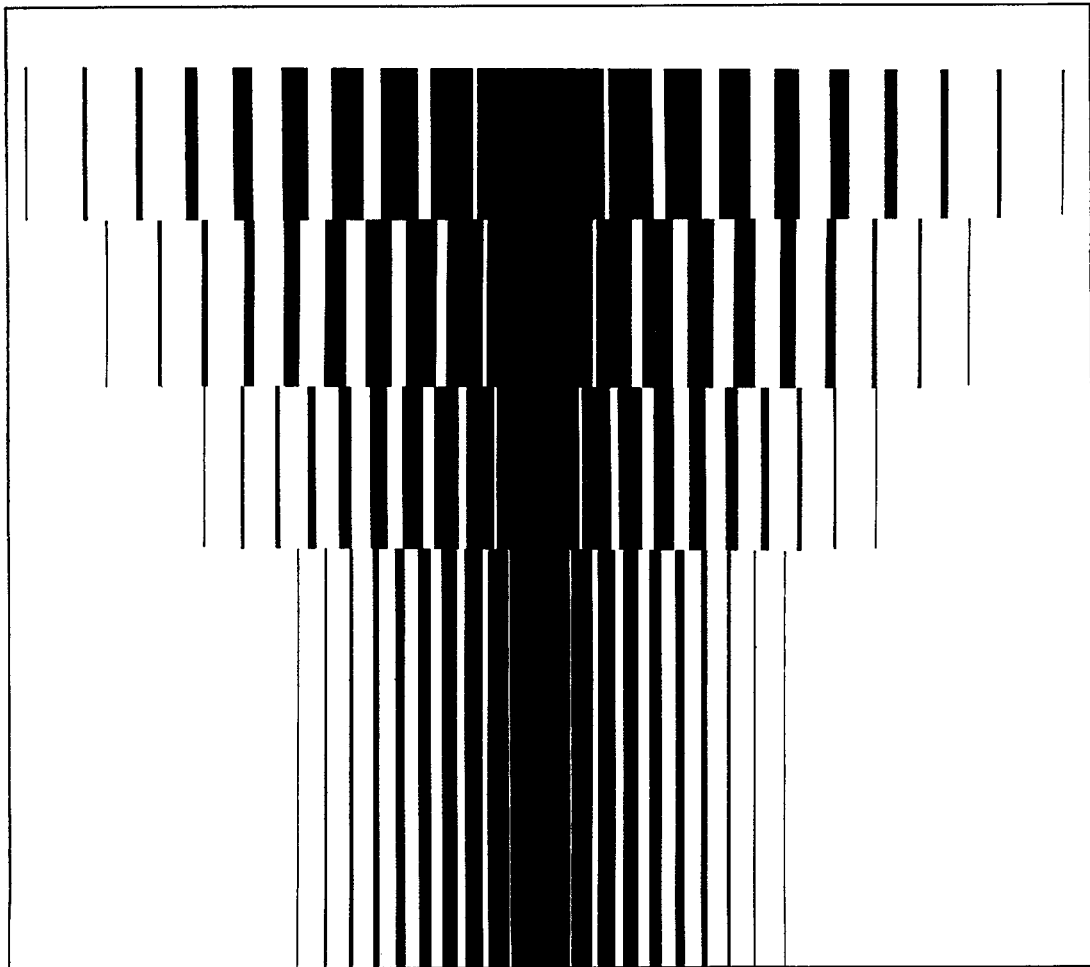


Procedures and Questionnaires of the National Medical Care Utilization and Expenditure Survey

Series A, Methodological Report No. 1



U. S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Published by
Public Health Service
National Center for Health Statistics

March 1983

National Medical Care Utilization and Expenditure Survey

The National Medical Care Utilization and Expenditure Survey (NMCUES) is a unique source of detailed national estimates on the utilization of and expenditures for various types of medical care. NMCUES is designed to be directly responsive to the continuing need for statistical information on health care expenditures associated with health services utilization for the entire U.S. population.

NMCUES will produce comparable estimates over time for evaluation of the impact of legislation and programs on health status, costs, utilization, and illness-related behavior in the medical care delivery system. In addition to national estimates for the civilian noninstitutionalized population, it will also provide separate estimates for the Medicaid-eligible populations in four States.

The first cycle of NMCUES, which covers calendar year 1980, was designed and conducted as a collaborative effort between the National Center for Health Statistics, Public Health Service, and the Office of Research and Demonstrations, Health Care Financing Administration. Data were obtained from three survey components. The first was a national household survey and the second was a survey of Medicaid enrollees in four States (California, Michigan, Texas, and New York). Both of these components involved five interviews over a period of 15 months to obtain information

on medical care utilization and expenditures and other health-related information. The third component was an administrative records survey that verified the eligibility status of respondents for the Medicare and Medicaid programs and supplemented the household data with claims data for the Medicare and Medicaid populations.

Data collection was accomplished by Research Triangle Institute, Research Triangle Park, N.C., and its subcontractors, the National Opinion Research Center of the University of Chicago, Ill., and SysteMetrics, Inc., Berkeley, Calif., under Contract No. 233-79-2032.

Co-Project Officers for the Survey were Robert R. Fuchsberg of the National Center for Health Statistics (NCHS) and Allen Dobson of the Health Care Financing Administration (HCFA). Robert A. Wright of NCHS and Larry Corder of HCFA also had major responsibilities. Daniel G. Horvitz of Research Triangle Institute was the Project Director primarily responsible for data collection, along with Associate Project Directors Esther Fleishman of the National Opinion Research Center, Robert H. Thornton of Research Triangle Institute, and James S. Lubalin of SysteMetrics, Inc. Barbara Moser of Research Triangle Institute provided major guidance for data preparation.

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Suggested Citation

National Center for Health Statistics, G. S. Bonham: Procedures and questionnaires of the National Medical Care Utilization and Expenditure Survey. *National Medical Care Utilization and Expenditure Survey. Series A, Methodological Report No. 1.* DHHS Pub. No. 83-20001. Public Health Service. Washington. U.S. Government Printing Office, Mar. 1983.

Library of Congress Cataloging in Publication Data

Bonham, Gordon Scott.

Procedures and questionnaires of the national medical care utilization and expenditure survey.

Supt. of Docs. no.: HE 20.6209:

1. Medical care—United States—Utilization.
2. Medical care—Cost of—United States. 3. Insurance, Health—United States. 4. Health surveys—United States. I. Title. [DNLM: 1. Health surveys—United States. 2. Data collection—Methods. WA 950 B714c]

RA410.7.B66 362.1'0973 82-600193

ISBN 0-8406-0256-1

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Procedures and Questionnaires of the National Medical Care Utilization and Expenditure Survey

by Gordon Scott Bonham
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Executive Summary

The National Medical Care Utilization and Expenditure Survey was designed to collect data about the U.S. civilian noninstitutionalized population during 1980. During the course of the survey, information was obtained on health, access to and use of medical services, associated charges and sources of payment, and health insurance coverage. The survey was based on other studies dating as far back as 1928, drawing most heavily from the annual National Health Interview Survey and the 1977 National Medical Care Expenditure Survey. The procedures of the National Medical Care Utilization and Expenditure Survey are described in this report, and the household interview questionnaires are reproduced.

In addition to estimates for the national population, the National Medical Care Utilization and Expenditure Survey was designed to produce a data base to help analyze expenditures and health services provided under the Medicaid and Medicare programs. A national household probability sample was augmented by samples drawn from the Medicaid eligibility rolls of California, Michigan, New York, and

Texas. Information from State eligibility and claims files was obtained for people in the household samples with reported Medicaid coverage. Information from Federal Medicare files was obtained for people reported to be covered by Medicare.

People in the typical household were interviewed five times at approximately 3-month intervals. A control card was used to keep track of people and their reporting units and to record information needed across interviews. A core questionnaire was administered during each interview to collect data on health, health care, health care charges, sources of payment, and health insurance coverage. A summary of responses was used to update information reported in previous interviews. Supplements to the core questionnaire were used during the first, third, and fifth interviews to collect data that did not change during the year or that were needed only once.

Data from administrative records were extracted after the household interviewing was completed. The administrative records included Medicaid eligibility files from all States represented in the national or State household samples; Medicaid claims and provider files from California, Michigan, New York, and Texas represented in the State Medicaid household samples; and the Federal Medicare claims files. The administrative records were merged with the household data for persons or for individual health care events.

NOTE: Brenda Brown and Mary Ann McKeogh provided substantial assistance in preparing this report.

Introduction

The National Medical Care Utilization and Expenditure Survey (NMCUES) was designed to collect data about the U.S. civilian noninstitutionalized population during 1980. Information was obtained on health, access to and use of medical services, associated charges and sources of payment, and health insurance coverage. This report describes the content of the survey, contains reproductions of the instruments used during household interviews, and describes the data extracted from Medicaid and Medicare administrative records.

Survey Overview

The survey was cosponsored by the National Center for Health Statistics and the Health Care Financing Administration. Data collection was provided under contract by the Research Triangle Institute, Research Triangle Park, N.C., and its sub-contractors, National Opinion Research Center, Chicago, Ill., and SysteMetrics, Inc., Santa Barbara, Calif. The contract was awarded in September 1979.

NMCUES consisted of three survey components. The national household component comprised about 6,000 randomly selected households that were interviewed five times during 14 months in 1980-81. The State Medicaid household component consisted of about 4,000 households selected from the Medicaid eligibility files in California, Michigan, New York, and Texas (1,000 households in each State). Each household was interviewed five times during 14 months in 1980-81. The administrative records component was used to obtain information on program eligibility and payments for medical care for persons receiving Medicare and Medicaid. Except for the control card that was used to locate and enumerate the household during round 1, the instruments used in the national household component and the State Medicaid household component were identical.

Related Studies

NMCUES developed from a series of surveys concerning health, health care, and expenses for health care. The first nationwide survey of illness and medi-

cal care utilization and expenditures was conducted during 1928-31 by the Committee on the Costs of Medical Care (Falk, Klem, and Sinai, 1933; Falk, Rorem, and Ring, 1933). In 1935-36, the U.S. Public Health Service conducted the National Health Survey to obtain data relating to morbidity and the use of health services (Federal Security Agency, 1945; Penott, Tibbets, and Britton, 1939). The Health Information Foundation and the National Opinion Research Center conducted studies in 1953 and 1958 on utilization and costs of health services and the extent of health insurance coverage (Anderson and Feldman, 1956; Anderson, Colette, and Feldman, 1963). Similar studies were conducted in 1963 and 1970 by the Center for Health Administration Studies and the National Opinion Research Center (Andersen and Anderson, 1967; Andersen, Lion, and Anderson, 1976).

NMCUES drew most heavily from two surveys—the National Health Interview Survey and the National Medical Care Expenditure Survey. The National Health Interview Survey is a continuing survey that began in 1957 and is conducted by the National Center for Health Statistics. Its primary purpose is to collect information on illness, disability, and use of medical care (National Center for Health Statistics, 1965 and 1975).

Although some medical expenditures and insurance information has been collected in the National Health Interview Survey, a cross-sectional survey design was inefficient for obtaining complete and accurate information of this type. It was concluded that a panel sample survey procedure would be required, and a pilot survey was conducted for the National Center for Health Statistics by the Johns Hopkins Health Services Research and Development Center and Westat Research, Inc. in 1975-76 (Health Research and Development Center, 1977; Shapiro et al., 1976; Yaffe et al., 1978).

Based upon information obtained during the pilot study, the National Center for Health Services Research and the National Center for Health Statistics cosponsored the National Medical Care Expenditure Survey in 1977-78. This was a panel survey for which households were interviewed six times to obtain data for 1977 (Bonham and Corder, 1981).

NMCUES was similar to the National Medical Care Expenditure Survey in survey design and questionnaire wording to allow analysis of change during the 3 years between 1977 and 1980. Both NMCUES and the National Medical Care Expenditure Survey are similar to the National Health Interview Survey in terms of question wording in areas common to the surveys. However, each survey is different with special emphasis on different areas. Together they provide extensive information on illness, disability, use of medical care, costs of medical care, sources of payment for medical care, and health insurance coverage at two points in time.

Survey Emphasis

Medicaid—One purpose of the NMCUES design was to provide a much-needed data base for analyzing the Medicaid program. Medicaid is a program of medical assistance for certain low-income individuals and families. It is jointly financed with State and Federal funds and administered by the States within certain broad Federal requirements and guidelines. Data routinely provided by the States are limited and are based on administrative records of payments and not on persons and their characteristics (Muse, 1981). NMCUES was a household-based survey supplemented by information from the Medicaid administrative records kept by the States. Because the Medicaid program is different in each State, separate detailed analyses must be made for each State.

A national sample sufficiently large for State analysis of persons on Medicaid would have been prohibitively expensive. Therefore, separate samples were drawn from the files of Medicaid-eligible persons within four States. Detailed analysis of the Medicaid programs in the four States can be made, and comparisons of data from these States with the national survey will give insights into the program but should not be used to make projections for the Nation.

The household components of NMCUES were used to collect information on the characteristics of Medicaid recipients and their need for and use of medical care, regardless of Medicaid payment for that care. Medicaid eligibility status for each month during 1980 was determined from State administrative rec-

ords for all persons in the national and State samples who reported Medicaid coverage. Administrative payment records in the four States were linked to the information given by the State sample households. This information was of particular importance because many Medicaid recipients did not know the cost of their medical care that was paid directly by Medicaid. The payment records of the Medicaid recipients in the national sample were not obtained.

Medicare—NMCUES had a special emphasis on the Medicare population. As the agency responsible for administering the Federal program that finances medical care for the elderly, the Health Care Financing Administration desired data to assess the coverage and effectiveness of its program. Surveys of administrative records, such as the Current Medicare Survey (discontinued in 1977), did not provide information about persons not covered by Medicare and did not provide information about uncovered services of persons on Medicare. They also lacked detailed data about the characteristics of Medicare beneficiaries. However, the administrative records contained detailed data about charges, payments, and enrollment status.

NMCUES was designed to obtain data about all people and all their care, not only people or services covered by Medicare. It was designed to collect data about characteristics of persons and their health care needs that could be used to evaluate Federal programs. Household survey data were then augmented by information from the administrative records of Medicare payments for persons identified as being on Medicare.

Hospital emergency and outpatient department visits—Hospital emergency rooms (or departments) and hospital outpatient departments provide substantial medical care to some segments of the population. There was concern that some use of these sources of medical care had not been counted in other surveys or were not adequately distinguished from other types of ambulatory care. Hospital emergency room and outpatient department visits received special emphasis in NMCUES, with questions designed to measure their utilization and the health care they provided.

Data Collection Process

NMCUES had four basic phases of data collection: sampling, determining reporting unit composition, household interviewing, and extracting administrative records. The major portion of the sampling phase occurred before contact with the household and is described by Piper (1980) and Folsom and Iannacchione (1980). This portion of sampling resulted in computer generation of a control card for each selected housing unit or group quarters in the national household component and for each Medicaid case in the State Medicaid household component. The final portion of sampling was completed by the interviewer—listing household members on the control card and checking the accuracy of the sampling lists.

A “reporting unit” was defined for NMCUES as all persons related to each other by blood, marriage, adoption, or foster care status and living in the same housing unit or group quarters. The control card served the administrative means of tracking people and reporting units throughout the duration of the survey. Enumerating the household members on the control card, determining the reporting unit composition, or verifying the reporting unit composition occurred each time the household was contacted for an interview.

The second phase of data collection was household interviewing. The major part of each interview was administration of the core questionnaire. The core questionnaire was used primarily to ascertain and record data on expenditures related to illness and use of health care since the previous interview and insurance coverage at the time of interview. During the first, third, and fifth interviews, supplements were administered to collect data that did not change or that was needed only once. The final part of all but the first interview was a review of the summary of responses, a cumulative computer-generated record of health care reported during previous interviews. Households were interviewed four or five times during 1980 and early 1981 at approximately 3-month intervals. Each

round or wave of interviewing was similar to the others but had some unique characteristics.

The third basic phase of data collection occurred after the final round of household interviewing was completed. Medicaid and Medicare numbers provided by the household were used to extract data from the Medicaid files of States and from the Medicare files of the Federal Government. Data from the administrative records were merged with the household data to increase the analysis capabilities of the data.

Sample

Data were obtained for approximately 31,000 people in NMCUES—17,600 in the national sample and 13,400 in the four State Medicaid samples. People in the samples resided in housing units and noninstitutional group quarters. Both samples excluded people living in institutions (nursing homes, long-term care facilities, prisons, etc.), members of the active Armed Forces, and people residing outside the United States. The process of selecting each sample was different and is discussed separately.

National household sample—The national sample consisted of two separate multistage area probability samples of housing units and group quarters that were selected with a known and approximately equal probability. The Research Triangle Institute and National Opinion Research Center each collected half of the data using parts of their general purpose sampling frames. The sample frames were based on 1970 census counts, updated for new construction and checked by interviewers in the field.

