTOR'S AND SURGEON'S BILL SUPPLE	MENT - Fill for ea	ch completed hospital	stay.		
	octor's and surgeon's bill for this stay?	Ooctor/Surgeon ollars Cents		Da Month	te of entry Day	Year
1 Yes (In a footnote, indica doctor's and surgeon's health insurance or o	ate the actual amount of the hospital bill after deducts bills, also indicate any changes in the amounts particular sources if the entries in Qs. 9 and 10 include than the hospital bill).	id by	2 No−Go to 2		=	
2a. Did (will) health insurance p	ay any part of the doctor's and surgeon's bill?	☐Yes [No-Go to 3			
b. What is the name of the Insu	rance Plan?		Name of Insurance	Plan	Dollars	Cents
c. Did (will) any other health in Yes-Reask b	surance plan pay part of the doctor's and surgeon's	ы!!?				
For each Health Insurance P d. What was (will be) the amoun	트리스					
Enter total amount paid by h	ealth insurance in line A		Source of Paym	ent	Dollars	Cents
If total amount paid is the se of the bill, ask b.	ame or greater than the amount ainder of the) doctor's and surgeon's bill?	A. 1	Health Insurance—All p	lans excl. Medicare		
b. Did any other person or agen	cy pay any other part of the doctor's and surgeon's		Social Security Medicare			
Yes-Ask c	□No-Go to d				!	
c. Who was this? Mark appropr	iate box and reask b.	C. 3	Selfand Family			
d. What was the amount paid by	?	D. 4	Other—Specify			
Total amount paid (to be p	rces of payment for the doctor's and surgeon's bill, paid) agrees with amount of doctor's bill—Go to Q. 1 paid) does not agree with amount of the doctor's bill	11	ame	tal of above—include ount paid by health urance—	4	
NOTE: Turn to back cover (p.	12) for additional Doctor's and Surgeon's Bill	Supplement.				

If person is under 17 years, or not in Labor Force (Q. 26 a-d blank) check "Not in Labor Force." If in Labor Force (Q. 26 filled) refer to Question 13 and make appropriate entry. Earlier you said that — — lost — — days from work during the past 2 weeks — (If self-employed, ask b; for other workers, ask a) a. Was — — paid any wages by his employer for the days that he lost? b. Does — — have any insurance that pays him for the income he lost on these days? 4 Not in Labor Force or Under 17 O — No work —loss days— Go to 48 1 — Yes—Ask — No—As b. 2 — Yes—Ask 3 — No—As d— 1 — Yes—Ask 2 — No—As			①
If person is under 17 years, or not in Labor Force (Q. 26 and blank) check "Not in Labor Force." O No work loss days—in Los to Proce (Q. 26 filled) refer to Question 13 and make appropriate entry. Estiter pou sold that — lost — days from work during the post 2 weeks — (If self-employed, ask b; for other workers, ask a) to Nes — poid only wages by his employer for the days that he lost? b. Does — have any insurance that poys him for the income he lost on these days? c. Did he receive his full day's pay for all of these — days he lost? d. In total, how much income did ——lose because of the — days he lost from work? d. In total, how much income did ——lose because of the — days he lost from work? d. In the work does ——usually earn per week? J. Before 3 After Doilers Conto Self-entry Ask if "Yes" in da or db: h. Did ——receive this income for these days through a sick leave plan, loss-of-pay insurance, or some other way? DOTNOTES:	TERVIEWER CHECK ITEM	П	
If in Labor Force (0, 26 filled) refer to Question 13 and make appropriate entry. Earlier you said that — lost — days from work during the post 2 weeks — (If self-employed, ask b; for other workers, ask a) a. Was — pold any wages by his employer for the days that he lost? b. Does — have any insurance that pays him for the income he lost on these days? c. Did he receive his full day's pay for all of these — days he lost from work? d. In total, how much income did — lose because of the — days he lost from work? d. In this before or after taxes? e. Is his before or after taxes? f. How much does — usually camper week? f. Is his before or after taxes? f. Is his before or after taxes? h. Is like keeps in 4a or 4b: h. Did — receive this income for these days through a sick leave plan, loss-of-pay insurance, or some other way? DOTNOTES:	If person is under 17 years, or not in Labor Force (Q. 26 a-d blank) check "Not in Labor Force."		
