

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

- 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.

| thet is, from January 31, 1977 to December 31, 1977?  INCLUDE amounts spent for: Cleanings Straightming Dentral surgery Bridgework Dental laboratory fees DOCTORS' BILLS PAID  OCTORS' BILLS PAID  A wow much did THIS FAMILY spend on doctor bills for this person during the post 12 months? INCLUDE amounts spent for: Routine doctor visits Doctor fees while a Deliveries Deliver | Person No.  | lease answer the following questions for   |     |  |  |  |  |
|--|---|--|-----|--|--|--|--|
| 1. How much did THIS FAMILY spend on dental bills for this person during the past 12 months, there is, from January 31, 1977 to December 31, 1977.       Disconter a part for:       Dis   |   |  |     |  |  |  |  |
| that is, from January 31, 1977 to December 31, 1977?         INCLUDE emounts spent for:         Provide and the provide of the provide and   |   | DENTAL BILLS PAID  | 1   |  |  |  |  |
| Chanings       Straightening       Dental largery       Bridgewerk       Other services from 0       for         DOCTORS' BILLS PAID         2. How much did THIS FAMILY spend on doctor bills for this person during the past 12 months?         NCLUDE mounts spant for:         Teatments         Optimities of the services         Destination of the services         Been and board         Association of the services         Association of the services         Been and board   | 5   |  |     |  |  |  |  |
| 1. How much did THIS FAMILY spend on doctor bills for this person during the past 12 months?       Image: Shore grant of the services by a content of the point  |   | Cleanings Straightening Dental surgery Bridgework Other services fro   |     |  |  |  |  |
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| INCLUDE anounts spent for:       Definit in a hospital       Defiveries       Shats       Other services by a medical decises         Image: State of the services of the service  |   | How much did THIS FAMILY spend on doctor bills for this person during the past 12 months?  |     |  |  |  |  |
| 3. How much did THIS FAMILY spend on hospital bills for this person during the past 12 months?   | or<br>Na doctor bills paid<br>for this person                       | Routine doctor visits Doctor fees while a Deliveries Shots<br>Treatments patient in a hospital Pregnancy care Other services by a                                      |     |  |  |  |  |
| NCLUDE amounts spent for:       Anesthesia         Output       Anesthesia         Arroys       Any other hospital services         DAYMENTS MADE FOR PRESCRIPTION MEDICINE       Image: Control of the post 12 months         About how much did THIS FAMILY spend on medicine for this person during the post 12 months       Image: Control of the post 12 months         Medicines ONLY if they were prescribed by a doctor or dentist       Image: Control of the post 12 months, how much did THIS FAMILY spend on eyeglasses, contact lenses, or optometrists' fees for this person?       Image: Control of the post 12 months, how much did THIS FAMILY spend on eyeglasses, contact lenses, or optometrists' fees for this person?         Medicines ONLY if they were prescribed by a doctor or dentist       Image: Control of the post 12 months, how much did THIS FAMILY spend on eyeglasses, contact lenses, or optometrists' fees for this person?         Medicines ONLY UDE any expenses which you have already recorded. DO NOT ''ICLUDE amounts spent for such expenses contact lenses of any kind.         Medical Expense         Medical Expense         Medical Expense         Medical Expense   |   | HOSPITAL BILLS PAID  | -   |  |  |  |  |