All persons living in the housing units or group quarters at the time of the first interviewer contact became part of the sample. Unmarried students 17-22 years of age who lived away from home were included in the sample if their parent or guardian was included in the sample. In addition, persons who died or were institutionalized between January 1 and the

date of first interview were included in the sample if they were related to persons living in the sampled housing units or group quarters. All of these persons were considered "key" persons, and data were collected for them for the full 12 months of 1980 or for the proportion of time they were part of the U.S. civilian noninstitutionalized population. In addition, babies born to key persons were considered key persons, and data were collected for them from the time of birth. Relatives from outside the original population (i.e., institutionalized, in the Armed Forces, or outside the United States between January 1 and the first interview) who moved in with key persons after the first interview also were considered key persons, and data were collected for them from the time they joined the key person. Relatives who moved in with key persons but were part of the civilian noninstitutionalized population on January 1, 1980, were classified as "nonkey" persons. Data were collected for nonkey persons for the time that they lived with a key person. Because nonkey persons had a chance of selection in the initial sample, their data will not be used for general analysis. However, data for nonkey persons are used in family analysis because they do contribute to the family's utilization of and expenditures for health care during the time they are part of the family.

State Medicaid household samples—The November 1979 Medicaid eligibility files in California, Michigan, New York, and Texas were used to draw samples of cases for the State Medicaid household component. A case generally consisted of all members of a family receiving Medicaid within the same category of aid. The State aid categories were collapsed into three or four strata, depending on the State. These were: (1) aid to the blind and disabled, (2) aid to the elderly (those with Supplementary Security Income), (3) Aid to Families with Dependent Children (AFDC), and (4) State only aid in California, Michigan, and New York, which provided some Medicaid coverage without Federal reimbursement. Cases in other Federal aid categories were excluded from the target population because the counts were too few to permit separate stratification. Approximately equal numbers of cases were selected from each stratum, and cases were clustered within ZIP codes for ease of interviewing. The lack of a central automated eligibility file in New York State outside the five New York City boroughs and a few other counties required selection of counties before stratification. Within many of these counties, the lack of automation also required cases to be selected without consideration of ZIP code.

Interviewers obtained information for each eligible member of each case. Case members who died before January 1, 1980, or who were continuously institutionalized between January 1, 1980, and the first interviewer contact were excluded from the

survey. All other case members were designated as key persons. Any related person living with a case member when the interviewer contacted the household also was designated a key person and was tracked for the complete year.

In addition, babies born to key persons were considered key persons, and data were collected for them from the time of birth. Relatives outside the U.S. civilian noninstitutionalized population between January 1 and the date of the first interview who moved in with a key person after the first interview also were considered key persons. Data were collected for them for the remainder of 1980. Persons who were part of the U.S. civilian noninstitutionalized population on January 1, 1980, and moved in with a key person after the first interview were classified as nonkey persons; data were collected only for the time that nonkey persons lived with a key person. These nonkey persons are included only in family analysis.

Reporting Unit Enumeration

Persons included in the sample were grouped into "reporting units." Reporting units were defined as all persons related to each other by blood, marriage, adoption, or foster care status and living in the same housing unit or group quarters.

The first step in the interviewing process was to determine the composition of the reporting unit. The procedures were slightly different for the national household sample and the State Medicaid household samples during the first household contact. After the first interview, the procedures were identical.

Control cards were computer-generated by the central offices of the Research Triangle Institute and the National Opinion Research Center with the information necessary to locate the addresses or contact the persons in the sample. The control cards were used to record the results of the interview or attempted contacts with the reporting unit, enumerate the members of the reporting unit, and record selected items of information across all survey interviews. This last use of the control card is discussed in a later section as part of the survey content.

National household component control card—The national household survey control card (Figure 1) was used to identify the housing unit or group quarter in the sample, enumerate the persons living at that address, and determine the reporting unit composition for subsequent data collection.

The assignment information was computer printed in section A of the control card at the central offices of the data collection contractors. This section contained the address of the sample unit or a description of its location, a unique reporting unit identification (RU ID) number, and identification numbers for each stage of the sampling process that were important for subsequent weighting of persons and families; that is, primary sampling unit (PSU) number, segment

number, part number, line number, and case number. All identification numbers were transcribed onto each interview document to ensure that data would be linked with the correct reporting unit or person.

On each control card, five additional unique case numbers were preprinted to account for missed housing units or group quarters. In addition, six unique person identification (PID) numbers were preprinted on the control card to be assigned to persons included in the reporting unit. The case number, RU ID number, and PID number each contained a check digit to guard against transcription errors during interviewing and keystroke errors during data entry.

Section B of the control card contained an introduction that the interviewer read at each occupied housing unit or group quarters. The interviewer then verified that the address matched the preprinted address and enumerated the occupants using the questions in section D. (The letter referenced in section B is reproduced in Appendix I.)

The respondent for the enumeration was required to be a member of the unit and 17 years of age or over. A proxy respondent was used if all eligible household members were unable to respond because of health, language, or mental conditions.

All persons living in the housing unit or group quarters who were related to the head by blood, marriage, adoption, or foster care and were not on full-time active duty in the Armed Forces of the United States constituted a "reporting unit." An exception was made to include the head of the reporting unit if the head was on full-time active duty in the Armed Forces.

The original control card handled reporting units with one to six members. Additional control cards with preprinted PID numbers were used for reporting units with more than six members. All identification numbers were transcribed onto additional control cards from section A of the original control card, including the RU ID number. Related persons who had lived in the housing unit or group quarters between January 1, 1980, and the date of interview but who had died or been institutionalized were included as part of the reporting unit. Data were collected for such persons up to the date of death or institutionalization.

Unrelated persons living in the housing unit or group quarters were considered separate reporting units. The PSU number, segment number, part number, line number, and case number of the original control card were transcribed to a separate control card for each new reporting unit, but the RU ID number was assigned by attaching a unique preprinted label to each control card.

Unmarried students 17-22 years of age who lived away from home were included in the sample only if the address of their parent or guardian was part of

the sample. Financial support for students, including payment for their health care, often is borne by parents. For family analysis of health care, it was determined that students should be included as part of their parents' reporting units rather than as individuals. Therefore, unmarried students 17-22 years of age were sampled through their parents' address rather than their own. However, because students were the only ones who could give information about their use of and need for medical care while attending school, they were interviewed separately where they lived. Students were assigned separate RU ID numbers for administrative reasons.

Group quarters were part of the sample frame for the national household component. The sample unit for group quarters was the room or bed rather than the address; otherwise, the sampling and interviewing procedures were the same as for housing units. The person occupying the room or bed at the time of the interview was included in the survey.

After households or group quarters were enumerated and reporting unit composition was identified, the interviewer recorded each person's relationship to the head of the reporting unit and birth date, age, marital status, sex, and race. Relationship, birth date, and marital status for persons 17 years of age and over were determined through questions printed on the control card. Age was computed from the birth date by use of the age verification chart and was verified by the respondent (Figure 2). The interviewer recorded the sex of each person without asking, unless there was some uncertainty. Race on the control card was determined by observation; during the interview, self-reported race was obtained and recorded in supplement no. 1.

The main part of the interview followed the reporting unit enumeration. The portion of the control card next to and below the large "V" was used to record information collected during the interview. This part of the control card is discussed in the section on household interview content.

At the end of the interview, the interviewer completed section C on the control card to aid future contact with the reporting unit. Finally, the record of calls (section E), the enumeration results (section F), the list of missed housing units (section G), and the interview results (section I) were completed for administrative and control procedures.

The procedure to account for missed housing units was used in conjunction with all addresses to ensure that any housing units or group quarters not part of the list from which the sample addresses were taken were included in the sample. The procedure used sometimes is referred to as the "half-open interval" procedure. The interviewer received a list of all housing units or group quarters in the segment from which the sample units were selected. The interviewer checked to see if any housing or group quarter

units at the same address, at the same apartment number, or between the sample unit and the next unit on the list had been missed in the sample. If units were missed, the interviewer listed them in section G of the control card.

If one to five housing units were discovered to have been missed, the interviewer completed a blank (except for preprinted PID numbers) control card for each missed unit and transcribed the PSU number, segment number, part number, and line number from the original control card. One of the unique case numbers listed in section A of the original control card then was assigned to each new unit. A unique RU ID number was assigned to each missed unit from a series of preprinted RU ID number labels, which were part of each interviewer's supplies. If more than five housing units were discovered to have been missed, the interviewer telephoned the sampling department for instructions on subsampling.

State Medicaid household component control card—The State Medicaid household sample control card (Figure 3) for the first interview was the same as the national household sample control card in most ways. However, several differences existed. The assignment information in section A included the November 1979 address of the case, the names of case members, and their dates of birth, sex, and the type of eligibility, if available. All of this information was extracted from State eligibility files and was printed to help locate and identify case members but not for correction. The eligibility codes were AFDC (Aid to Families with Dependent Children), AGED (aid to elderly persons), B/D (aid to blind and/or disabled persons), and ST/O (State-only special assistance programs, such as those for certain dialysis patients or custodial care of chronically ill patients). As with the national household sample control card, six PID numbers were preprinted on the card to ensure unique identification numbers for all sample members.

Each interviewer used the assignment information and other resources to locate all persons listed as case members. Because the address on November eligibility files may have been different from where case members lived in early 1980, current residential addresses and mailing addresses always were recorded in section B immediately after the introduction to the survey. The interviewer used section D to enumerate all case members residing at the address and any related persons living at the address. As with the national sample, related persons who had lived with case members since January 1, 1980, but were deceased or institutionalized at the time of interview were included as part of the reporting unit. Unmarried students 17-22 years of age living away at school who were children or wards of case members were included in the sample, listed on blank control cards as separate reporting units, and given unique RU ID numbers.

Persons on active duty in the Armed Forces were excluded from the sample unless they were heads of households. Unlike the national sample, persons in the household who were not related to a case member were not included in the sample.

Case members who lived at separate addresses were not included in the reporting units. Information about them was recorded in section G. Separate control cards with unique RU ID numbers were completed for missing case members who were still part of the civilian noninstitutionalized population of the United States, and these persons were tracked to their new addresses.

Several case addresses were nursing homes or other institutions, despite efforts to exclude them before sampling and field assignment. When the interviewer discovered that an address was an institution, the administration was asked to confirm that the case member was a resident, and the case member was not contacted. A case member living in an institution before January 1, 1980, and still living there was not included in the sample.

After the composition of the reporting unit was determined, the procedures for obtaining relationship to head, birth date, marital status, sex, and race were the same as for the national sample. Similarly, completion of section C for subsequent interview information, section E for a record of calls, section F for enumeration results, and section I for interview results were the same as the equivalent sections of the national household sample control card.

Control cards for followup rounds—Control cards for the second through fifth interviews were the same for the national household sample and the State Medicaid household samples (Figure 4). The assignment information in section A and the interview information on the left side of section C were computer-printed based on information recorded in the previous interviews. Interviewers used section B and the right side of section C only if information had changed. Interviewers always completed section D to determine if there were any changes in the composition of the reporting unit or if information had been recorded or keyed incorrectly.

Information for each person in the reporting unit at the previous interview was computer-printed in the "person" columns of the control card. Information for new persons was recorded by interviewers in the next available column, including the date they joined the reporting unit (date of birth for new babies). Lines were drawn through columns for persons who left reporting units, and dates and reasons for departure were recorded.

Special effort was made to keep track of every key person and to collect data from them for the duration of the survey. Information was recorded in section G to help locate any missing reporting unit

member. A person who had ever been in a reporting unit, or was a student away at school, was listed either on the control card or on a related reporting unit member directory (which contained the same information that normally appeared in the person columns of the control card).

The related reporting unit member directory gave all the information needed to include a person in the interview and ensured that the same person would carry the same PID number for the total survey. In general, all persons who were members of a reporting unit at the previous interview appeared on the control card, and all former members were shown on the directory. Persons who had been institutionalized, however, always appeared on the control card rather than the directory, and deceased persons did not appear either place.

Sections E, F, and H were the same as on the first interview control card.

Noninterview report—The interviewer used the assignment information to locate the housing unit or group quarters. If the address turned out to be vacant, nonexistent, an institution, or otherwise not a housing unit or group quarters, the interviewer circled the appropriate code in section F of the control card and identified the source of information in section H.

Chargeable noninterview reports (Figure 5) were completed by supervisors when interviews could not be conducted at eligible reporting units. Reasons for chargeable noninterviews included: inability to establish an initial contact with the residents of an assigned unit, failure to find a case member, failure to locate a reporting unit that moved during the year, and refusal of the reporting unit to be interviewed.

Structure of Interview

The interview contained four basic parts: determining the reporting unit composition using the control card, administering the core questionnaire, administering questionnaire supplements, and reviewing the summary of responses. This order was the same for every round, although not every instrument was used in every round, and there were some other differences in the various rounds.

Control card—The control card provided for the general control of the sample and all interview instruments. It was used in every round, although there were slight variations between the initial round of interviewing and subsequent rounds. The control card identified the persons for whom data were to be collected. Some other data items needed to conduct interviews also were entered on the control card during its generation or during the interviews.

Core questionnaire—The core questionnaire was the major data collection instrument and was the

same for all five rounds.¹ Some questions were not asked or were asked differently in certain rounds. Instructions in the questionnaire made it clear to the interviewer which questions to ask and how to ask them. The reference date (REF. DATE) was different for each interview. The reference date for the first interview was January 1, 1980, and data were collected from that date up to and including the date of the interview. The reference date for the second through fourth rounds was the date of the previous interview, and data were collected for the intervals between interviews. The reference date for the last interview, which occurred January-March 1981, was the previous interview, with data collected up through December 31, 1980. Persons entering or leaving reporting units may have had reference dates that differed from others in their reporting unit; the interviewer referred to a guide card to help determine the correct reference period (Figure 6).

Health conditions could be reported at many places throughout the survey. Whenever a new condition was reported, it was entered on the control card and given the next sequential two-digit number. If the condition name was the same as one already entered on the control card, the respondent was asked if it was the same condition as the previously listed one. If it was, the existing number was used; if it was a new condition, a new condition number was assigned. Thus the condition number for a specific condition was unique throughout the year so that all health care associated with that condition could be linked.

Questions on charges and sources of payment were included for every health care visit, hospital stay, prescribed medicine, and selected other medical expenses. These questions were practically the same regardless of the type of health care. Charge and payment information available to the respondent at the time of the interview was recorded in the section for the health care event. Charge and payment information related to more than one event of health care was recorded in a flat fee section. Charge information that became available at a later date was recorded on the summary of responses.

A set of questions was asked about each reported event of medical care. The core questionnaire was printed with sufficient question sets for each type of care to account for 90-95 percent of the expected utilization reports. Continuation sections for each type of care were carried by the interviewer for reporting units with more health care events than the core questionnaire could accommodate. Continuation

¹A few minor problems were noticed in the questionnaire during the round 1 interviewer training and were corrected before printing subsequent round questionnaires. These mainly involved clarity of interviewer instructions and had little effect on the data.

sections also were used when respondents remembered health care events that occurred before the reference date and should have been reported during an earlier interview.

One control card and one core questionnaire were used for every six members of a reporting unit. Information for the six persons in the core questionnaire was required to match the six person columns on the control card. Information for a person that could not be accommodated in the appropriate core questionnaire had to be recorded on continuation pages even if a second core questionnaire was not full.

Certain types of health care involve frequent visits to the same provider for the same service and either cost the same or are included in the same flat fee. Because the data for such visits were identical except for their dates, a series of five or more visits was recorded in the repeat visit portion of a visit section by recording only the dates. This procedure saved the interviewer and respondent from having to repeat multiple sets of the same questions. The information collected on the first of the five visits then was expanded by computer to make a complete record for each visit. These records were identical except for the dates. A series of questions preceding the dates ensured that the data items for all visits were identical before the repeat visit portion was used.

All data collected in the core questionnaire, except for health insurance, related to the interval from the reference date up to and including the date of interview (or December 31, 1980, in round 5). Health insurance coverage was recorded as of the date of interview for all rounds, including round 5. Insurance coverage questions, therefore, did not yield coverage throughout 1980 but rather coverage at four to five distinct points during approximately 12 months concentrated in calendar year 1980.

Supplements—Data that were not expected to change, changed very slowly, or needed to be measured only once were obtained using questionnaire supplements. Supplements were administered in the first, third, and fifth rounds of interviewing. No supplement was included with the second or fourth round interviews except for new persons. The first review of the summary of responses during round 2 was expected to take longer than subsequent reviews, and a supplement would have made the round 2 interview too long. Round 4 interviews were conducted with only two-thirds of the reporting units, so it was not desirable to have a new supplement during that round.

Basic demographic data were collected during the first interview in supplement no. 1, and 1980 employment and income data were collected during the round 5 interview. Data collection for activity and functional limitations took place during the first

and fifth round interviews. The only information collected during the round 3 supplement was usual source of care, a subject suitable for telephone interviewing.

Summary of responses—A summary of responses was computer-generated from data recorded in the core questionnaire or continuation sections during previous interviews. No summary of responses was available during the first interview. The summary of responses was cumulative and contained information on health care from January 1, 1980, with one exception. Health insurance coverage was not cumulative; only the health insurance reported in effect on the previous interview date appeared on the summary.

For each health care encounter—hospital stay, doctor visit, emergency room visit, hospital outpatient department visit, dental visit, prescribed medicine, and type of other medical expense—a set of data was displayed that included:

- Date.
- Name of provider, medicine, or type of other expense.
- Services received.
- Total charges.
- Source of payment and amount.

Health insurance coverage reported during the previous interview appeared at the end of each person's responses.

The summary of responses was mailed to the reporting unit and to the interviewer just before the interview. It was reviewed after the core questionnaire and any supplement had been administered. Bills for health care and statements on insurance claims payment often are received by families some time after health care is received, and the summary of responses was designed to allow health care information to be updated whenever additional data became available. The summary served also as a check to make sure that recording or data entry errors were held to a minimum. The addition of a complete health care encounter that was missed in a previous interview required use of continuation sections.