Earlier you sold that — lost — days from work during the past 2 weeks — (If self-employed, sak b; for other workers, sak a) a. Was — paid any wages by his employer for the days that he lost? b. Does — have any insurence that pays him for the income he lost on there days? c. Did he receive his full day's pay for all of these — days he lost? d. In total, how much income did — lose because of the — days he lost from work? d. Is this before or after taxes? f. How much does — usually earn per week? g. Is this before or offer taxes? Ask if "Yes" in 4a or 4b: h. Did — receive this income for these days through a sick leave plan, loss-of-pay insurance, or some other way? DOTNOTES:	If in Labor Force (O. 26 filled) refer to Question 13 and make appropriate entry.	2).	Go to next person Work-loss days
a. Was — paid any wages by his employer for the days that he lost? b. Does — have any insurance that pays him for the income he lost on these days? c. Did he receive his full day's pay for all of these — days he lost? d. In total, how much income did — lose because of the — days he lost from work? a. Is this before or after toxes? b. In the part of the pays he lost from work? c. I was a few or after toxes? c. I was a few or after toxes? d. In the pays he lost from work? d. In the pays he lost from work? d. I was a few or after toxes? c. I was a few or after toxes? d. In the pays he lost from work? d. I was a few or after toxes? Ask if "Yes" in 4a or 4b: b. Did — receive this income for these days through a sick leave plan, loss-of-pay insurance, or some other way? DOTNOTES:	- 100 M 12 1 - 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Go to 4a
s. Does — nove only insurance and pass him for the income he test on mass days? c. Did he receive his full day's pay for all of these — days he lost? d. In total, how much income did — lose because of the — days he lost from work? d. In total, how much income did — lose because of the — days he lost from work? e. Is this before or after taxes? f. How much does — usually earn per week? g. Is this before or after taxes? Ask if "Yes" in 4a or 4b: h. Did — receive this income for these days through a sick leave plan, loss-of-pay insurance, or some other way? DOTNOTES:		4a.	1 Yes-Ask No-As
d. In total, how much income did — loss because of the — days he loss from work? a. Is this before or after taxes? b. How much does — usually earn per week? J. Is this before or after taxes? Ask if "Yes" in An or 4b: b. Did — receive this income for these days through a sick leave plan, loss-of-pay insurance, or some other way? DOTNOTES: Dotars Cents Conts Conts Dotars Conts Dotar	Does — — have any insurance that pays him for the income he lost on these days?	Ь.	2 ☐ Yes-Ask 3 ☐ No-As d-
d. In total, how much income did — lose because of the — days he lost from work? e. Is this before or after taxes? f. How much does — usually earn per week? f. Is g. Is this before or after taxes? Ask if "Yea" in 4a or 4b: h. Did — receive this income for these days through a sick leave plan, loss-of-pay insurance, or some other way? DOTNOTES:	Did he receive his full day's pay for all of these — — days he lost?	с.	
f. How much does — usually earn per week? g. Is this before or after taxes? Ask if "Yes" in 4s or 4b: Dollara Ask if "Yes" in 4s or 4b: Dollara Cents I Before 2 After The second of these days through a sick leave plan, loss-of-pay insurance, or some other way? Dother - Specify Dother - Specify	J. In total, how much income did — — lose because of the — — days he lost from work?	d.	Dollars Cents
f. How much does — usually aan per week? g. Is this before or ofter taxes? Ask if "Yes" in 4n or 4b: h. Did — receive this income for these days through a sick leave plan, loss-of-pay insurance, or some other way? DOTNOTES: I Sick leave plan 2 Loss-of-pay insurance 3 Other - Specify	. Is this before or after taxes?		