| Boom and boord<br>delivery reams       Amesthesic<br>X-rays       Special treatments<br>Any other hospital services         PAYMENTS MADE FOR PRESCRIPTION MEDICINE         About how much did THIS FAMILY spend on medicine for this person during the post 12 months<br>that was purchased on a DOCTOR'S OR DENTIST'S PRESCRIPTION?         NCLUDE amounts spent for<br>Medicines ONLY if they were prescribed by a doctor or dentist         PAYMENTS MADE FOR EYEGLASSES, CONTACT LENSES OR OPTOMETRIST'S BII<br>PAYMENTS MADE FOR EYEGLASSES, CONTACT LENSES OR OPTOMETRIST'S BII<br>So During the post 12 months, how much did THIS FAMILY spend on eyeglasses, contact lenses,<br>or optometrists' fees for this person?         PAYMENTS MADE FOR YOTHER'' MEDICAL BILLS         PAYMENTS MADE FOR ''OTHER'' MEDICAL BILLS         PAYMENTS MADE FOR ''OTHER'' MEDICAL BILLS         ON OT INCLUDE on yexpenses which you have already recorded. DO NOT ''I'CLUDE amounts<br>spent for medicines of any kind.         We have differed for such expenses as:<br>Chiraparatify or Podiatrists' fees<br>yearing bias<br>or artificial limbs         MCLUDE amounts spent for such expenses as:<br>Chiraparatify or Podiatrists' fees<br>yearing bias or Convolescent<br>or artificial limbs         Must type of medical expenses did this person have?         Other type of medical expenses did this person have?         Type of Medical Expense   | DOLLARS CENTS   | How much did THIS FAMILY spend on hospital bills for this person during the past 12 months?  | 5.0 |  |  |  |  |
| <ul> <li>4. About how much did THIS FAMILY spend on medicine for this person during the post 12 months that was purchased on a DOCTOR'S OR DENTIST'S PRESCRIPTION?</li> <li>INCLUDE amounts spent for:<br/>Medicines ONLY if they were prescribed by a doctor or dentist</li> <li>PAYMENTS MADE FOR EYEGLASSES, CONTACT LENSES OR OPTOMETRIST'S BIL</li> <li>5. During the past 12 months, how much did THIS FAMILY spend on eyeglasses, contact lenses, or optometrists' fees for this person?</li> <li>During the past 12 months, how much did THIS FAMILY spend on eyeglasses, contact lenses, or optometrists' fees for this person?</li> <li>Modeline</li> <li>Modeline</li> <li>PAYMENTS MADE FOR 'OTHER'' MEDICAL BILLS</li> <li>Go. How much did THIS FAMILY spend on other medical expenses for this person during the past 12 months?</li> <li>Do NOT INCLUDE any expenses which you have already recorded. DO NOT 'IICLUDE amounts spent for such expenses as: Chiropractar' or Podiatrists' fees fast spenses as: Chiropractar' or Podiatrists' fees fast spenses as: chiropractar' or Podiatrists' fees fast spenses did this person have?</li> <li>6b. What type of medical expenses did this person have?</li> </ul>  | or<br>No hospital bills<br>paid for this person                     | Room and board         Anesthesia         Special treatments           Operating and         Tests         Any other hospital services                                 |     |  |  |  |  |
| that was purchased on a DOCTOR'S OR DENTIST'S PRESCRIPTION?<br>INCLUDE amounts spent for:<br>Medicines ONLY if they were prescribed by a doctor or dentist<br>PAYMENTS MADE FOR EYEGLASSES, CONTACT LENSES OR OPTOMETRIST'S BI<br>Source of the past 12 months, how much did THIS FAMILY spend on eyeglasses, contact lenses,<br>or optometrists' fees for this person?<br>PAYMENTS MADE FOR 'OTHER'' MEDICAL BILLS<br>On Nor the PAMILY spend on other medical expenses for this person during the<br>past 12 months?<br>Do NOT INCLUDE ony expenses which you have already recorded. DO NOT 'HICLUDE amounts<br>spent for medicines of any kind.<br>Nor the<br>Physical or Speech Therapy<br>Special nursing core<br>Mome care<br>Ob. What type of medical expenses did this person have?<br>Type of Medical Expense<br>REFERRED TO RECORDS  |   | PAYMENTS MADE FOR PRESCRIPTION MEDICINE  | 1   |  |  |  |  |
| INCLUDE amounts spent for:<br>Medicines ONLY if they were prescribed by a doctor or dentist       Image: State St                                      | ths DOLLARS CENTS   |  |     |  |  |  |  |
| PAYMENTS MADE FOR EYEGLASSES, CONTACT LENSES OR OPTOMETRIST'S BI     During the past 12 months, how much did THIS FAMILY spend on eyeglasses, contact lenses,     or optometrists' fees for this person?      PAYMENTS MADE FOR ''OTHER'' MEDICAL BILLS      PAYMENTS MADE FOR ''OTHER'' MEDICAL BILLS      On Not INCLUDE any expenses which you have already recorded. DO NOT 'I'CLUDE amounts     spent for medicines of any kind.     INCLUDE amounts spent for such expenses as:     Chiroprotors' ar Podiatrists' fees     Special braces, trusses, wheelchair     or artificial limbs      Moeting and     Special braces, trusses, wheelchair     or artificial limbs      Type of Medical Expense      EFERRED TO RECORDS   | INCLUDE amounts spent for:  |  |     |  |  |  |  |