Spanish version—Several interviews were conducted in languages other than English, especially in the State Medicaid household sample. A family member provided the translation in many reporting units, many interviewers were bilingual, and sometimes a translator accompanied the interviewer. The questionnaire was translated spontaneously during the interview for all languages except Spanish. A guide written in Spanish was prepared because of the expected large numbers of Spanish-speaking persons. A Spanish version of each instrument was used by the interviewer to ask the questions with standard wording, but answers were recorded in the standard English documents (Bonham, 1982).

Differences by Round

A "round" was the administrative term used to designate all interviews that occurred within a given period and that used the same instruments and procedures. There were five rounds of interviewing; the number of the round and the number of the interview correspond for most reporting units (i.e., the first interview was conducted during round 1, the second interview during round 2, etc.). For some reporting units and individuals, however, there was a difference between the round number and the interview number. Reasons for differences between round number and interview number were:

- A household was not contacted initially until early in round 2.
- A reporting unit that was interviewed initially and could not be interviewed during the next followup round but was interviewed in a subsequent round.
- The reporting unit was not interviewed during the fourth round because of the shortened data collection period.
- A person entered the civilian noninstitutionalized population of the United States after being in the military, in an institution, or outside the United States during at least one previous round.
- A person was not a key person.

The rounds were bounded by nonoverlapping sets of dates, were preceded by interviewer training (except round 4), and had slightly different field procedures.

Round 1—A major emphasis of round 1 interviews was to determine persons in the samples and to find them so they could be interviewed. The control cards of the national household component and the State Medicaid household component differed for this round because the sample selection procedures were different. The first round of interviewing occurred February-April 1980, with a reference date of January 1. The recall time for the reporting unit, therefore, could vary from just more than 1 month to almost 4 months. No prior interview bounded the data collection period, but the holidays around the first part of the year provided a type of bound. During the first interview, all information was based on respondent recall unless records of health care use or expenses were available. Supplement no. 1 was administered for every person in every reporting unit interviewed in round 1. All interviews were conducted in person, with the possible exception of a few students away at school who lived in an area outside a 2-hour driving range of any interviewer on the survey. A calendar was left with the reporting unit, and instructions were given to record all illness and health care on it and to use the pocket at the bottom

to keep receipts (Figure 7). A facsimile of the summary of responses was shown and discussed so that the respondent would recognize it when it arrived. An incentive of \$5.00 was given to the respondent at each reporting unit at the end of the interview, and an agreement and receipt form was signed (Figure 8). Round 1 interviews averaged 1.4 hours for the national household component and 1.8 hours for the State Medicaid household component.

Round 2—Round 2 interviews were conducted May-July 1980. The interview began with administration of the control card to check the composition of the reporting unit, followed by the core questionnaire. Supplement no. 1 was administered for any person who had joined the reporting unit since the first interview. The summary of responses was reviewed for the first time during this interview. Interviews were conducted in person, and a \$5.00 incentive was given to the respondent. The average lengths of interviews were 1.2 and 1.5 hours for the national and the State components, respectively.

Round 3—Round 3 interviews were conducted August-October 1980. The interview consisted of administration of the control card, the core questionnaire, the round 3 supplement, supplement no. 1 for any new person, and review of the summary of responses. Interviewing was done over the telephone whenever possible; 83 and 58 percent of the interviews were made by telephone in the national household component and the State Medicaid household component, respectively. The average lengths of interviews were 1.0 and 1.2 hours in the two components, respectively. No incentive was given during this round.

Round 4—Round 4 interviews were administered to two-thirds of the reporting units during November and early December 1980. The remaining third, generally persons with a round 3 interview during October, were the first reporting units interviewed in round 5. The round 4 interview consisted of administration of the control card and the core questionnaire, review of the summary of responses, and administration of supplement no. 1 for any new person. Interviewing was done over the telephone whenever possible; 88 and 65 percent of the interviews were made by telephone in the national and State components, respectively. The average lengths of interviews was 0.8 and 1.0 hours in the two components, respectively.

Round 5—Round 5 interviews were conducted in person January-March 1981. The interviews consisted of administration of the control card, the core questionnaire, the round 5 supplement, the summary of responses, and supplement no. 1 for any new person who joined the reporting unit by December 31, 1980. Emphasis was placed on the summary of responses, because the round 5 interview was the last opportunity to update data. Medicare and Medicaid

numbers that appeared incorrect were verified with the household to aid subsequent matching with administrative records. The average lengths of interviews was 1.3 and 1.5 hours for the national and State Medicaid household components, respectively. A final \$10.00 incentive was given to the respondent.

Administrative Records Survey

Medicare and Medicaid identification numbers were recorded during each round of interviewing for people reported to be covered under one or both of the programs. Medicaid numbers also were available from State eligibility files for members of the initially selected cases in the four State Medicaid household samples. Administrative records for 1980 were extracted from the Federal Medicare files and the State Medicaid files for these numbers. The records were extracted during the fourth quarter of 1981 after almost all bills for 1980 services would have been received and paid.

Medicare—Medicare is a Federal program with a centralized record system. Medicare Part A pays for inpatient hospital care, and Medicare Part B pays for certain other medical expenses. Claims records from both parts of the record system were extracted for household respondents, regardless of whether they were in the national or in the State Medicaid household components.

California Medicaid—California had centralized records on its Medicaid program (Medi-Cal), although the program was operated at the county level. A person may have had more than one Medi-Cal number during the year if he or she moved between counties. Records were available on eligibility for each Medi-Cal number, claims for each reimbursed service, and characteristics of health care providers. Records from each of these three file types were extracted for Medicaid-covered persons in the California State Medicaid household sample.

Michigan Medicaid—Michigan had a centralized Medicaid program, centralized records, and a central-

ized system of recipient identification numbers. Data were extracted from the person-eligibility files, the claims files, and the provider files for Medicaid-covered persons in the Michigan State Medicaid household sample.

New York Medicaid—The New York Medicaid program was a county-run program, with each county maintaining its records. Some county record systems were automated and some were not. The five New York City boroughs and a few other counties had combined their records into a centralized automated system (Medicaid Management Information System). Records were extracted from the person eligibility files, claims files, and provider files for the automated counties. For the nonautomated counties, hard-copy eligibility and claims records were reviewed, the information was transcribed to a coding form, and the data were keyed into machine-readable form by the contractor.

Texas Medicaid—The Texas Medicaid program was a centralized automated system with a centralized system of recipient identification numbers. Data were extracted from the person-eligibility files, claims files, and provider files for Medicaid-covered persons in the Texas State Medicaid household sample.

Other State Medicaid—The national household sample included reporting units in 35 States, each with a different Medicaid program and record system. Program records for persons in the household survey were not extracted. However, each State was requested to provide the monthly Medicaid eligibility status during 1980 for people in the national household component for whom a Medicaid number was reported. In addition, the States were asked to provide eligibility status information for persons reported to be covered by Medicaid but without a reported Medicaid number, those for whom Medicaid was reported as a source of payment for health care, and a sample of low-income persons who claimed no Medicaid eligibility.

Household Interview Content

Data for a wide range of topics related to health, access to and use of medical service, the associated cost and source of payment, and health insurance coverage were collected in the household survey components of NMCUES. Individual and family social, economic, and demographic data also were collected. Facsimiles of the core questionnaire (Appendix III), supplements, and summary of responses are grouped for this report by content. This grouping by content generally follows the ordering in the interview.

Actual locations in the instruments may be reconstructed by reference to the reproduced page numbers ignoring alphabetic prefixes. Only one set of questions or recording columns are reproduced, although the instruments had multiple sets or columns. Sections of the core questionnaire may be located by referring to the appendix contents.

Condition and Illness

Conditions—Health conditions, that is, any departures from a state of physical or mental well-being, may have been reported many different places during the administration of the core questionnaire and supplements. Recording procedures, however, were always the same.

In the core questionnaire, conditions were reported in the following sections of the survey instruments:

- Disability days.
- Emergency room visit.
- Hospital outpatient department visit.
- Medical provider visit.
- Hospital stay.
- Prescribed medicine.
- Other medical expense.

In supplement no. 1, two sections were used for reporting conditions:

- Limitation.
- Background information.

In the round 5 supplement, only the barriers to care section was used to report conditions.

Figure 9 from the medical provider visit section illustrates a typical question and the standard recording procedures. A “condition” was whatever the household respondent perceived to be a departure from well-being. The condition name or key words in the condition description were recorded under “CONDITION”; “CC” was an interviewer instruction to refer to the person’s column on the control card.

Above the person columns on the control card were instructions to the interviewer (Figure 10). If no condition with that name or description had been entered on the control card, the interviewer recorded the condition on the control card and assigned the next available two-digit number. If the condition name or description already was entered on the control card, the interviewer checked card Q (Figure 11) and, if applicable, asked, “Is this the same (CONDITION) you told me about. . .?” If the answer was no, the interviewer recorded the name and assigned the next available unique number to the new condition.

If the condition appeared on card Q as a chronic condition or the respondent answered yes to the question, nothing new was recorded on the control card. The interviewer entered the two-digit number associated with the condition in the questionnaire under “COND #” and continued with the interview.

The list of conditions and their numbers on the control card became a cumulative master list of conditions for each person to ensure common identification and linkage throughout different sections of the questionnaire and supplements during an interview and across interviews.

A condition section (Appendix III) was completed for each condition. The information obtained

in this section was used to code to the Ninth Revision *International Classification of Diseases* (World Health Organization, 1977), as adapted for use with household surveys by the National Health Interview Survey (National Center for Health Statistics, 1979). Condition names appearing on the interviewer card K (Figure 12) were sufficiently specific for coding purposes and did not require additional information about the cause or part of the body affected. (Pregnancy and vasectomy are not conditions as such, but were treated as conditions in NMCUES for data collection purposes.)

Detailed information about each condition was collected during the interview in which the condition was first reported. Subsequent diagnoses or changes in diagnoses were not included in the scope of the survey. Complications of a condition were recorded if they were reported as separate conditions; no interview link was made between an original condition and a complication. Six condition sections were in the core questionnaire, three in supplement no. 1, and two in round 5 supplement. Condition section continuation pages also were available.

Disability day—The disability days section (Appendix III) was the first section of the core questionnaire during which a condition could have been reported. This section referred to the days that a person was affected by illness or injury. Three basic disability concepts were measured—whether illness or injury (1) kept the person in bed, (2) kept the person from work, and (3) caused the person to cut down on usual activities. The health conditions and the number of disability days associated with each condition were recorded for each of the three concepts. More than one condition may have contributed to a day of disability; therefore, the sum of days specific for each condition (from question 1D, 2D, or 3D) may have exceeded the total number of days given for the global question (1A, 2A, or 3A). Days lost from work recorded in question 2 may have been the days spent in bed recorded in question 1; question 2E was designed to determine the overlap. Total restricted-activity days for each condition, therefore, may be calculated from the sum of days reported for question 1, plus those for question 2, plus those for question 3, minus the overlap reported for question 2E.

Health status—A general health status question was asked for each person in the reporting unit as part of the background information section in supplement no. 1 (Figure 13).

Health Care Service

Information was collected for each contact with a provider of health care services. Emergency room and hospital outpatient department visits were handled separately from other medical provider visits. Common information was collected for all

health care services, such as name of the provider and date of service. Central for each service were questions on the charge, source, and amount of payment for the health care. Each reported contact with a provider became a separate entry on the summary, with the contact identified by date, name of provider, and type of service.

Provider probe section—The provider probe section (Appendix III) was designed to determine the total number of dental visits, emergency room visits, hospital outpatient department visits, hospital inpatient stays, and other medical provider visits for each person in the reporting unit. The probes were designed to elicit a report of every visit made during the reference period. It was not important which probe within each of the broad areas elicited the report of a visit. However, once a visit was accounted for in response to one question, it should not have been reported again in any succeeding questions.

The total number of visits of each type for a person was entered in the section of the "V" box on the control card (Figure 14). Detailed information on each of the visits within these major groupings was recorded in later sections of the core questionnaire.

Dental visit section—The dental visit section (Appendix III) was designed to collect detailed information about each of the dental visits reported in the provider probe section. Questions were asked about the nature of the visit, the charge, and the sources of payment. The repeat visit section of the dental visit section was used for visits to the same dentist for orthodontia if the visits met certain other qualifications.

Emergency room visit—The emergency room visit section (Appendix III) contained questions about the conditions requiring treatment and the reason that the person visited the emergency room rather than some other source of care. General questions on procedures (whether surgery, X-rays, or specific tests), the charge, and source of payment were included in this section. An emergency room visit and a hospital stay were recorded if a person was admitted to the hospital as a result of the visit.

Hospital outpatient department visit—The hospital outpatient department section (Appendix III) was used to record a visit to a clinic or outpatient department affiliated or associated with a hospital. All visits to separate clinics were recorded as separate visits even if the visits were made the same day and associated with the same hospital outpatient department. The name and address of each hospital were collected to identify the hospital on the summary of responses and to provide a link to available sources of data about characteristics of hospitals. Data were collected on the nature of the visit, the condition associated with the visit, the procedures used during the visit, associated charges, and sources of payment.

Hospital inpatient stay—The inpatient hospital stay section (Appendix III) collected information about each admission to a hospital including admissions that did not require an overnight stay, such as in-and-out surgery. Some long-term care or nursing home stay data were collected in this section, based on the provider probes. Nursing homes were included in the probes to ensure complete reporting of short-stay hospital information. The distinction between short-stay and long-term care facilities was made during the coding process using the name and location of the facility, data from the American Hospital Association, and State lists of long-term care institutions. Nursing homes or long-term care stays were excluded from the analysis. Most long-term care stays were not reported because institutionalized persons were excluded from the NMCUES sample. Also, data were collected up to the date of institutionalization for a sample person who went into an institution by the time of one of the followup interviews.

Data about the reasons for admission, operations or procedures performed, length of stay, associated charges, and sources of payment were recorded in this section. All charges associated with the hospital stay were obtained but may have been recorded in different ways, depending on the method of billing. Physician charges included in the hospital bill were not identified separately. The doctor's section of the hospital stay section was used only for physicians who billed separately from the hospital. For the birth of a baby in a hospital, separate hospital stay inpatient sections were completed for the mother and for the baby, but the hospital charge was recorded only in the section for the mother if a single bill was made by the hospital.

Other medical provider visit—Visits to a physician's office, a clinic separate from a hospital, a laboratory, or some other medical provider or place were recorded in the medical provider visit section (Appendix III). If a person visited a medical provider at a hospital, hospital outpatient clinic, or emergency room, it was recorded in one of those sections rather than in the medical provider visit section. As used in this survey, the term "medical provider" referred to all persons engaged in the prevention, diagnosis, and treatment of physical or mental health problems whether or not they had medical degrees. This definition included persons such as chiropractors, speech therapists, faith healers, psychologists, and nurses, as well as medical and osteopathic doctors. Specific questions were included to determine if the provider was a doctor or worked for or with a doctor. In addition, information was collected about the condition associated with the visit, the service provided, the place where service was provided, the charge, and the source of payment.

Geographic location—The name and address of each health care provider was obtained with varying degrees of detail and for various purposes. The provider name was used primarily to identify the visit or stay on the summary of responses. The provider name may have been the name of a person, the name of a place, or both. City and State were coded using U.S. Bureau of the Census identifiers to enable linkage with data on characteristics of the geographic area.

The name and location of a hospital were used to code its identification number as contained in the 1979 data files of the American Hospital Association. Selected characteristics of hospitals then were incorporated into the data, including whether the hospital was a short-stay or long-term care facility. The hospital identification was made for all hospitals recorded in emergency room visit sections, hospital outpatient department visit sections, and hospital stay sections.

The complete name and mailing address of medical providers were obtained in the State Medicaid household sample. A planned survey of the health care providers for this sample was dropped because of budget restrictions.

Health Care Supplies

Prescribed medicine—The prescribed medicine section (Appendix III) began with global questions to determine all medicines requiring a doctor's prescription that had been obtained for persons in the reporting unit. For each prescribed medicine named, data were collected on the condition or conditions for which it was obtained, the number of times it was obtained or refilled since the reference date, associated charges, and sources of payment. Prescribed medicines used to prevent a condition or to prevent pregnancy were included in this section, but no condition was recorded.

Nonprescription medicine section—The nonprescription medicine section (Appendix III) referred to selected types of medicines that do not require a doctor's prescription. These over-the-counter medicines included:

- Pain relievers.
- Cold and allergy medications.
- Vitamins.
- Antacids.
- Laxatives and diarrhea and hemorrhoid medicines.

The total amount a family spent for a class of medicine was sought rather than charges for each purchase or for each person.

Other medical expenses—The other medical expenses section (Appendix III) contained a series of

questions about selected medical expenses. These included:

- Eyeglasses.
- Orthopedic items.
- Hearing aids.
- Diabetic items.
- Ambulance service.

Purchases, rentals, or other expenses for each type of item or service were recorded separately for each person in the reporting unit. Data collected included the associated conditions, total charges, and sources of payment.

Health Care Charge and Source of Payment

For each service and supply discussed in the previous sections, data on total charges and sources of payment were collected. The series of questions designed to collect this information was similar for all service and supply sections, differing only in a few words and precoded categories. The series from the medical provider visit section is used for illustration.