g, Is this before or ofter taxes? Ask if "Yes" in 4a or 4b: h. DId — receive this income for these days through a sick leave plan, loss-of-pay insurance, or some other way? DOTNOTES: G 1 Before 2 After h. 1 Sick leave plan 2 Loss-of-pay insurance 3 Other - Specify	. How much does — — usually earn per week?	f.	Dollars Cents
h. Did — receive this income for these days through a sick leave plan, loss-of-pay insurance, or some other way? 2		g.	1 Before 2 After
OOTNOTES:		h.	1 Sick leave plan
DOTNOTES:	. Did — — receive this income for these days through a sick leave plan, loss-of-pay insurance, or some other way?	2.44	
		Ş	JOther - Specify
	TOTALOTES.		
	OTROTES:		
	e e		857

These next questions are about health insurance. We are interested to include insurance which pays ONLY for accidents.	in all kinds of health insurance which	pays for MOST KINDS of illne	ss. However, we do not want					
5a. Is anyone in the family covered by a health insurance plan which pa	ys all or part of a hospital bill?		at G					
	Yes–Ask b and c	□No-Go to 6a						
b. What is the name of the plan? - Record in Table H. I.			- 1					
c. Is anyone in the family covered by any other health insurance plan w								
389	Yes–Reask band c	No-Complete Table H.I	. for each plan reported					
6a. (Besides the — — plan you told me about) is anyone in the family co which pays all or part of a surgeon's bill?			1 200					
THE REAL PROPERTY AND ASSESSED.	Yes-Ask b and c	No-Go to 7a	The same of the sa					
b. What is the name of the plan? - Record in Table H.I.	1100.10							
c. Is anyone in the family covered by any other health insurance plan w	which pays all or part of a surgeon's b	ill?						
	Yes-Reask b and c	No-Complete Table H.	for each plan reported					
7a. (Besides the — — plan you told me about) is anyone in the family co	vered by a health insurance plan which	No. of the last of						
pays all or part of a doctor's bill for home calls or office visits?								
	Yes-Ask b and c	No-Go to 8a						
b. What is the name of the plan? —Record in Table H. I.								
c. Is anyone in the family covered by any other health insurance which for home calls or office visits?	c. Is anyone in the family covered by any other health insurance which pays all or part of a doctor's bill							
	Yes-Reask b and c No-Complete Table H.							
8a. (Besides the — — plan you told me about) is anyone in the family co								
of a bill for doctor visits or for hospital or surgical care, after a ce		No-Go to 9a						
I make a second of the property of the propert	Yes—Ask band c							
b. What is the name of the plan? —Record in Table H. I.								
c. Is anyone in the family covered by any other deductible health insurdactor visits or for hospital or surgical care after a certain amount l		pill for						
5	Yes-Reask b and c	No-Complete Table H.	I. for each plan reported					
INTERVIEWER CHECK ITEM			0					
	Node and how for each name		Und. 65-Go to next person					
	Mark one box for each person.		☐65 or over—Ask 9a					
9a. Is — — covered by that part of Social Security Medicare which pays some agency must pay \$3.00 a month?	for doctor visits; that is the Medicare	plan for which he or	Yes-Ask b					
	· • • • • • • • • • • • • • • • • • • •		No-Go to next person					
If person is covered by any insurance plan in Table H.I. ask for EA	CH plan:		Line Line Line					
b. Is this the (name of plan) you told me about before?			Yes Yes Yes					
			□No □No □No					
			Go to next person					
FOOTNOTES			WASH, USE ONLY					
			Type Number Coverage of of Plan Plans Head					
			н					
8			s					
			D					
т;	F - 4							

	TABLE H. I.												