| or optometrists' fees for this person?  PAYMENTS MADE FOR ''OTHER'' MEDICAL BILLS  for. 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 'HICLUDE amounts spent for medicines of any kind.  INCLUDE amounts spent for such expenses as: Chiropractors' or Podiatrists' fees Mearing aid Special braces, trusses, wheelchair or artificial limbs  fb. What type of medical expenses did this person have?  Type of Medical Expense  REFERRED TO RECORDS   | PAYMENTS MADE FOR EYEGLASSES, CONTACT LENSES OR OPTOMETRIST'S BILLS |  |     |  |  |  |  |
| the         PAYMENTS MADE FOR ''OTHER'' MEDICAL BILLS         60. 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 'NICLUDE amounts spent for such expenses as:         Chiropractors' or Podiatrists' fees Acaring aid Special braces, trusses, wheelchair or artificial limbs         6b. What type of medical expenses did this person have?         Type of Medical Expense         REFERRED TO RECORDS   |   | or optometrists' fees for this person?   |     |  |  |  |  |
| 60. 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 'IICLUDE amounts spent for such expenses as:         Chiropractors' or Podiatrists' fees Advantation of artificial limbs       Physical or Speech Therapy Special haves are Nursing Home or Convalescent Home care         6b. What type of medical expenses did this person have?       Type of Medical Expense         REFERRED TO RECORDS   | No amount paid for<br>these items                                   |  |     |  |  |  |  |
| past 12 months?         DO NOT INCLUDE any expenses which you have already recorded. DO NOT 'I'ICLUDE 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         6b. What type of medical expenses did this person have?         Type of Medical Expense         REFERRED TO RECORDS   |   | PAYMENTS MADE FOR "OTHER" MEDICAL BILLS  |     |  |  |  |  |
| spent for medicines of any kind.<br>INCLUDE amounts spent for such expenses as:<br>Chiropractors' or Podiatrists' fees<br>Hearing aid<br>Special braces, trusses, wheelchair<br>or artificial limbs<br>6b. What type of medical expenses did this person have?<br>Type of Medical Expense<br>REFERRED TO RECORDS   | DOLLARS CENTS   |  |     |  |  |  |  |
| INCLUDE amounts spent for such expenses as:<br>Chiropractors' or Podiatrists' fees<br>Hearing aid<br>Special braces, trusses, wheelchair<br>or artificial limbs<br>6b. What type of medical expenses did this person have?<br>Type of Medical Expense<br>REFERRED TO RECORDS   |   |  |     |  |  |  |  |
| Type of Medical Expense<br>REFERRED TO RECORDS   |   | Chiropractors' or Podiatrists' fees Physical or Speech Therapy<br>Hearing aid Special nursing care<br>Special braces, trusses, wheelchair Nursing Home or Convalescent |     |  |  |  |  |
| REFERRED TO RECORDS  |   | . What type of medical expenses did this person have?  | 6   |  |  |  |  |
| REFERRED TO RECORDS  | Type of Medical Expense   |  |     |  |  |  |  |
| 7. Check one of the following boxes:   |   |  |     |  |  |  |  |
|  |   | Check one of the following boxes:  | 7   |  |  |  |  |
| Referred to records for ALL dollar amounts entered on this page.   | I 🔲 AII   | 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. 2  | 2 🛄 Some  | 2 Referred to records for SOME but not all dollar amounts entered on this page.  |     |  |  |  |  |
| 3 Did NOT refer to ANY records. 3  | 3 🛄 None  | 3 Did NOT refer to ANY records.  |     |  |  |  |  |

 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<br>\$  | CENTS |  |  |  |  |
|--|-------|--|--|--|--|
| or<br>This family did not<br>pay any insurance<br>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

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 guestionnaire?

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 No | Yes                     |                            |
|-------|-------------------------|----------------------------|
| (Che  | one box)                | Amount This Family<br>Paid |
|       | TYPE OF MEDICAL EXPENSE | DOLLARS CENTS              |
|       |                         | DOLLARS CENTS              |
|       |                         | DOLLARS CENTS              |

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

Nome

Nome