Total charge—Information first was collected on the total charge for the service or supply (Figure 15). The total charge included everything that was done during the visit or the total of all supplies of the same type included in the line of data. This total charge was the amount billed, not necessarily the actual amount paid or accepted as payment by the provider of the care. Ideally, a dollar-and-cent amount was available at the time of interview. When a dollar-and-cent amount was not available at the time of interview, the reasons were separated into several categories.

An unknown charge was recorded as such and could be obtained during the next interview during the review of the summary of responses. If the respondent reported that there was a very small or no charge for the visit, a probe question was asked. When Medicaid or welfare paid the bill, the respondent would probably have no idea how much it actually cost, and the instruction for "Medicaid/Welfare" skipped the rest of the charge and source of payment series.

There may have been no charge reported because another source or sources would pay. This could have been an organization that provided services and was funded or reimbursed by members' fees or public or private funds, such as a health maintenance organization, a prepaid health plan, private insurance, a public clinic, or a student health clinic. The code "free from provider" was used only when the provider gave a service for which he or she was not reimbursed, for example, a professional courtesy or volunteer service. A small charge—\$3.00 or less for a medical visit or \$1.00 or less for a prescribed medicine—sometimes is

associated with a prepaid health plan or health maintenance organization. A small charge also may reflect the actual charge for the visit, and so additional questions were asked.

A person may receive a single charge for a service, a variety of services, or a series of visits. This single charge may be paid in one lump sum or by installments, but in a way that cannot be related to the individual events of health care. Such a charge was termed a "flat fee" and is discussed later in this section. When a flat fee was identified, the visit was coded as included with other charges, the interviewer filled out a flat fee section and entered a flat fee letter on the appropriate line, that is, FF____(RV). The appropriate letter was determined by checking previous flat fees in the core questionnaire and the summary of responses and assigning the next available letter; that is, the first flat fee would be A, the second B, and so on.

Two additional categories were specific for other types of services or supplies. The hospital stay section included the category, "Included in mother's bill," which was used if the hospital charge for a newborn was included in the charge for the mother. The prescribed medicine section included the category, "Included in Dr. charge," to be used when the medicine was obtained from the doctor but without a separate bill. The first category was made to avoid flat fees that involved more than one person. The second category was made to avoid large volumes of flat fees when the actual charge for the medicine would be small compared with the charge for the professional service.

Sources of payment—The source of payment for the total charge was ascertained for all services and supplies. The first question dealt with the family as the source of payment, with the family defined as those persons in the reporting unit (Figure 16). No distinction was made on whether the family had already paid or expected to pay in the future, because adjustments could be made on the summary of responses. The data desired was the final out-of-pocket amount paid by the family.

The next two questions were about payments by sources other than the family (Figure 17). No distinction was made between whether the payment had been made or was expected in the future. The summary of responses review and updating allowed sources to be added or deleted. Three separate sources could be recorded; if more than three sources of payment were involved (excluding the family), the three paying the highest amounts were recorded.

Amount of payment—The amount paid by each source generally was recorded in the manner reported by the respondent, either as a dollar-and-cent amount or as a percent. The interviewer would convert an "all" or "100 percent" to dollars and cents if the total charge was a dollar-and-cent amount. The "\$"

or the “%” was circled to indicate which way the figures were recorded. The amount or percent paid by a source could be recorded even if the total charge was unknown. The interviewer was instructed to probe once if the sum of the amounts or percents paid by all sources was less than the total (100 percent). This instruction also applied to the review of the summary of responses.

Flat fee—A flat fee section (Appendix III) was completed whenever a service or supply was included along with other services or supplies in a single lump sum charge. Flat fees could be associated with only one person. If a charge was reported that applied to more than one person, the interviewer was instructed to divide the amount of the charge evenly if the respondent could not divide the charge. Flat fees were assigned sequential letters within reporting units. Thus flat fees related to a single person were unique, although not necessarily sequential.

The flat fee section was completed at the first mention of a flat fee (interviewer instruction “FF” in core questionnaire). The questions for total charge, source of payment, and amount of payment in the flat fee section were the same as those for individual services or supplies elsewhere in the core questionnaire. In addition, the type of health care covered by this flat fee was coded by the interviewer to aid in subsequent identification of the flat fee on the summary of responses and in data processing. The number of visits and hospitalizations associated with the flat fee before January 1, 1980, was requested to aid in prorating the flat fee. Respondents were not asked the number of visits or hospitalizations associated with the flat fee expected after December 31, 1980, because the information would have been speculative.

A respondent initially may have reported the flat fee as a single charge for the first visit. When asked the charge for the second visit, the respondent reported that it was part of the charge reported for the first visit. The interviewer was then instructed to fill out a flat fee section, place the flat fee letter in both visit sections or with the visits on the summary of responses, and delete the charge information from the first visit.

Summary of responses for charge and payment—The total charge, sources of payment, and amount of payments were the focus of the summary of responses (Figure 18). Statements that could be printed on the summary of responses for the total charge were:

- \$_____.
- FF_____.
- NO CHARGE.
- \$3 OR LESS.
- \$1 OR LESS.

- FF ??.
- NOT AVAIL.
- NOT KNOWN.

The total charge line could never be blank. Statements that could be printed on the summary of responses for the source of payment were:

- 24 characters of the source name (character 25 was “+” if the source name was longer than 24 characters).
- SEE FLAT FEE _____BELOW.
- WELFARE/MEDICAID.
- FAMILY.
- FREE FROM PROVIDER.
- STANDARD CHARGE.
- W/MOTHER’S BILL.
- INCLUDED IN DOCTOR CHARGE.
- SEE FLAT FEE ?? BELOW.
- NOT AVAILABLE.
- NOT KNOWN.

Four sources of payment were allowed, but three lines could be blank. The amount for each source of payment could be printed on the summary of responses as follows:

- \$_____.
- _____%.
- FF _____.
- NO CHARGE (if source was FREE FROM PROVIDER).
- Blank (if source was STANDARD CHARGE, W/MOTHER’S BILL, INCLUDED IN DOCTOR CHARGE).
- FF ??.
- NOT AVAIL.
- NOT KNOWN.

The amount of payment always was printed as 100 percent on the summary of responses when the respondent reported there was no charge because welfare or Medicaid paid the bill (WELFARE/MEDICAID printed as the source of payment). Only services or supplies with a “no charge” response to the total charge question, a “free from provider” response to the followup probe, and a “no” response to the question about whether anyone else would pay for the visit were considered to be truly “free from provider” and were indicated as such on the summary of responses.

Health Insurance Coverage

The health insurance section (Appendix III) dealt with health insurance coverage of all members of the

reporting unit on the interview date. The different areas of coverage were publicly funded programs and private health and dental insurance programs.

Medicare—Medicare coverage was determined at each interview, although a person seldom goes off Medicare once it has been obtained. The Medicare number was important for linkage to administrative records, and callbacks were made to the household if the number was not obtained at the time of interview. The interviewer copied the number directly from Medicare cards whenever possible. The type of coverage and the effective date also were copied from the cards to provide additional information about the coverage. The Medicare identification number appeared on the summary of responses to be verified during subsequent interviews. By the round 5 interview, Medicare numbers had been compared with the Medicare administrative files, and unmatched numbers were sent to the interviewer for additional verification or correction by the reporting unit.

Medicaid—Medicaid coverage was determined at each interview because eligibility and Medicaid identification numbers may change. Interviewers carried facsimiles of local Medicaid cards or forms to aid respondents in reporting. The interviewer copied the identification number directly from Medicaid cards whenever possible. Medicaid numbers were verified against numbers in the Medicaid administrative files of the four States of the Medicaid household sample. However, all reported numbers were reviewed for reasonableness during the central office edits of the round 5 interviews. Respondents were telephoned any time a Medicaid number did not have the appropriate format for the State.

The Medicaid “spend-down” section was included in the round 5 supplement to determine who in the survey was on Medicaid through spend-down provisions (Figure 19). Spend-down provisions existed in the Medicaid laws in many States (excluding those States in the MS box on the questionnaire) to help people whose income was too high to meet normal Medicaid eligibility requirements but too low to pay their medical bills. The questions were designed so that a person eligible for Medicaid because of a spend-down provision would answer yes to either question 6 or 7 (i.e., the person had to have a certain amount of medical expenses or had to pay the State a certain amount of money before Medicaid could be received).

Other public programs—Some publicly financed programs provide health care directly or provide a type of health insurance for specified groups of people. These include the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), Civilian Health and Medical Program of the Veterans Administration (CHAMPVA), and the Indian Health Service. Public assistance programs not specifically

mentioned in the questionnaire were identified by name. Coverage under these publicly financed programs was determined during each interview.

Private health insurance—Questions were included during each interview to obtain the names of all private health insurance plans the reporting unit carried to cover health and dental care. Then, individuals covered by each of these plans were recorded. Questions were asked about the extent of coverage and premium cost of each private health insurance plan during the round 1 interview, the first interview with a new reporting unit created when a person moved out of an original reporting unit, and the round 5 interview. The reasons for no health insurance coverage for persons with no reported coverage also were asked during these same interviews. A handout card was used to aid the respondent in classifying reasons for no coverage (Figure 20).

Summary of responses for insurance—Health insurance coverage of people on the date of the previous interview was included in the summary of responses (Figure 21). Each type of coverage or health insurance plan was printed on a separate line with the core questionnaire question number for identification purposes. Medicare and Medicaid identification numbers were printed so their accuracy could be verified. (??-??-????-?? or NOT AVAILABLE was printed if the Medicare number was not obtained, and PLAN # NOT KNOWN or PLAN # NOT AVAILABLE printed if the Medicaid number was not obtained.) Statements printed on the summary of responses for the plan name and source question were:

- MEDICARE Q1.
- CHAMPUS/CHAMPVA Q2.
- INDIAN HEALTH SERVICE Q3.
- MEDICAID Q4.
- 34 characters of program/
plan name Q4, Q5, Q6, or Q7 (character 35 was “+” if the name was longer than 34 characters).
- PROGRAM OR PLAN NAME
NOT AVAILABLE Q4, Q5, Q6, or Q7.
- PROGRAM OR PLAN NAME
NOT KNOWN Q4, Q5, Q6, or Q7.
- NO COVERAGE REPORTED.

Four plans or statements could be printed for each person.

Summary of Responses

The computer-generated summary of responses served many purposes, but the primary purpose was

to provide a procedure to update health care charge and source of payment data as they became known (Figure 22). The summary of responses also reduced double reporting of the same health care, reduced the possibility of missing some health care, and corrected mistakes resulting from erroneous reporting, recording, or data processing. It also helped legitimize the survey for many respondents.

Generation—A summary of responses was generated for each reporting unit and addressed to the head of the household. The summary contained one or more pages for each person in the reporting unit at the time of the most recent interview. Summary pages were not generated for people who died before the most recent interview. However, pages were generated for institutionalized people even if they had not been in the household during the reference period of the most recent interview. The major unit of the summary of responses was the visit, stay, medicine, or other medical expense. Each was identified by a date, type of care, total charge, sources of payment, and amounts of payment. Dental visits, emergency room visits, hospital outpatient department visits, hospital inpatient stays, separately billed doctors' charges for hospital care, and medical provider visits were identified by provider name and the services received. Prescribed medicines were identified by medicine name and the number of times purchased. Other medical expenses were identified only by the type of expense.

Whenever data were missing, the generation process printed a "???" or "NOT KNOWN" statement. This was a cue to the interviewer to ask for information during the review with the respondent. If the original data were refused, "NA" or "NOT AVAILABLE" was printed on the summary of responses as a cue for the interviewer not to ask for data during the review.

The summary of responses format allowed printing of as many as four lines of services and sources of payment. If there were more than four, only the first four as they appeared in the questionnaire were printed and retained for the summary of responses. Services or sources of payment in excess of four remained in the data base but could not be updated. A flat fee section resulted in a separate entry, identified by the flat fee letter and the type of flat fee. Insurance coverage at the most recent interview was printed on the summary of responses. Medicare and Medicaid identification numbers were printed with insurance coverage to allow verification or correction.

All information on the summary of responses was cumulative, except for insurance coverage, and could be updated during any subsequent interview. Only insurance coverage as of the date of the previous interview was printed and was thus allowed a single update. Two copies of the summary of responses were printed. One was mailed to the reporting unit,

unless there were instructions not to do so, and the other was mailed to the interviewer. The two copies were identical except for line identification numbers on the interviewer's copy for the purpose of data processing. The content of the summary of responses is discussed with the questionnaire sections in which the original data were recorded. Further details of the summary of responses generation process are in Knowles and Hoog (1981).

Review—The summary of responses was reviewed with the reporting unit respondent following completion of the core questionnaire and supplements. The interviewer specifically asked about any entries that appeared to be erroneous (e.g., a \$17,000 charge for a dental visit) and about entries identified as "???" or "NOT KNOWN." If the information was not known and would never be known, the interviewer changed the entry to "NA" or "NOT AVAILABLE" so it would not be reviewed again. The "NOT KNOWN" codes were left if there was a possibility that the data would be available at some time.

The summary card was used by the interviewer as a guide for asking questions (Figure 23). This card helped ensure uniformity of questions used for summary of responses updating with those used in the core questionnaire to collect the data initially. Corrections were made by drawing a line through incorrect data and recording the correct data immediately above or next to the deleted data. Additional data could be added for health care appearing on the summary of responses, but a continuation page for the appropriate section was required for any health care not appearing on the summary of responses. The respondent was questioned whenever the amounts of payment or percents did not add up to the total (100 percent) or added to more than the total (100 percent).

The pages for members who had left the reporting unit since the last interview were separated from the summary of responses and were held until the interview could be conducted at the new address.

Limitations

Some health problems are severe enough to limit the ability of the person to do certain things. Two types of limitations were subjects of inquiry in NMCUES, one in the first interview and the other in the round 5 interview.

Activity—Limitation of activity was collected in supplement no. 1 during the first interview for the person (Figure 24). This series of questions also was used in the National Health Interview Survey with the exception of the reference time in question 1; 1979 was used in NMCUES, whereas the past 12 months was used in the National Health Interview Survey. The set of questions was designed to produce the following categorization for people 6 years of age and

over: (1) cannot perform usual activity, (2) can perform usual activity but limited in kind or amount, (3) can perform usual activity but limited in kind or amount of other activity, and (4) not limited. Children 1-5 years of age were classified into categories 1, 2, and 4; children under 1 year of age were classified only into categories 1 and 4. The condition causing limitation of activity was obtained.

This section of the questionnaire contained two errors. If no response to question 7 was received, the interviewer was to skip to question 12, but there was no question 12. In addition, the skip instructions for the interviewer at the end of the section, question 11, inadvertently were left off the instruments. However, during training, the interviewers were instructed to go to the next person in both cases.

Functional—The functional limitations section of the round 5 supplement included questions on the ability of persons 17 years of age and over to perform various functions (Figure 25). These questions were adapted from a set used by the Rand Corporation (Stewart et al, 1978), which found them to be useful in constructing a scale on ability to function in daily activities. People in a 5-percent random sample of reporting units (“in the FL sample”) were asked the complete battery of questions; others were asked the complete battery only if some limitation was reported in either of the first two questions. The sample was identified for the interviewer by a message in section A of the control card on the lines marked “Special instructions.” The sample was selected for methodological certification that the questions did have good scaling properties. To ensure comparable data for people not in the sample, questions 1 and 3 were identical, and question 2 was the same as question 15 for persons with no limitations.

Access to Health Care

The core questionnaire was used to record information on use of health care. It elicited no information about health care potentially available but not needed or about health care not received but needed. Data related to these two topics were collected in supplements.

Usual source—The round 3 supplement included questions on the usual source of medical and dental care (Figure 26). If the person had a usual source of medical care, questions were asked about the kind of place and the convenience of the care. The reason for not having a usual source of medical care was asked for other persons.

Unmet needs—The round 5 supplement included a barriers to care section (Figure 27). When a health care condition was serious enough that a person wanted to see a doctor or medical person, but did not, a handout card was given to the respondent to determine if there was a barrier to care (Figure 28).

The supplement contained space for two different conditions to be reported for each person. The most important two were selected by the respondent if he or she was aware of more. An additional question was asked about persons with Medicaid coverage to determine if they had encountered an overt barrier because of their Medicaid coverage.

Person and Family Characteristics

Several person and family characteristics were collected to aid in the analysis of health, health care, health care costs, and payments for health care. These characteristics were obtained at different places during the interview and not always by direct questions.

Family size, composition, and marital status—The size of the family was determined during administration of the control card when all related civilian persons living in the housing unit were enumerated. Information about the relationship to the head of household and the marital status of persons 17 years of age and over also was recorded on the control card. This information was collected at each interview because the composition of the reporting unit could change during the period covered by the survey.

Dates entered and exited the family, sample, and universe—Panel studies involve complexities not encountered in cross-sectional studies, as people may change status during the period. Dates were recorded on the control card for all major changes. These changes included entering or leaving the family (e.g., marriage, separation, returning home, moving out of the home to a separate place); leaving the sample (e.g., moving with no trace, refusing to be interviewed again); or entering or leaving the universe (e.g., birth, death, coming out or going into a nursing home, moving overseas).

Age and sex—Date of birth, age, and sex were recorded on the control card and could be corrected at each interview if they were recorded or keyed erroneously.

Education—Questions on the highest grade of regular school completed by persons 17 years of age and over or by head of household were included in the background information section of supplement no. 1 (Figure 29). Only grades or years attended in a regular school where people are given formal education in graded public or private school were counted. This includes day or night school and full-time or part-time attendance. A regular school was defined as one that advanced a person toward an elementary or high school diploma or a college, university, or professional school degree. Persons receiving a high school diploma (or a general equivalency diploma) or a 4-year college degree were coded as having completed 12 or 16 years of school, respectively, even if they actually attended fewer years.