Line No.		Name of	Plan	Does this (name of plan pay all or part of a hospital bill?	Does this (name of plan) pay all or part of a surgeon's bill?	Does this plan pay all or part of a doctor's bill for home calls or office visits?	been paid by	family are (name of	plan)?	If 2 or more member of family covered by this plan ask: Are all of these persons covered by the same policy?	Is this (na covers - Medicare p	nsk: me of plan) - a Social Se	which
E	0	(1)		(2)	(3)	(4)	the family? (5)		(6)	(7)		(8)	
	1			Yes	Yes	Yes_Go	☐Yes	Covered: 1 2 3 Not cover		Yes No-Fill separate line	Pers. No	Pers. No	Pers. NoYes
L				□No	No	□No	□No	1 2 3	4 5 6	for each policy	No Pers.	No Pers.	□No
В	1 1			Yes	☐Yes	Yes_Go	Yes	Covered: 1 2 3 Not cover	_4_5_6	☐ Yes ☐ No-Fill separate line	No	No.——Yes	Pers. No.—— Yés
\vdash	1			No	□No	□No	□No	1 2 3 Covered:	4 5 6	for each policy	Pers.	No Pers.	□No
6	i			Yes	Yes	Yes-Go	☐ Yes	1 2 3 Not cover	ed	Yes No_Fill separate line	No Yes	No	Pers. No
\vdash	1	<u> </u>		□ No	□ No	□ No	No	1 2 3 Covered:	4 5 6	for each policy	No Pers.	No Pers.	No Pers.
b				☐ Yes	☐ Yes	Yes_Go to 6	☐Yes ☐No	1 2 3 Not cover	ed:	☐ Yes ☐ No — Fill separate line for each policy	No	No Yes	No Yes
\vdash	 i 							1 2 3 Covered:	4 5 6		No Pers.	No Pers.	No Pers.
E				☐ Yes	☐ Yes ☐ No	Yes-Go to 6	☐Yes ☐No	The County April Control of		Yes No_Fill separate line for each policy	No Yes No	No Yes	No. —— Yes
H	++							Covered:		Yes	Pers.	Pers.	No Pers.
F	İ			☐ Yes ☐ No	☐ Yes ☐ No	Yes-Go to 6	□Yes □No	1 2 3 Not cover 1 2 3		No-Fill separate line for each policy	No Yes No	No Yes No	No Yes No
G	i			Yes	Yes	Yes_Go	Yes	Covered:	4 5 6	☐Yes ☐No-Fill separate line	Pers. No	Pers. No	Pers. No
	1			□ No	□ No	□No	□No	Not cover 1 2 3		for each policy	□ No	□ No	☐ No
н	1			Yes	Yes	Yes-Go	Yes	Covered: 1 2 3 Not cover		Yes No_Fill separate line	Pers. No	Pers. No	Pers.
-				□No	No.	□No	□ No	1 2 3		for each policy	□No	□ No	☐ Yes ☐ No
		2		(3	56	Paramoter	•			⑤		6	
		5-Go to nex	CONTO ANTA CARRA	l'nd. 65–Go			55–Go to next over– Ask 9a	person	□ Und. 65- □ 65 or ove	Go to next person r- Ask 9a		55–Gotone over– Ask 9	52510
	Yes-A	Ask b	son	Yes-Ask b	kt person	☐Yes-A	Ask b o to next perso	n	Yes-Ask	b o next person	Yes-A	Ask b o to next per	eson
L	ine	Line	Line	Line Line	Line	Line	Line	Line	Line	Line Line	Line	1	Line
	Yes	No	No	No No		No. —	1 i	No. ——	1	No. — No. —	No.—	i	No. —
1 -	No	I es	□ No	Yes Y	1	☐ Yes ☐ No	Yes	☐Yes ☐No		Yes Yes	Yes No	∐Yes I ∏No	Yes
	Go to next person Go to next person Go		o to next perso	xt person Go to next person		next person	Go to next person						
-	WA Type	SH. USE ONL	Coverage	Type Nu	mber Covera		Number	Coverage	Type	LUSE ONLY Number Coverage		Number	-Y Coverage
	of Plan	of Plans	of Head	10	of of lans Head	of	of Plans	of . Head	of Plan	of of Plans Head	ol Plan	of Plans	of Head
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S		4	£2	5	-	S			S		S	-	-
10						D	1		D .	<u> </u>	P		
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P 5

INTERVIEWER CHECK ITEM Check questions 22a-22d and	23c on pages	4 and 5 of the Fosd	lic Questionnaire.			•
Is a Home Care Page required		Yes - Fill H			ii.	