Veteran status—Questions on veteran status of persons 17 years of age and over were included in the background information section of supplement no. 1 (Figure 29). Information was requested on period and length of time served in the Armed Forces and on service-connected disability and payments for disability. Service-connected disability and disability payments are important in understanding health, health care utilization, and health care expenditures for certain groups of people.

Race and Hispanic origin—Race was recorded on the control card as black, white, or other based on interviewer observation at the start of the first interview. The respondent was asked directly about the race of each family member 17 years of age and over during the administration of the background information section in supplement no. 1 at the end of the first interview (Figure 29). The respondent was asked to select one of five major racial groups on a handout card (Figure 30). If the respondent specified "other," it later was coded, if possible, into one of the four groups based on U.S. Bureau of the Census procedures for the 1980 census.

Hispanic ethnicity was obtained from the respondent for persons 17 years of age and over by use of another handout card (Figure 31). If the head of the reporting unit was male and his wife was a member of the reporting unit, her race and Hispanic ethnicity was assigned to any children under 17 years of age. In all other cases, the race and Hispanic ethnicity of the head of the reporting unit (male or female) was assigned to any children under 17 years of age.

Employment—The employment section (Appendix III) of the core questionnaire contained questions on employment of people 14 years of age and over. Data concerning the number of weeks worked and the number of weeks worked at a second job were collected for the time since the reference date and were aggregated across all interviews to produce data for the full calendar year. Other data about the hours worked, reasons for not working, and whether the person looked for work were not cumulative but gave a number of measures for each person.

After administering the employment section of the core questionnaire, the interviewer coded the current employment code on the control card (Figure 32). This code generated the previous employment status on the control card to indicate which persons should be included in the employment section in the round 5 supplement (Figure 33). The previous employment status was supposed to be cumulative so that "employed" would be indicated for a person who had ever worked during 1980. However, the employment experience recorded in the previous interview was always shown on the control card because of a programming error. As a result, a special question had to be added above question 1 in the

round 5 supplement to determine if a person had been employed at any earlier time in 1980 when information from the round 5 or previous interview did not show them as employed.

The round 5 supplement employment section was used to record data about the longest job held during 1980. These data included respondent reporting of occupation in the major occupational groupings (Figure 34), industry, and salary or wage level. Some data on the relationship between work and illness were recorded in this section. The number of days lost from work was recorded in the disability section of the core questionnaire during each round.

Income—A single income item was collected during the first interview in supplement no. 1 (Figure 35). The respondent was asked which of 11 categories on a handout card represented the family income during the preceding 12 months, most of which would have been in 1979 (Figure 36). This income measure was designed to give a rough income categorization of families and persons for early analysis and to be a general measure of income for the year preceding data collection. Data about receipt of disability payments from the Social Security Administration, a major reason for Medicare coverage for persons under 65 years of age, also was recorded in supplement no. 1.

Income was collected in much more detail in two sections of the round 5 supplement (Figure 37 and questions 2, 5, and 10 of Figure 33). Wage and salary income questions were included in the employment section of the round 5 supplement. They included wage or salary level and the actual amount earned during 1980. Questions on family and individual income from other sources were included in the income section. The pattern was to ask if anyone in the family had received a particular type of income. If anyone had the interviewer asked the amount. The format was designed to reduce the field calculations of the interviewer and still get accurate and complete information. Income was recorded by the interviewer in as close to the way reported as possible. Income amounts shared by more than one person (e.g., Aid to Families with Dependent Children payments or savings account interest) were recorded in one person's column (either the person whose name was on the check or the person in the leftmost column) with the other persons coded as receiving income from that source but with the amount left blank.

The last few questions in the income section related to the total reporting unit, not to specific individuals. They included food stamps, a transfer payment that could also be regarded as a type of income, the cost of housing, and a crude measure of vehicle and housing assets. A handout card containing ranges of housing value was shown to aid the respondent in reporting (Figure 38).

Geographic identification—For the national household sample, sampling information allowed identification of reporting units and people by Census regional divisions and metropolitan status. For the State Medicaid household sample, the November address of the sample case was used to determine the

State, metropolitan status, and region within the State. Address, city, and State were recorded on the control card for each round and were coded with U.S. Bureau of the Census city (or county) and State identifiers.

Content of Administrative Records Component

Data from the administrative records component were obtained for individuals included in the household surveys and for providers who served those individuals. The records were derived from county, State, or Federal files. Major effort was made to produce uniformity across all Medicaid files in the four States of the State Medicaid household component. However, not all files contained the same information in the same level of detail with the same degree of accuracy. This section describes the items that were extracted from the files of the various governmental units. Details of the extraction process are available elsewhere (SysteMetrics, Inc., 1980a and 1980b).

Medicaid

Three basic types of Medicaid-related data were obtained for persons in the household surveys: (1) eligibility data, (2) claims data, and (3) provider data. Eligibility data were collected for all persons with any indicated Medicaid coverage in the national household sample and the State Medicaid household samples. Claims data and provider data were limited to persons in the State Medicaid household samples.

Eligibility data for national household sample—Each State was sent a computer-generated form listing persons in the national household sample reported to have been on Medicaid (Figure 39). This form contained the survey participant's name, Medicaid number (if available), address, birth date, and Medicare number if they were on Medicare. The State was asked to list the periods of eligibility for all the persons during 1980 and their aid category.

Eligibility data for State Medicaid household sample—Data on the beginning and ending dates of each period of eligibility during 1980 and on the aid category were obtained from the four Medicaid household sample States, including New York counties that were not in the Medicaid Management Information System (MMIS). These data were

obtained for all survey participants who were on the November eligibility file or who were reported as being on Medicaid any time during the year. Also included were eligibility data for nonrespondents who originally were sampled from the November eligibility files. Data from the November 1979 eligibility files are included in the listing in Figure 40. For the New York counties not in the MMIS, this November eligibility data was transcribed on the form reproduced in Figure 41.

Claims data for State Medicaid household sample—Claims records for 1980 were requested for all State Medicaid household sample members who were on the November eligibility files or were reported to have been on Medicaid at some time during the year and nonrespondents who were originally sampled from the November eligibility files. Whenever they were available, a common set of data elements were recorded from the automated State claims files and abstracted from hard copy in the nonautomated New York counties (Figure 42). These data elements generally included the type of claim, identification numbers of the person and provider, recipient characteristics, services received, total charge, amount Medicaid paid, and amount other sources paid.

Provider data for State Medicaid household samples—Provider files from the four States were processed into uniform data sets (Figure 43). This data will assist in analysis of provider utilization when linked to claims and interview data.

Medicare

Medicare records are of two types—Medicare Part A and Medicare Part B. Medicare Part A pays for hospitalization and nursing home stays, and data were extracted for each episode of care during 1980. Medicare Part B pays for physician services and other health care. The claims are received by the Health Care Financing Administration as span bills—single bills that cover all care given by a single provider to

an individual over a span of time. The spans of time are variable, but they are always a subpart of a calendar year. Data were extracted from the Medicare files and the span bills were combined to produce records for the full year of data for each person. The

data (Figure 44) were extracted from the Medicare files for persons reporting Medicare coverage in the national household sample and the State Medicaid household samples.

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**CONTROL CARD (HHS)
FORM PHS T-479-1
ROUND 1
CONTROL CARD _____ OF _____**

O.M.B. No. 68-R1687; Approval Expires 12/81.

Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence by the contractor and NCHS, will be used only for purposes stated in this study, and will not be disclosed or released to anyone other than authorized staff of NCHS without the consent of the individual or the establishment in accordance with Section 308(d) of the Public Health Service Act (42 U.S.C. 242m).

Figures

A. ASSIGNMENT INFORMATION

PSU # _____ Segment # _____ Part # _____ Line # _____
 Case # _____ RU ID # _____ Sample Type _____
 RU Head _____ PID # _____
 Address _____

 City _____ State _____ ZIP _____

THESE NUMBERS ARE TO BE USED FOR MISSED HOUSING UNITS. IF ANY MISSED HOUSING UNITS ARE DISCOVERED, COMPLETE SECTION G AND PLACE AN "X" IN THE BOX BESIDE EACH CASE NUMBER USED.

B. INTRODUCTION AND CURRENT MAILING ADDRESS

Hello. I am (NAME) with [Research Triangle Institute/National Opinion Research Center]. We are conducting a survey for the US Public Health Service and the Health Care Financing Administration to gather information on the health of people in this country and the cost of medical care. We mailed a letter to this address that explains how important your participation is to this study. **HAND COPY IF LETTER NOT RECEIVED AND ALLOW TIME FOR READING.** (In appreciation for your help, your family will receive \$5 upon completion of the interview.)

VERIFY STREET ADDRESS GIVEN IN SECTION A; RECORD CORRECTIONS OR RECONCILE DISCREPANCY.

1. Now, what is the current mailing address for your residence? **RECORD BELOW.**

_____ Street/RFD _____ Apt. # _____
 _____ City _____ State _____ ZIP _____ **GO TO SECTION D.**

C. INTERVIEW INFORMATION

- What is the telephone number here? **RECORD BELOW. IF NO PHONE, CIRCLE "00" AND GO TO Q. 3.**
 () _____ No telephone 00
- Is this a party line? Yes 01 No 02
- What is the most convenient time for me to contact you for the next interview? **RECORD DAY AND TIME BELOW.**
 DAY _____ TIME _____ am/pm
- What is the name, address, and telephone number of someone who will always know where to locate you (just in case you move between now and the next time I would like to speak with you)? **RECORD BELOW.**
 NAME _____ PHONE () _____
 ADDRESS _____

 City _____ State _____ ZIP _____
 RELATIONSHIP TO RESPONDENT _____

COMPLETE ITEMS 5-10 IMMEDIATELY AFTER THE INTERVIEW.

- PRINCIPAL RU RESPONDENT _____ PID # _____
- INTERVIEW DATE _____
- CIRCLE CODE IF SUMMARY SHOULD NOT BE SENT TO RU.** Do not send summary 01
- ENTER YOUR NAME AND ID # BELOW.**
 NAME _____ ID NUMBER _____
- ENTER BELOW THE NAME, ADDRESS, AND TELEPHONE NUMBER OF THE PROXY RESPONDENT.**
 NAME _____ PHONE () _____
 ADDRESS _____

 City _____ State _____ ZIP _____
- COMMENTS _____

D. HOUSEHOLD ENUMERATION

- First I would like to know who lives here now. What is the name of the head of this household? **ENTER NAME ON TOP LINE OF PRIMARY RU ROSTER AND ASSIGN STATUS CODE "01-8," ENTER "HEAD" UNDER RELATIONSHIP TO HEAD.**
 - What is (HEAD'S) age? **ENTER AGE OF HEAD OF HOUSEHOLD IN AGE COLUMN OF PRIMARY RU ROSTER.**
- What are the names and ages of all other persons related to (HEAD) who live here now? Let's list them in order of age, beginning with the oldest first. **ENTER NAME(S) IN PRIMARY RU ROSTER.**
 - How is (NAME) related to (HEAD)? **ENTER RELATIONSHIP TO HEAD IN PRIMARY RU ROSTER AND ASSIGN STATUS CODE "01-8" TO EACH PERSON.**
 - What is (NAME'S) age? **ENTER BESIDE NAME IN ROSTER.**
- I have listed (NAMES). Is there anyone else living here now, such as friends, roomers, or other persons not related to (HEAD)? Do not include anyone whose usual place of residence is elsewhere. **IF YES, ENTER NAME(S) AND STATUS CODE "31-5" IN SECONDARY RU ROSTER.**

NOTE: IF THERE IS MORE THAN ONE PERSON LISTED IN THE SECONDARY RU ROSTER WITH STATUS CODE "31 -5," LIST THE RELATIONSHIP TO OTHER PERSONS WITH SAME CODE. BRACKET NAMES OF PERSONS RELATED TO EACH OTHER WHO WILL BE INCLUDED IN THE SAME SECONDARY RU.
- Is there anyone who is unmarried and between the ages of 17 and 22 who usually lives here but is now a full-time student living away from home? **IF YES, ENTER NAME(S) IN SECONDARY RU ROSTER AND ASK a; IF NO, GO TO Q. 5.**
 - How is (NAME) related to (HEAD)? **ENTER RELATIONSHIP IN SECONDARY RU ROSTER AND ASSIGN STATUS CODE "30-7" TO EACH STUDENT.**
 - What is (NAME'S) age? **ENTER BESIDE NAME IN ROSTER.**
- Are any of the people who live here full-time students between the ages of 17 and 22 and unmarried? **IF YES, ASK a; IF NO, GO TO Q. 6.**
 - Does (NAME) have parents who live elsewhere? **IF YES, DELETE NAME FROM ROSTER; GO TO Q. 6. IF NO, ASK b.**
 - What is (NAME'S) age and relationship to (HEAD)? **IF RELATED TO HEAD, ENTER STATUS CODE "01-8" BY NAME IN PRIMARY RU ROSTER. IF NOT RELATED TO HEAD, ENTER STATUS CODE "31-5" BY NAME IN SECONDARY RU ROSTER. ENTER STATUS IN HOUSEHOLD (ROOMER, ETC.) UNDER RELATIONSHIP TO HEAD.**

PRIMARY RU ROSTER				
First Name	Last Name	Age	Relationship to HEAD	Status* Code

***ASSIGN APPROPRIATE STATUS CODE FOR EACH NAME IN ROSTER.**

PRIMARY ROSTER CODES ONLY:

01-8	Head of household and related persons
11-7	Head of household on full-time active duty in Armed Forces
20-8	Institutionalized person related to head
21-6	Deceased person related to head

**Figure 1
National household survey (HHS) control card, round 1**

6. Are any of the persons I have listed on full-time active duty with the Armed Forces of the United States? IF YES AND HEAD, CHANGE STATUS CODE TO "11-7." IF YES AND NOT HEAD, DELETE NAME FROM ROSTER.
7. Was there anyone living here at anytime since January 1, 1980, who was related to (HEAD) and is now deceased or in an institution? IF YES, ENTER NAME AND STATUS CODE "20-8" OR "21-6" IN PRIMARY RU ROSTER.
- a. What (is/was) (NAME'S) age and relationship to (HEAD)? ENTER AGE AND RELATIONSHIP IN PRIMARY RU ROSTER.

REVIEW STATUS CODES BY NAMES IN ROSTER(S). ENTER NAME OF HEAD OF HOUSEHOLD IN PERSON COLUMN 1. ENTER NAME(S) OF ALL OTHER RELATED PERSONS IN REMAINING COLUMNS. LIST ONLY PERSONS WHOSE NAMES ARE ENTERED IN PRIMARY ROSTER. PREPARE ADDITIONAL CONTROL CARD FOR EACH SECONDARY RU.

ASK FOR EACH PERSON ENTERED BELOW IN PERSON COLUMNS.

8. What is (PERSON'S) date of birth? ENTER BIRTHDATE AND AGE OF PERSON.
9. FOR EACH PERSON 17 YEARS OLD OR OLDER, ASK:
Is (PERSON) now married, widowed, divorced, separated or never married? CODE IN MS BOX FOR EACH PERSON.
(M = MARRIED, W = WIDOWED, S = SEPARATED, D = DIVORCED, NM = NEVER MARRIED.)
RECORD RACE BY OBSERVATION. (B = BLACK, W = WHITE, OT = OTHER.)
RECORD SEX OF EACH PERSON.
10. FOR EACH DECEASED OR INSTITUTIONALIZED PERSON, ASK: On what date did (PERSON) die/enter an institution? CIRCLE APPLICABLE CODE AND ENTER DATE AT BOTTOM OF PERSON COLUMN.

PERSON 1

PARTICIPANT ID #	KEY			
FIRST NAME	RACE			
LAST NAME	SEX			
RELATIONSHIP	MS			
BIRTHDATE	AGE			
DV	ER	OPD	HS	MV
* Employed 01				
Not Employed. 02				
Under 14 03				
Deceased 04				
Institution'd 05				

PERSON 2

PARTICIPANT ID #	KEY			
FIRST NAME	RACE			
LAST NAME	SEX			
RELATIONSHIP	MS			
BIRTHDATE	AGE			
DV	ER	OPD	HS	MV
* Employed 01				
Not Employed. 02				
Under 14 03				
Deceased 04				
Institution'd 05				

PERSON 3

PARTICIPANT ID #	KEY			
FIRST NAME	RACE			
LAST NAME	SEX			
RELATIONSHIP	MS			
BIRTHDATE	AGE			
DV	ER	OPD	HS	MV
* Employed 01				
Not Employed. 02				
Under 14 03				
Deceased 04				
Institution'd 05				

SECONDARY RU ROSTER				
First Name	Last Name	Age	Relationship to HEAD	Status* Code

*ASSIGN APPROPRIATE STATUS CODE FOR EACH NAME IN ROSTER.

SECONDARY ROSTER CODES ONLY:
30-7 Unmarried student, 17-22, living away
31-5 Persons not related to head of household

PERSON 4

PARTICIPANT ID #	KEY			
FIRST NAME	RACE			
LAST NAME	SEX			
RELATIONSHIP	MS			
BIRTHDATE	AGE			
DV	ER	OPD	HS	MV
* Employed 01				
Not Employed. 02				
Under 14 03				
Deceased 04				
Institution'd 05				

PERSON 5

PARTICIPANT ID #	KEY			
FIRST NAME	RACE			
LAST NAME	SEX			
RELATIONSHIP	MS			
BIRTHDATE	AGE			
DV	ER	OPD	HS	MV
* Employed 01				
Not Employed. 02				
Under 14 03				
Deceased 04				
Institution'd 05				

PERSON 6

PARTICIPANT ID #	KEY			
FIRST NAME	RACE			
LAST NAME	SEX			
RELATIONSHIP	MS			
BIRTHDATE	AGE			
DV	ER	OPD	HS	MV
* Employed 01				
Not Employed. 02				
Under 14 03				
Deceased 04				
Institution'd 05				

CODE EMPLOYMENT STATUS SINCE REF. DATE FOR EACH PERSON FROM QUESTIONNAIRE EMPLOYMENT SECTION, Q.1. IF PERSON IS DECEASED, CIRCLE 04; IF INSTITUTIONALIZED, CIRCLE 05. ENTER DATE OF DEATH/

FOR EACH CONDITION NOT PREVIOUSLY LISTED IN CONDITION COLUMN, (1) RECORD CONDITION NAME IN COLUMN, (2) ASSIGN NEXT CONSECUTIVE CONDITION NUMBER, AND (3) RECORD SAME NUMBER NEXT TO CONDITION IN THE QUESTIONNAIRE.

FOR EACH CONDITION PREVIOUSLY LISTED IN CONDITION COLUMN, ASK: Is this the same (CONDITION) you told me about earlier in this interview?

- IF YES: (1) DO NOT RECORD CONDITION IN CONDITION COLUMN AGAIN. (2) RECORD PREVIOUSLY ASSIGNED CONDITION NUMBER NEXT TO CONDITION IN QUESTIONNAIRE.
- IF NO: (1) RECORD CONDITION IN COLUMN. (2) ASSIGN NEXT CONSECUTIVE CONDITION NUMBER. (3) RECORD SAME NUMBER NEXT TO CONDITION IN QUESTIONNAIRE.

CONDITION	NO.
01	
02	
03	
04	
05	
06	
07	
08	
09	
10	
11	

CONDITION	NO.	CONDITION	NO.
01			
02			
03			
04			
05			
06			
07			
08			
09			
10			
11			

CONDITION	NO.	CONDITION	NO.	CONDITION	NO.
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					

Figure 1 - Continued

National household survey (HHS) control card, round 1

E. RECORD OF CALLS					
Day of Week	Date	Time	Type	Results	Initials
		AM	PV TC		
		PM	PV TC		
		AM	PV TC		
		PM	PV TC		
		AM	PV TC		
		PM	PV TC		
		AM	PV TC		
		PM	PV TC		
		AM	PV TC		
		PM	PV TC		
		AM	PV TC		
		PM	PV TC		
		AM	PV TC		
		PM	PV TC		
		AM	PV TC		
		PM	PV TC		
		AM	PV TC		
		PM	PV TC		
TOTAL CALLS (TYPE)					

F. ENUMERATION RESULTS	
01-8	Roster completed
02-6	Roster <u>not</u> completed (CIRCLE ONE CODE BELOW. CONTACT SUPERVISOR FOR CODES 11-16 AND 30; COMPLETE SECTION H FOR CODES 20-26.
11-7	No eligible respondent at home after repeated calls
12-5	Refusal
13-3	Breakoff; partial data
14-1	Language barrier
15-8	Physically/mentally incompetent respondent
16-6	Entire RU moved; unable to locate
20-8	Vacant
21-6	Demolished
22-4	Merged
23-2	Not a housing unit
24-0	Vacation/second home
25-7	Entire RU institutionalized
26-5	Entire RU deceased
30-7	Other (SPECIFY) _____

G. LIST OF MISSED HOUSING UNITS							<input type="checkbox"/> Missed DU/HU Procedure Applied			
1	2	3	4	5	6	7				
						Missed Housing Units Added				
						A	B	C	D	
Street No.	Street Name	Apt. No.	Housing Unit Description	Apartment Location	At Same Address (✓)	At Same Apt. No. (✓)	Between Line & Line No.	Case No. Assigned in Field		
1										
2										
3										
4										
5										
6										
7										
8										

H. SOURCE OF INFORMATION	
COMPLETE THIS SECTION IF ENUMERATION CODES 20-26 CIRCLED IN SECTION F.	
NAME	_____
RELATIONSHIP/TITLE	_____
ADDRESS	_____
	City State ZIP
DATE	PHONE () _____

INSTRUCTIONS: IF 1 TO 5 MISSED HOUSING UNITS:

- Enter the PSU, Segment, Line, and Part numbers from Section A of this Control Card on a blank Control Card. Prepare a new Control Card for each missed housing unit.
- Select the first available Case Number listed in Section A of this Control Card; record it on the Control Card for the missed housing unit and in Column 7-D above. Place an "X" in Section A beside each Case Number used.
- Prepare Control Card(s) and complete interview(s) for all missed housing units.

IF 6 OR MORE MISSED HOUSING UNITS:

- Call Central Office for instructions before preparing Control Cards for any missed housing units.
- For each housing unit that you are instructed to add to your assignment, follow steps 1-3 above.

I. INTERVIEW RESULTS	
40-6	Interview completed
50-5	Interview <u>not</u> completed (CIRCLE ONE CODE BELOW. CONTACT SUPERVISOR FOR CODES 51-56 AND 70.)
51-3	No eligible respondent at home after repeated calls
52-1	Refusal
53-9	Breakoff; partial data
54-7	Language barrier
55-4	Physically/mentally incompetent respondent
56-2	Entire RU moved; unable to locate
60-4	No eligible respondent living in RU
61-2	Entire RU in Armed Forces
62-0	Entire RU ineligible student(s)
83-8	Entire RU institutionalized
64-6	Entire RU deceased
70-3	Other (SPECIFY) _____

Figure 1 – Continued
National household survey (HHS) control card, round 1

AGE VERIFICATION CHART

Year of birth	Birthday in 1980		Year of birth	Birthday in 1980	
	No	AGE Yes		No	AGE Yes
1890	89	90	1935	44	45
1891	88	89	1936	43	44
1892	87	88	1937	42	43
1893	86	87	1938	41	42
1894	85	86	1939	40	41
1895	84	85	1940	39	40
1896	83	84	1941	38	39
1897	82	83	1942	37	38
1898	81	82	1943	36	37
1899	80	81	1944	35	36
1900	79	80	1945	34	35
1901	78	79	1946	33	34
1902	77	78	1947	32	33
1903	76	77	1948	31	32
1904	75	76	1949	30	31
1905	74	75	1950	29	30
1906	73	74	1951	28	29
1907	72	73	1952	27	28
1908	71	72	1953	26	27
1909	70	71	1954	25	26
1910	69	70	1955	24	25
1911	68	69	1956	23	24
1912	67	68	1957	22	23
1913	66	67	1958	21	22
1914	65	66	1959	20	21
1915	64	65	1960	19	20
1916	63	64	1961	18	19
1917	62	63	1962	17	18
1918	61	62	1963	16	17
1919	60	61	1964	15	16
1920	59	60	1965	14	15
1921	58	59	1966	13	14
1922	57	58	1967	12	13
1923	56	57	1968	11	12
1924	55	56	1969	10	11
1925	54	55	1970	9	10
1926	53	54	1971	8	9
1927	52	53	1972	7	8
1928	51	52	1973	6	7
1929	50	51	1974	5	6
1930	49	50	1975	4	5
1931	48	49	1976	3	4
1932	47	48	1977	2	3
1933	46	47	1978	1	2
1934	45	46	1979	Under 1	1

Figure 2
Age verification chart—interviewer card

CONTROL CARD (SMHS)
FORM PHS T-479-2
ROUND 1
CONTROL CARD OF

O.M.B. No. 68-R1687; Approval Expires 12/81.

Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence by the contractor and NCHS, will be used only for purposes stated in this study, and will not be disclosed or released to anyone other than authorized staff of NCHS without the consent of the individual or the establishment in accordance with Section 308(d) of the Public Health Service Act (42 U.S.C. 242m).

A. ASSIGNMENT INFORMATION
PSU # XXXXX Segment # XXX Part # XXX Line # XXXXXX
Case # XXXXXX RU ID # XXXXXX Sample Type XXXX
RU Head _____ PID # _____
Address XXXXXXXX
XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXX
City State ZIP
Case Member Name DOB Sex Relationship Elig. Code
XXXXXXXXXXXXXXXXXXXX XXXXXXXX X XXXX
XXXXXXXXXXXXXXXXXXXX XXXXXXXX X XXXX
XXXXXXXXXXXXXXXXXXXX XXXXXXXX X XXXX
XXXXXXXXXXXXXXXXXXXX XXXXXXXX X XXXX
XXXXXXXXXXXXXXXXXXXX XXXXXXXX X XXXX
XXXXXXXXXXXXXXXXXXXX XXXXXXXX X XXXX
XXXXXXXXXXXXXXXXXXXX XXXXXXXX X XXXX
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XXXXXXXXXXXXXXXXXXXX XXXXXXXX X XXXX
XXXXXXXXXXXXXXXXXXXX XXXXXXXX X XXXX
XXXXXXXXXXXXXXXXXXXX XXXXXXXX X XXXX
XXXXXXXXXXXXXXXXXXXX XXXXXXXX X XXXX

READ INTRODUCTION ONLY WHEN A CASE MEMBER HAS BEEN LOCATED.

B. INTRODUCTION AND CURRENT ADDRESS DATA
Hello. I am (NAME) with [Research Triangle Institute/National Opinion Research Center]. We are conducting a survey for the US Public Health Service and the Health Care Financing Administration to gather information on the health of people in this country and the cost of medical care. We mailed a letter to [you/your family] that explains how important your participation is to this study. HAND COPY IF LETTER NOT RECEIVED AND ALLOW TIME FOR READING. (In appreciation for your help, your family will receive \$5 upon completion of the interview.)
1. What is your complete street address? Same as in Section A 01 (2)
Street/RFD Apt. #
City State ZIP
2. What is your current mailing address? RECORD BELOW.
Street/RFD Apt. #
City State ZIP GO TO SECTION D.

C. INTERVIEW INFORMATION
1. What is the telephone number here? RECORD BELOW. IF NO PHONE, CIRCLE "00" AND GO TO Q.3.
() No telephone 00
2. Is this a party line? Yes 01 No 02
3. What is the most convenient day of the week and time for me to contact you for the next interview? RECORD DAY AND TIME BELOW.
DAY TIME am/pm
4. What is the name, address, and telephone number of someone who will always know where to locate you (just in case you move between now and the next time I would like to speak with you)? RECORD BELOW.
NAME PHONE ()
ADDRESS
City State ZIP
RELATIONSHIP TO RESPONDENT

COMPLETE ITEMS 5-10 IMMEDIATELY AFTER THE INTERVIEW.

5. PRINCIPAL RU RESPONDENT PID #
6. INTERVIEW DATE
7. CIRCLE CODE IF SUMMARY SHOULD NOT BE SENT TO RU. Do not send summary 01
8. ENTER YOUR NAME AND ID #BELOW.
NAME ID NUMBER
9. ENTER BELOW THE NAME, ADDRESS, AND TELEPHONE NUMBER OF THE PROXY RESPONDENT, IF USED.
NAME PHONE ()
ADDRESS
City State ZIP
10. COMMENTS

D. ENUMERATION AND REPORTING UNIT DETERMINATION
1. Which of the following people live here now - (NAME ALL CASE MEMBERS)? LIST NAMES OF RESIDENT CASE MEMBERS IN PRIMARY RU ROSTER AND ASSIGN STATUS CODE "01-8".
2. I need to know the names of all other people who live here now who are related to (NAME ALL RESIDENT CASE MEMBERS). Please tell me their first and last name(s). LIST NAMES IN PRIMARY RU ROSTER AND ASSIGN STATUS CODE "02-6".
3. Of the people who live here that you have told me about, which one is the head of this household? ENTER "HEAD" BESIDE NAME IN PRIMARY RU ROSTER.
a. What is (HEAD'S) age? ENTER AGE BESIDE NAME IN PRIMARY RU ROSTER.
4. ASK a. AND b. FOR EACH PERSON LISTED IN PRIMARY RU ROSTER.
a. How is (NAME) related to (HEAD)? ENTER RELATIONSHIP TO HEAD BESIDE NAME IN PRIMARY RU ROSTER.
b. What is (NAME'S) age? ENTER BESIDE NAME IN ROSTER.
5. I have listed (NAMES). Is there anyone else living here now who is related to (NAME ALL RESIDENT CASE MEMBERS)? IF YES, ENTER NAME(S) IN PRIMARY RU ROSTER AND ASK a; IF NO, GO TO Q.6.
a. How is (NAME) related to (HEAD)? ENTER RELATIONSHIP TO HEAD IN PRIMARY RU ROSTER AND ASSIGN STATUS CODE "02-6" TO EACH PERSON.
b. What is (NAME'S) age? ENTER BESIDE NAME IN ROSTER.
6. Is there anyone who is unmarried and between the ages of 17 and 22 who usually lives here but is now a full-time student living away from home? IF YES, ENTER NAME(S) IN SECONDARY RU ROSTER AND ASK a; IF NO, GO TO Q.7.
a. How is (NAME) related to (HEAD)? ENTER RELATIONSHIP IN SECONDARY RU ROSTER.
b. What is (NAME'S) age? ENTER BESIDE NAME IN ROSTER.

PRIMARY RU ROSTER table with columns: First Name, Last Name, Age, Relationship to HEAD, Status* Code

*ASSIGN APPROPRIATE STATUS CODE FOR EACH NAME IN ROSTER.
PRIMARY ROSTER CODES ONLY
01-8 Original case member(s) at this address
02-6 Person(s) related to case member(s)
11-7 Head on full-time active duty in Armed Forces
12-5 Institutionalized case member(s)
13-3 Deceased case member(s)
20-8 Institutionalized relative of case member
21-6 Deceased relative of case member

Figure 3
State Medicaid household survey (SMHS) control card, round 1

7. Are any of the persons I have listed on full-time active duty with the Armed Forces of the United States? IF YES AND HEAD, CHANGE STATUS CODE TO "11-7". IF YES AND NOT HEAD, DELETE NAME FROM ROSTER.
8. Was there anyone living here at any time since January 1, 1980, who was related to (NAME ALL RESIDENT CASE MEMBERS) and is now deceased or in an institution? ENTER NAME IN PRIMARY RU ROSTER. IF CASE MEMBER, ASSIGN STATUS CODE "12-5" OR "13-3". IF RELATED PERSON, ASSIGN STATUS CODE "20-8" OR "21-6".

COMPARE NAMES IN SECTION A TO NAMES IN ROSTER(S). IF ALL NAMES IN SECTION A ARE ENTERED IN ROSTER(S), GO TO Q.9. FOR ALL CASE MEMBERS NOT LISTED IN ONE OF THE ROSTERS, GO TO SECTION G.

REVIEW STATUS CODES BY NAMES IN ROSTER(S). ENTER NAME OF HEAD OF HOUSEHOLD IN PERSON COLUMN 1. ENTER NAME(S) OF ALL OTHER RELATED PERSONS IN REMAINING COLUMNS. LIST ONLY PERSONS WHOSE NAMES ARE ENTERED IN PRIMARY ROSTER. PREPARE ADDITIONAL CONTROL CARD FOR EACH SECONDARY RU.

ASK FOR EACH PERSON ENTERED BELOW IN PERSON COLUMNS.

9. What is (PERSON'S) date of birth? ENTER BIRTHDATE AND AGE FOR PERSON.
10. FOR EACH PERSON 17 YEARS OLD OR OLDER, ASK: Is (PERSON) now married, widowed, divorced, separated, or never married? CODE IN MS BOX FOR EACH PERSON. (M = MARRIED, W = WIDOWED, S = SEPARATED, D = DIVORCED, NM = NEVER MARRIED.) RECORD RACE BY OBSERVATION. (B = BLACK, W = WHITE, OT = OTHER.) RECORD SEX OF EACH PERSON. (F = FEMALE, M = MALE.)
11. FOR EACH DECEASED OR INSTITUTIONALIZED PERSON, ASK: On what date did (PERSON) [die/enter an institution]? CIRCLE APPLICABLE CODE AND ENTER DATE AT BOTTOM OF PERSON COLUMN.