			2. 10 on 1 age 10.			
HOME CARE PAGE				(2)	4)	
			For each "Yes	" answer to la, Ask:		
Earlier in the interview you mentioned that —— needed help of some kind here at home. I am going to read a list of different kinds of personal care some people need, in the home. Please tell me if —— needs help in any of the following ways.	2 No 1 Yes	1b. Who help	ps?	Does any	one else help -	-7
1a. Does — need help —			9	elgh Taskon in 16		
in walking up stairs or getting from room to room?				□ No		
in dressing or putting on shoes?				□ No		
Does need help -				□No		
with bathing (shaving) or other toilet activities? in eating or having meals served in bed?				□ No		
Does need help -						
with changing bandages?				□ No		
in receiving injections?				□ No		
with other treatments?						
Specify				□ No		
Does need help in changing bed positions?				! □ No		
in exercising or physical therapy?		*		□ No		
in cutting toenails?				. □ No		
Does get any OTHER help or care here at home?				i i No		
If "Yes," ask: What kinds of other help or care?						
Specify				□. No		
IF PERSON IS NOT RECEIVING CARE (All "No's" to question la), the situation in the footnote		erences between answ	vers in Q. 22 or 23	and Q. la above or d	lescribe	
2. For what condition(s) does receive this help or care? Specify condition(s)				4		
3. How long has received help or care at home? Mark one box:	0 🔲 1	month or less	3 Over 1	to 3 years	•	
	1 🗆 0	er 1 to 6 months	4 Over 3	to 5 years		
	2 🔲 0	er 6 to 12 months	5 Over 5	years		
4. Because of ——'s health, must someone be in the house with him all of the time, part of the time, or only when providing the needed help or care?		2 Part	f the time of the time when providing the	needed help or care		
For each person, other than a nurse, listed in 1b, ask: 5a.ls a nurse, a physical therapist, or some other kind of health w If "Nurse" reported in Q. 1b or 5a, ask:	vorker?	}	(Determine the typ providing the care and mark appropri	in question l	2000	
5b. Is the nurse that cares for —— a registered nurse, a practical nurse	e, or some oth	er kind of nurse?	column (1) of Tab			
FOOTNOTES:						
*						

Ту	pe of persons providing care	on about how	ive help or care o, nurse, etc.)?		nany hours a d (relative, nur		Is (relative, nurse, etc.) paid for these services?		
	(1)	Days	(2)	Hours	00 Less t	(3) han 1 hour	xx Don't know	1 Yes	4) 2 No
NON-HEALTH	A. 8 Related household members				310000				
WORKERS	B. 1 Related persons not in household					2			
	C. 2 Friend or neighbor			فيستبسيل	Feelfie	won taller			
	D. 3 Other Specify			i , ,					
HEALTH WORKERS	E. 4 Nurse – Registered							72	
	F. 5 Nurse - Practical or other	ļ							ļ
=	G. 6 Physical therapist					* * * * * * * * * * * * * * * * * * * *	1 1		
	H. 7 Other								
	Specify		1			e eres		.	
6. Are any of these services paid for by Medicare? 7a. Who pays (the remainder of the bill) for these services? b. Anyone else?			1 Yes 2 No X Don't know 1 Self or family 4 Agency or organization (Visiting Nurses Association 2 Other relative or friend 5 Welfare 3 Health insurance 6 Other - Specify				iation, etc.)		