PERSON 1

PARTICIPANT ID # XXXXXXX	KEY			
FIRST NAME	RACE			
LAST NAME	SEX			
RELATIONSHIP	MS			
BIRTHDATE	AGE			
DV	ER	OPD	HS	MV
* Employed 01 Not Employed 02 Under 14 03 Deceased 04 Institution'd 05				

PERSON 2

PARTICIPANT ID # XXXXXXX	KEY			
FIRST NAME	RACE			
LAST NAME	SEX			
RELATIONSHIP	MS			
BIRTHDATE	AGE			
DV	ER	OPD	HS	MV
* Employed 01 Not Employed 02 Under 14 03 Deceased 04 Institution'd 05				

SECONDARY RU ROSTER

First Name	Last Name	Age	Relationship to HEAD	Status Code
				30-7
				30-7
				30-7
				30-7
				30-7
				30-7

PERSON 4

PARTICIPANT ID # XXXXXXX	KEY			
FIRST NAME	RACE			
LAST NAME	SEX			
RELATIONSHIP	MS			
BIRTHDATE	AGE			
DV	ER	OPD	HS	MV
* Employed 01 Not Employed 02 Under 14 03 Deceased 04 Institution'd 05				

PERSON 5

PARTICIPANT ID # XXXXXXX	KEY			
FIRST NAME	RACE			
LAST NAME	SEX			
RELATIONSHIP	MS			
BIRTHDATE	AGE			
DV	ER	OPD	HS	MV
* Employed 01 Not Employed 02 Under 14 03 Deceased 04 Institution'd 05				

PERSON 6

PARTICIPANT ID # XXXXXXX	KEY			
FIRST NAME	RACE			
LAST NAME	SEX			
RELATIONSHIP	MS			
BIRTHDATE	AGE			
DV	ER	OPD	HS	MV
* Employed 01 Not Employed 02 Under 14 03 Deceased 04 Institution'd 05				

*CODE EMPLOYMENT STATUS SINCE REF. DATE FOR EACH PERSON FROM QUESTIONNAIRE EMPLOYMENT SECTION, Q.1. IF PERSON IS DECEASED, CIRCLE 04; IF INSTITUTIONALIZED, CIRCLE 05. ENTER DATE OF DEATH/INSTITUTIONALIZATION ON LINE. FOR EACH CONDITION NOT PREVIOUSLY LISTED IN CONDITION COLUMN, (1) RECORD CONDITION NAME IN COLUMN, (2) ASSIGN NEXT CONSECUTIVE CONDITION NUMBER, AND (3) RECORD SAME NUMBER NEXT TO CONDITION IN THE QUESTIONNAIRE.

FOR EACH CONDITION PREVIOUSLY LISTED IN CONDITION COLUMN, ASK: Is this the same (CONDITION) you told me about earlier in this interview?

IF YES: (1) DO NOT RECORD CONDITION IN CONDITION COLUMN AGAIN.
(2) RECORD PREVIOUSLY ASSIGNED CONDITION NUMBER NEXT TO CONDITION IN QUESTIONNAIRE.

IF NO: (1) RECORD CONDITION IN COLUMN.
(2) ASSIGN NEXT CONSECUTIVE CONDITION NUMBER.
(3) RECORD SAME NUMBER NEXT TO CONDITION IN QUESTIONNAIRE.

CONDITION	NO.
01	
02	
03	
04	
05	
06	
07	
08	
09	
10	
11	

CONDITION	NO.	CONDITION	NO.
01			
02			
03			
04			
05			
06			
07			
08			
09			
10			
11			

CONDITION	NO.	CONDITION	NO.	CONDITION	NO.
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					

Figure 3 - Continued

E. RECORD OF CALLS						
Day of Week	Date	Time	Type	Results		Initials
		AM	PV TC			
		PM	PV TC			
		AM	PV TC			
		PM	PV TC			
		AM	PV TC			
		PM	PV TC			
		AM	PV TC			
		PM	PV TC			
		AM	PV TC			
		PM	PV TC			
		AM	PV TC			
		PM	PV TC			
		AM	PV TC			
		PM	PV TC			
		AM	PV TC			
		PM	PV TC			
		AM	PV TC			
		PM	PV TC			
		AM	PV TC			
		PM	PV TC			
		AM	PV TC			
		PM	PV TC			
TOTAL CALLS (TYPE)						

G. MISSING CASE MEMBERS
 FOR EACH CASE MEMBER LISTED IN SECTION A WHO IS NOT INCLUDED IN THIS PRIMARY RU WITH OTHER CASE MEMBERS, ASK Qs. 1 AND 2.

1. Where does (NAME) live now - what is [his/her] street address? NAME _____ ADDRESS _____
 City State ZIP

2. PROBE AS NECESSARY TO DETERMINE MOST APPROPRIATE CODE BELOW.

Residence Address 01 → RU ID # ASSIGNED _____
 Institutionalized prior to Jan. 1, 1980 02
 In Armed Forces 03 } a. On what date did (PERSON) [enter an institution/enter the Armed Forces/move outside the U.S./die] ?
 Outside the U.S. 04 } DATE _____
 Deceased prior to Jan. 1, 1980 05 }

Person does not exist 06 } → SPECIFY _____
 Other 07 } _____
 REVIEW THESE OUTCOMES WITH SUPERVISOR.

1. Where does (NAME) live now - what is [his/her] street address? NAME _____ ADDRESS _____
 City State ZIP

2. PROBE AS NECESSARY TO DETERMINE MOST APPROPRIATE CODE BELOW.

Residence Address 01 → RU ID # ASSIGNED _____
 Institutionalized prior to Jan. 1, 1980 02
 In Armed Forces 03 } a. On what date did (PERSON) [enter an institution/enter the Armed Forces/move outside the U.S./die] ?
 Outside the U.S. 04 } DATE _____
 Deceased prior to Jan. 1, 1980 05 }

Person does not exist 06 } → SPECIFY _____
 Other 07 } _____
 REVIEW THESE OUTCOMES WITH SUPERVISOR.

F. ENUMERATION RESULTS

01-8 Roster completed
 02-6 Roster not completed (CIRCLE ONE CODE BELOW. CONTACT SUPERVISOR FOR CODES 11-16 AND 30; COMPLETE SECTION H FOR CODES 25-7 OR 26-5.

11-7 No eligible respondent at home after repeated calls
 12-5 Refusal
 13-3 Breakoff; partial data
 14-1 Language barrier
 15-8 Physically/mentally incompetent respondent
 16-6 All case members moved; unable to locate
 25-7 Entire RU institutionalized prior to Jan. 1, 1980
 26-5 Entire RU deceased prior to Jan. 1, 1980
 30-7 Other (SPECIFY) _____

H. SOURCE OF INFORMATION
 COMPLETE THIS SECTION IF ENUMERATION CODES 25-7 OR 26-5 CIRCLED IN SECTION F.

NAME _____
 RELATIONSHIP/TITLE _____
 ADDRESS _____
 City State ZIP
 DATE _____ PHONE () _____

I. INTERVIEW RESULTS

40-6 Interview completed
 50-5 Interview not completed (CIRCLE ONE CODE BELOW. CONTACT SUPERVISOR FOR CODES 51-56 AND 70.)

51-3 No eligible respondent at home after repeated calls
 52-1 Refusal
 53-9 Breakoff; partial data
 54-7 Language barrier
 55-4 Physically/mentally incompetent respondent
 56-2 All case members moved; unable to locate
 60-4 No eligible respondent living in RU
 63-8 Entire RU institutionalized prior to Jan. 1, 1980
 64-6 Entire RU deceased prior to Jan. 1, 1980
 70-3 Other (SPECIFY) _____

Figure 3 - Continued
 State Medicaid household survey (SMHS) control card, round 1

CONTROL CARD
FORM PHS T-479-1 (Rev. 02/80)
ROUND 2
CONTROL CARD _____ OF _____

O.M.B. No. 68-R1687; Approval Expires 12/81.
 Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence by the contractor and NCHS, will be used only for purposes stated in this study, and will not be disclosed or released to anyone other than authorized staff of NCHS without the consent of the individual or the establishment in accordance with Section 308(d) of the Public Health Service Act (42 U.S.C. 242m).

<p>A. ASSIGNMENT INFORMATION</p> <p>PSU = 10009 Segment # 199 Part # 001 Line # 213 Case # 8877665 RU ID # 00009899 Sample Type HHS RU Head SAL DE FAZIO PID # 0000011 Street 5847 LONE STAR BLVD APT. 30 Address SAN ANTONIO TX 78210 City State ZIP Mailing Address 5847 LONE STAR BLVD., APT. 30 SAN ANTONIO TX 78210 City State ZIP Special instructions _____</p> <p>B. NEW ADDRESS DATA (FOR ENTIRE RU)</p> <p>New street address 01 _____ City State ZIP New mailing address 02 _____ City State ZIP</p>	<p>C. INTERVIEW INFORMATION</p> <p align="center">Current Round Update for Next Round</p> <p>512-228-9899 NO TUESDAY 3:45 P.M. Phone = _____ Party Line Yes 01 No 02 Time to call _____ AM PM Locator information Name _____ Phone = _____ Address _____ Relationship _____ RU Respondent _____ PID = _____ Interview date _____ Summary sent Do not send Summary 01 FI name _____ ID = _____ Proxy respondent Name _____ Phone = _____ Address _____ Comments _____ Interview Type Phone 01 Personal 02</p> <p>RUBY PEREZ 214-989-2797 559 MARSH ST. DALLAS, TX 68213 SISTER ANGELA DE FAZIO 0000012 02/23/1980 YES HAPPY INTERVIEWER 00001</p>
---	---

- D. REPORTING UNIT COMPOSITION**
 IF ONE-PERSON RU, GO TO Q. 2.
1. When your family was interviewed on (REF. DATE), the following people lived here. READ NAMES FROM PERSON COLUMNS. Do all of these people still live here?
- Yes 01 (2)
 No 02 (a)
- a. Who no longer lives here? PLACE CHECK BY PID # IN PERSON COLUMN. Anyone else?
 ASK b. AND c. FOR EACH PERSON WHO NO LONGER LIVES HERE.
- b. Why does (PERSON) no longer live here? CODE CURRENT ROUND STATUS IN PERSON COLUMN.
- c. On what date did (PERSON) stop living here? RECORD IN PERSON COLUMN.
 FOR EACH PERSON CODED AS MOVED 84-4 OR 87-7, COMPLETE SECTION G.
2. Does anyone else related to (KEY MEMBERS) live here now, including new babies born since (REF. DATE)?
- Yes 01 (a)
 No 02 (3)
- ASK a. AND b. FOR EACH NEW PERSON.

- a. What is (PERSON'S) name? ENTER IN ROSTER.
- b. Is (PERSON) on full-time active duty with the Armed Forces of the United States? IF YES, ERASE NAME FROM ROSTER.
- ASK c. IN ROUND 5 ONLY.
- c. Did (PERSON) live here between (REF. DATE) and December 31, 1980? IF YES, INCLUDE IN RU. IF NO, DELETE FROM ROSTER.

ROSTER	
First Name	Last Name

ENTER NAME(S) OF NEW MEMBERS IN NEXT AVAILABLE PERSON COLUMN(S).

3. I now have listed (NAMES FROM PERSON COLUMNS). Which one of these people is the head of this household? CONFIRM OR ENTER "HEAD" IN PERSON COLUMN. CHECK ALL PREPRINTED RELATIONSHIPS TO HEAD AND CORRECT, IF NECESSARY.
4. FOR NEW RU MEMBERS, ASK a. THROUGH f.
- a. How is (PERSON) related to (HEAD)? ENTER IN PERSON COLUMN.
- b. What is (PERSON'S) birthdate? ENTER BIRTHDATE AND VERIFY AGE.
- c. ENTER RACE AND SEX FOR EACH PERSON.
- d. FOR PERSONS 17 YEARS OLD OR OLDER, ASK: Is (PERSON) now married, widowed, divorced, separated, or never married? CODE IN PERSON COLUMN (M, W, D, S, NM).
- e. (Is (PERSON) a newborn baby or) Was (PERSON) in the Armed Forces, in an institution, living outside the U.S., or something else on (ROUND 1 INTERVIEW DATE)? CODE NEW MEMBER TYPE IN PERSON COLUMN.
- f. On what date during 1980 did (PERSON) start living here? ENTER IN PERSON COLUMN.
5. CODE CURRENT ROUND STATUS IN PERSON COLUMN FOR EACH RU MEMBER.

<p>03-4 Currently in RU</p> <p>No longer in RU (CODE REASON)</p> <p>80-2 Deceased</p> <p>81-0 Institutionalized</p> <p>84-4 Key Member moved or Non-Key Member Moved with 1+ Key Member(s)</p> <p>85-1 Moved outside U.S.</p> <p>87-7 Non-Key Member moved without Key Member</p> <p>88-5 In Armed Forces</p>	<p>New member of RU (CODE REASON)</p> <p>73-7 Newborn baby</p> <p>74-5 { From institution From outside U.S. From Armed Forces</p> <p>75-2 { By relationship Other</p> <p>82-8 Refusal</p> <p>83-6 Breakoff/partial data</p>
---	---

Figure 4
Control card for followup interviews

PERSON 1						PERSON 2						PERSON 3						PERSON 4						PERSON 5						PERSON 6											
PARTICIPANT ID # 0000011			KEY K			PARTICIPANT ID # 0000012			KEY K			PARTICIPANT ID # 0000013			KEY K			PARTICIPANT ID # 0000014			KEY K			PARTICIPANT ID # 0000015			KEY K			PARTICIPANT ID #			KEY								
FIRST NAME SAL			RACE W			FIRST NAME ANGELA			RACE W			FIRST NAME SHIRLEY			RACE W			FIRST NAME MARIA-THERESA			RACE W			FIRST NAME ANTHONY			RACE W			FIRST NAME			RACE								
LAST NAME DE FAZIO			SEX M			LAST NAME DE FAZIO			SEX F			LAST NAME DE FAZIO			SEX F			LAST NAME DE FAZIO			SEX M			LAST NAME DE FAZIO			SEX M			LAST NAME			SEX								
RELATIONSHIP HEAD			MS M			RELATIONSHIP WIFE			MS M			RELATIONSHIP DAUGHTER			MS NM			RELATIONSHIP DAUGHTER			MS			RELATIONSHIP SON			MS			RELATIONSHIP			MS								
BIRTHDATE 07-17-1928			AGE 51			BIRTHDATE 12-24-1930			AGE 49			BIRTHDATE 08-17-1962			AGE 17			BIRTHDATE 03-24-1967			AGE 12			BIRTHDATE 04-29-1970			AGE 09			BIRTHDATE			AGE								
DV	ER	OPD	HS	MV		DV	ER	OPD	HS	MV		DV	ER	OPD	HS	MV		DV	ER	OPD	HS	MV		DV	ER	OPD	HS	MV		DV	ER	OPD	HS	MV		DV	ER	OPD	HS	MV	
CURRENT ROUND STATUS Code: _____ Date: _____						CURRENT ROUND STATUS Code: _____ Date: _____						CURRENT ROUND STATUS Code: _____ Date: _____						CURRENT ROUND STATUS Code: _____ Date: _____						CURRENT ROUND STATUS Code: _____ Date: _____																	
PREVIOUS EMPLOYMENT CODE NOT EMPLOYED						PREVIOUS EMPLOYMENT CODE NOT EMPLOYED						PREVIOUS EMPLOYMENT CODE EMPLOYED						PREVIOUS EMPLOYMENT CODE UNDER 14						PREVIOUS EMPLOYMENT CODE UNDER 14						PREVIOUS EMPLOYMENT CODE											
CURRENT EMPLOYMENT CODE Employed 01 Not Employed 02 Under 14 03						CURRENT EMPLOYMENT CODE Employed 01 Not Employed 02 Under 14 03						CURRENT EMPLOYMENT CODE Employed 01 Not Employed 02 Under 14 03						CURRENT EMPLOYMENT CODE Employed 01 Not Employed 02 Under 14 03						CURRENT EMPLOYMENT CODE Employed 01 Not Employed 02 Under 14 03						CURRENT EMPLOYMENT CODE Employed 01 Not Employed 02 Under 14 03											

CC

FOR EACH CONDITION NOT PREVIOUSLY LISTED IN CONDITION COLUMN, (1) RECORD CONDITION NAME IN COLUMN, (2) ASSIGN NEXT CONSECUTIVE CONDITION NUMBER, AND (3) RECORD SAME NUMBER NEXT TO CONDITION IN THE QUESTIONNAIRE.

FOR EACH CONDITION PREVIOUSLY LISTED IN CONDITION COLUMN AND NOT ON CARD O, ASK: Is this the same (CONDITION) you told me about [earlier today/in a previous interview] ?

IF YES: (1) DO NOT RECORD CONDITION IN CONDITION COLUMN AGAIN. (2) RECORD PREVIOUSLY ASSIGNED CONDITION NUMBER NEXT TO CONDITION IN QUESTIONNAIRE.

IF NO: (1) RECORD CONDITION IN COLUMN. (2) ASSIGN NEXT CONSECUTIVE CONDITION NUMBER. (3) RECORD SAME NUMBER NEXT TO CONDITION IN QUESTIONNAIRE.

CONDITION	NO.	
01	BROKEN LEG	01
02	ANEMIA	02
03	*02-23-1980*	
04		
05		
06		
07		
08		
09		
10		
11		
12		
13		
14		
15		
16		
17		

CONDITION	NO.	CONDITION	NO.	
01	STROKE	01	ALLERGIES	01
02	*02-23-1980*		SWOLLEN ADENOIDS	02
03			*02-23-1980*	
04				
05				
06				
07				
08				
09				
10				
11				
12				
13				
14				
15				
16				
17				

CONDITION	NO.	CONDITION	NO.	CONDITION	NO.
01	MENSTRUAL CRAMPS	01	*02-23-1980*		
02	*02-23-1980*				
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
13					
14					
15					
16					
17					

Figure 4 – Continued
Control card for followup interviews

E. RECORD OF CALLS					
Day of Week	Date	Time	Type	Results	Initials
			AM PV TC		
			PM PV TC		
			AM PV TC		
			PM PV TC		
			AM PV TC		
			PM PV TC		
			AM PV TC		
			PM PV TC		
			AM PV TC		
			PM PV TC		
			AM PV TC		
			PM PV TC		
			AM PV TC		
			PM PV TC		
			AM PV TC		
			PM PV TC		
			AM PV TC		
			PM PV TC		
TOTAL CALLS (TYPE)				Type of Call Resulting in Interview: PV TC	

F. INTERVIEW RESULTS

40-6 Interview completed

50-5 Interview not completed (CIRCLE ONE CODE BELOW. CONTACT SUPERVISOR FOR CODES 51 THROUGH 56 AND 70.)