						155			
Ba. During the pa	st 12 months, has — — received any care a	t home from a r	nurse? 			Yes -		No – Stop	
b. During the pa	st 12 months, ABOUT how many visits did	a nurse make	to care for?			kimmen			
FOOTNOTES		N ₁				<u>×</u>	ASHINGTON USE		
					***			·	
		a 8:							
				1.01					
					L				

	bout motor vehicle accidents, that is, accidents, involving cars, trucks, buses, motorcycles, sted in all types of motor vehicle accidents even if no one was injured.		① ·			
	has — — been in a motor vehicle accident either as a (driver), passenger or pedestrian?	10a.		Ask b Go to next p	erson	
					erson	
b. How many motor vehicle acc	cidents has — — been in during the past 12 months?	b.	b. Number of accidents			
	ident(s) happen?	c.	Month	Day	Year	
<u> </u>			1.			
			3.			
	vehicle accident during the past 12 months?	d.	☐ Yes -	- Reask can	d d	
a. was = = in any other motor	venicle decision do my me para la management de la manage			Go to next p	3	
		112	xv I Under		Go to	
Ask for all persons 14 year		110.	×× No	14)(113 }	next person	
11a. Has — — driven a motor veh	icle during the past 12 months?			Ask 11b		
b. How many years has be		Г-	00 Less	than Iyear		
b. How many years has be	ten dirving:					
			N	umber of yea	ars	
INTERVIEWER CHECK ITEM				None	1	
	Fill a Motor Vehicle Accident Supplement for each motor vehicle accident reported in	O. 10 abo	ove. No	mber of MV	A	
	If no motor vehicle accidents reported - fill the Household Page and end interview.	Q. 10 ab	su	pplements:	.	
			-			
FOOTNOTES						
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HOSPITAL PAGE (Cont'd) DOCTOR'S AND SURGEON'S BILL SUPPLEMENT - F	Fill for each completed hospital stay.		,
Doctor/Surge	eon Person No.	Date of entry	
Dollars	Cents Month	Day	Year
1a. What was the amount of the doctor's and surgeon's bill for this stay?			
b. Is the \$ for the doctor's and surgeon's bill included in the \$ amount you ga	ve me for the hospital bill?		
1 Yes (In a footnote, indicate the actual amount of the hospital bill after deducting the doctor's and surgeon's bills, also indicate any changes in the amounts paid by health insurance or other sources if the entries in Qs. 9 and 10 include payments for expenses other than the hospital bill).	2 □ No−Go to 2		
2a. Did (will) health insurance pay any part of the doctor's and surgeon's bill?	□No-Go to 3		8- (1- 2-2-
b. What is the name of the Insurance Plan?	Name of Insurance Plan	Dollars	Cents
c. Did (will) any other health insurance plan pay part of the doctor's and surgeon's bill? Yes-Reask b No-Ask d			†
For each Health Insurance Plan named, ask: d. What was (will be) the amount paid by (Name of plan)?	1	+	
Enter total amount paid by health insurance in line A	Source of Payment	Dollars	Cents
Enter any amount paid by Social Security Medicare in line B If total amount paid is the same or greater than the amount of the bill, ask b. 3a. Who paid (will pay) the (remainder of the) doctor's and surgeon's bill?	A. 1 Health Insurance—All plans excl. Medicare	е	1
b. Did any other person or agency pay any other part of the doctor's and surgeon's bill? Yes—Ask c No—Go to d	B. 2 Social Security Medicare]
c. Who was this? Mark appropriate box and reask b.	C. 3 Self and Family		1 1 1 1
d. What was the amount paid by?	D. 4 Other-Specify		1 -
Interviewer: After totaling all sources of payment for the doctor's and surgeon's bill, check one Total amount paid (to be paid) agrees with amount of doctor's bill-Go to Q. 11	of the following boxes: Total of above-include amount paid by health insurance		1
Total amount paid (to be paid) does not agree with amount of the doctor's bill-Resolve	difference with respondent		