51-3 No eligible respondent at home after repeated calls

52-1 Refusal

53-9 Breakoff; partial data

54-7 Language barrier

55-4 Physically/mentally incompetent respondent

56-2 Entire RU moved; unable to locate

60-4 No eligible respondent living in RU

61-2 Entire RU in Armed Forces

62-0 Entire RU illegible student(s)

63-8 Entire RU institutionalized

64-6 Entire RU deceased

70-3 Other (SPECIFY) _____

G. MISSING RU MEMBERS

FOR EACH MEMBER OF THE RU LISTED IN A PERSON COLUMN WHO HAS MOVED TO A DIFFERENT ADDRESS, COMPLETE ALL INFORMATION BELOW. ALL KEY AND NON-KEY MEMBERS WHO MOVE TO THE SAME RESIDENCE ADDRESS MUST BE INCLUDED IN THE SAME NEW REPORTING UNIT. IF ANY NON-KEY MEMBERS MOVE TO A NEW ADDRESS WITHOUT A KEY MEMBER, DO NOT INCLUDE THEM IN A NEW REPORTING UNIT. CIRCLE CODE 87-7 BELOW INSTEAD OF ASSIGNING NEW RU ID #.

(1) NAME _____ PID # _____

ADDRESS _____ PHONE () _____

City State ZIP

Missing key member 10 New RU ID # _____

Missing non-key member 20 or

Non-key member moved without key member . . 87-7

(2) NAME _____ PID # _____

ADDRESS _____ PHONE () _____

City State ZIP

Missing key member 10 New RU ID # _____

Missing non-key member 20 or

Non-key member moved without key member . . 87-7

(3) NAME _____ PID # _____

ADDRESS _____ PHONE () _____

City State ZIP

Missing key member 10 New RU ID # _____

Missing non-key member 20 or

Non-key member moved without key member . . 87-7

H. SOURCE OF INFORMATION

COMPLETE THIS SECTION IF INTERVIEW CODES 60-4 THROUGH 64-6 CIRCLED ABOVE.

NAME _____

RELATIONSHIP/ _____

TITLE _____

ADDRESS _____

City State ZIP

DATE _____ PHONE () _____

Figure 4 – Continued
Control card for followup interviews

CHARGEABLE NONINTERVIEW REPORT

NATIONAL MEDICAL CARE UTILIZATION AND EXPENDITURE SURVEY

A. ASSIGNMENT INFORMATION

PSU No. _____ Segment No. _____ Line No. _____ Case No. _____

Reporting Unit No. _____ Sample Type: HHS SMHS Round: 1 2 3 4 5

Interviewer _____ Supervisor _____ Date Reported _____ / _____ / _____
Month Day Year

B. REPORTING UNIT INFORMATION

1. Person Contacted _____

2. Relationship to Head _____

3. Approximate Age _____

4. Sex M F

5. Address _____
(Street)

_____ (City) _____ (State) _____ (Zip Code)

6. Telephone Number (_____)
(Area Code)

7. Predominant Racial/Ethnic Background of RU

White American 1
 Black 2
 Hispanic 3
 Oriental 4
 Other (Specify _____) 5
 Cannot Determine 6

8. Approximate RU Income

Less Than \$10,000 1
 \$10,000 to \$25,000 2
 More Than \$25,000. 3

C. REASON FOR NONINTERVIEW

1. Circle appropriate result code below:

8.1 No respondent home (after 3 calls)
 8.2 Refusal
 8.3 Breakoff; partial data
 8.4 Language barrier
 8.5 Physically/mentally incompetent
 8.6 Entire RU moved; cannot locate
 8.9 Other (Specify) _____

2. Describe efforts made to secure the interview and problems encountered:

D. SUMMARY OF FOLLOWUP ACTION

1. Followup Action

Date	Method of Contact			Contact Made By:		Result of Action
	T	P	L	Name	ID No.	
	1	2	3			
	1	2	3			
	1	2	3			
	1	2	3			
	1	2	3			
	1	2	3			

2. Final Result: Questionnaire Interview Obtained (Code 40) Noninterview Approved (Code _____)

3. Date final result approved by Supervisor: _____ / _____ / _____
Month Day Year

E. FOR CENTRAL OFFICE USE

Approved by: _____ Date: _____ / _____ / _____
Month Day Year

Disposition: If questionnaire interview is obtained, Supervisor sends white copy to central office immediately after the interview; retains yellow copy. If noninterview approved, Supervisor sends white copy to central office with Control Card (and Summary for Rounds 2-5); retains yellow copy.

RTI/NORC-105 11/79

Figure 5
Chargeable noninterview report

NATIONAL MEDICAL CARE UTILIZATION AND EXPENDITURE SURVEY

GUIDE TO DATES USED WHEN RU COMPOSITION CHANGES

	-----ASSIGNED RU CC-----			-----NEW RU CC-----	
	NEW PERSON JOINS ASSIGNED RU	MEMBER LEAVES ASSIGNED RU, NO NEW RU FORMED	KEY MEMBER MOVES, (OR NON-KEY WITH KEY), FORMS NEW RU	KEY MEMBER MOVES (OR NON-KEY WITH KEY), FORMS NEW RU	NEW PERSON <u>IN NEW RU</u>
STATUS CODE, CURRENT ROUND STATUS BLOCK	73-7, 74-5, or 75-2	80-2, 81-0, 85-1, 87-7, or 88-5	84-4	03-4	73-7, 74-5, or 75-2
DATE, CURRENT ROUND STATUS BLOCK	DATE PERSON JOINS RU	DATE PERSON LEAVES RU	DATE PERSON LEAVES RU	NO DATE	DATE KEY MEMBER MOVED IN
REF. DATE, ENTERED IN CONDITION COLUMN	DATE PERSON JOINS RU	(MACHINE ENTERED)	(MACHINE ENTERED)	COPIED FROM ASSIGNED RU CC ONTO NEW RU CC	SAME AS REF. DATE FOR KEY MEMBER WHO MOVED IN
COLLECT DATA <u>UP TO</u> . . .	DATE OF INTERVIEW	DATE PERSON LEAVES RU	NO DATA COLLECTED	DATE OF INTERVIEW	DATE OF INTERVIEW
	-----SAME PERSON ON 2 CC'S-----				

Figure 6

Guide to dates used when reporting unit (RU) composition changes—interviewer card

1980 HEALTH RECORD

For _____

National Medical Care Utilization
and Expenditure Survey
Sponsored by
National Center for Health Statistics and
Health Care Financing Administration

Keep Your Medical Records Here!

National Medical Care Utilization
and Expenditure Survey

Research Triangle Institute
Box 12138
Research Triangle Park, NC 27709

National Opinion Research Center
461 8th Avenue
New York, NY 10001

Thanks for taking part in this important national health survey!

Please use this calendar to keep track of things your interviewer will ask you about during the next interview. Mark the date each time you or someone in your family . . .



stays in bed because of illness or injury



misses work because of illness or injury



cuts down on normal activities because of illness or injury



goes to a dentist



visits a doctor, clinic, or other medical person or place



gets any prescribed medicines



has special expenses for eyeglasses, hearing aids, diabetic equipment, an ambulance, or crutches, wheelchairs, etc.

When you note any medical care on the calendar, mark the cost of the visit or service and then keep your records in the pocket below.

January Health Record

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2	3	4	5
		New Year's Day				
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Figure 7
Calendar

NATIONAL MEDICAL CARE UTILIZATION AND EXPENDITURE SURVEY

A Joint Project of
the National Center for Health Statistics and
the Health Care Financing Administration

conducted by

Research Triangle Institute
Post Office Box 12138
Research Triangle Park, NC 27709

National Opinion Research Center
461 8th Avenue
New York, NY 10001

AGREEMENT AND RECEIPT

Respondent's Name: **Mr.** _____
(First) (MI) (Last)
Ms. _____

Research Triangle Institute/National Opinion Research Center (RTI/NORC) will pay the respondent \$5.00 for each of two personal interviews and an additional \$10.00 to participate in two telephone interviews and one final personal interview. RTI/NORC agree to keep confidential all information obtained during the interviews.

RESEARCH TRIANGLE INSTITUTE/NATIONAL OPINION RESEARCH CENTER

RTI
 NORC

X _____ ID No. _____
Interviewer's Signature Date _____
Month / Day / Year

The respondent agrees to provide accurate information in the interviews to the best of his/her ability and to maintain the calendar provided by RTI/NORC to record health events between interview rounds. The respondent also acknowledges receipt of the payment specified below:

- (Check one)
- \$5.00 at Round 1 Interview
 - \$5.00 at Round 2 Interview
 - \$10.00 at Round 5 Interview

Respondent's Signature X _____

Mailing Address (Please Print) _____
(Street)

(City) (State) (Zip Code)

Telephone (_____) _____
(Area Code)

ID INFORMATION															
PSU No. _____		Seg. No. _____		Case No. _____		RU No. _____		Sample Type: <input type="checkbox"/> HHS <input type="checkbox"/> SMHS							
FOR NORC USE ONLY															
Interviewer Number				Round Number		RU ID Number						Amount Paid			
														\$	

Figure 8
Receipt and agreement form

B. For what condition did (PERSON) visit (PROVIDER) on (DATE)?
Any other condition?

CONDITION	COND.#
	CC (6)
	CC (6)
	CC (6)
	CC (6)

Figure 9
Typical condition question and recording format



FOR EACH CONDITION NOT PREVIOUSLY LISTED IN CONDITION COLUMN, (1) RECORD CONDITION NAME IN COLUMN, (2) ASSIGN NEXT CONSECUTIVE CONDITION NUMBER, AND (3) RECORD SAME NUMBER NEXT TO CONDITION IN THE QUESTIONNAIRE.

FOR EACH CONDITION PREVIOUSLY LISTED IN CONDITION COLUMN AND NOT ON CARD Q, ASK: *Is this the same (CONDITION) you told me about [earlier today/in a previous interview]?*

IF YES: (1) DO NOT RECORD CONDITION IN CONDITION COLUMN AGAIN.
(2) RECORD PREVIOUSLY ASSIGNED CONDITION NUMBER NEXT TO CONDITION IN QUESTIONNAIRE.

IF NO: (1) RECORD CONDITION IN COLUMN.
(2) ASSIGN NEXT CONSECUTIVE CONDITION NUMBER.
(3) RECORD SAME NUMBER NEXT TO CONDITION IN QUESTIONNAIRE.

	CONDITION	NO.
01	BROKE LFG	01
02	ANEMIA	02
03	02/23/80	
04	ANXIETY	03
05	05/23/80	
06	07/23/80	
07	11/07/80	
08		
09		
10		
11		
12		
13		
14		
15		
18		
17		

Figure 10
Person column on round 2-5 control card and instructions for recording conditions

CARD Q -- CONDITIONS FOR WHICH YOU DO NOT NEED TO ASK, "IS THIS THE SAME (CONDITION)?"

ALCOHOLISM	GLAUCOMA
ARTERIOSCLEROSIS	GOUT
ARTHRITIS	
ASTHMA	
ATHEROSCLEROSIS	HAYFEVER
ATROPHY OF ANY PART OF THE BODY	HEMORRHOIDS
	HIGH BLOOD PRESSURE
	HYPERTENSION
CANCER	
CONGENITAL CONDITIONS, DEFECTS, OR ANOMALIES	
CONTRACTURE	MENTAL DISORDERS
CURVATURE	MENTAL RETARDATION
CYST	MULTIPLE SCLEROSIS
	MYOPIA
DEFORMITY	
DEGENERATION OF ANY PART OF THE BODY	NEARSIGHTEDNESS
DIABETES	
DRUG DEPENDENCE	
DYSTROPHY	PILES
	PROSTATE DISEASES
ECZEMA	
EMPHYSEMA	
EPILEPSY	RHEUMATIC FEVER
FARSIGHTEDNESS	STONES (KIDNEY, URETER, GALL, ETC)
	THYROID GLAND DISEASES
	TUBERCULOSIS
	VARICOSE VEINS

Figure 11

Conditions for which "Is this the same (CONDITION)?" need not be asked—interviewer card Q

CARD K

CONDITIONS REPORTED FOR WHICH QUESTIONS 1 THROUGH 5 NEED NOT BE ASKED:

ACNE	MIGRAINE (ANY KIND)
APPENDICITIS	MULTIPLE SCLEROSIS
ARTERIOSCLEROSIS	MUMPS
ARTHRITIS (ANY KIND)	NORMAL DELIVERY
ATHELETE'S FOOT	PERNICIOUS ANEMIA
BRONCHITIS	PHLEBITIS
BUNIONS	PILES
BURSITIS	PLANTERS WART
CALLUSES	PNEUMONIA
CHICKENPOX	POISON IVY
COLD	PREGNANCY
CORNS	SCABIES
CROUP	SCARLET FEVER
DIABETES (ALL TYPES)	SCIATICA
EPILEPSY (ANY KIND)	SICKLE CELL ANEMIA
FOOT FUNGUS	SINUS (ANY KIND)
GALLSTONES	SPASTIC COLON
GOITER	STOMACH VIRUS
GOUT	STREP (STREPTOCOCCUS) THROAT
HARDENING OF THE ARTERIES	STYE
HAY FEVER	TENNIS ELBOW
HEMORRHOIDS (ALL KINDS)	THROMBOPHLEBITIS
HERNIA (ALL TYPES)	TONSILLITIS
IMPETIGO	ULCER (DUODENAL, STOMACH, PEPTIC OR GASTRIC ONLY)
KIDNEY STONES	VASECTOMY
LARYNGITIS	WARTS
	WHOOPING COUGH

Figure 12

Conditions reported for which questions need not be asked—interviewer card K

1. Compared to other people (PERSON'S) age, would you say that (PERSON'S) health is excellent, good, fair, or poor?

PERSON 1	
1	Excellent 01
	Good. 02
	Fair. 03
	Poor. 04

Figure 13
Question on general health status (supplement no. 1)

PERSON 1					
PARTICIPANT ID #				KEY	
0000011				K	
FIRST NAME				RACE	
SAL				W	
LAST NAME				SEX	
DEEA710				M	
RELATIONSHIP				MS	
HEAD				M	
BIRTHDATE				AGE	
07/17/1928				052	
DV	ER	OPD	HS	MV	
CURRENT ROUND STATUS					
Code			Date		
PREVIOUS EMPLOYMENT CODE					
EMPLOYED					
CURRENT EMPLOYMENT CODE					
Employed				01	
Not Employed.				02	
Under 14.				03	

V

Figure 14
Control card V box for recording number of provider visits by type of provider

9. How much was the total charge for this visit on (DATE), including any amounts that may be paid by health insurance, Medicare, Medicaid, or other sources? (Include any separate bill for [X-rays/laboratory tests/diagnostic procedures].)

- \$ _____ (10)
- \$3.00 or less. 01(A)
- No charge. 02(A)
- Included with other charges. . . 03(FF____(RV))
- Don't know 94(10)

A. Why was there [no/such a small] charge for this visit?

- Welfare/Medicaid paid. 01(RV)
- Included with other charges. . . 02(FF____(RV))
- Free from provider 03(12)
- Other source(s) will pay 04(12A)
- Standard HMO/PHP/Health Center charge 05(RV)
- Other. 07(10)

Figure 15
Total charge questions from the medical provider visit section

10. How much of the (CHARGE) charge for the visit did or will you (or your family) pay?

Partial \$ _____ %
 Total Charge 01
 None 00(C BOX)

Figure 16

Amount of charge paid by family question from the medical provider visit section

11. Do you expect any source to reimburse or pay you back? Yes . . . 01(A)
 No. . . . 02(C BOX)

A.

B.

Who will reimburse or pay you back? ENTER BELOW.
 Anyone else?

How much will (EACH SOURCE) reimburse or pay you back?

SOURCE	AMOUNT
	\$ _____ %
	\$ _____ %
	\$ _____ %

C BOX	CODE ONE:
	TOTAL CHARGE PAID IN Q. 10. 01(RV)
	PARTIAL OR NONE PAID IN Q. 10 02(12)

12. Did or will anyone else pay for this visit?

Yes 01(A)
 No. 02(RV)

A.

B.

Who else paid or will pay any part of the charge? ENTER BELOW. Anyone else?

How much did or will (EACH SOURCE) pay?

SOURCE	AMOUNT
	\$ _____ %
	\$ _____ %
	\$ _____ %

Figure 17

Questions on source and amount of payment by sources other than family from the medical provider visit section

----- CHARGE INFORMATION -----
 SOURCES OF PAYMENT AMOUNT

	FAMILY	\$ 37.00
	BC/BS OF TX	NOT KNOWN
	← ← ← ← ← ← ← ← ← ← ← ←	← ← ← ← ←
	← ← ← ← ← ← ← ← ← ← ← ←	← ← ← ← ←
	← ← ← ← ← ← ← ← ← ← ← ←	← ← ← ← ←
	TOTAL CHARGE	\$ 37.00
	MEDICAID	100 %
	← ← ← ← ← ← ← ← ← ← ← ←	← ← ← ← ←
	← ← ← ← ← ← ← ← ← ← ← ←	← ← ← ← ←
	← ← ← ← ← ← ← ← ← ← ← ←	← ← ← ← ←
	← ← ← ← ← ← ← ← ← ← ← ←	← ← ← ← ←
	TOTAL CHARGE	NOT AVAIL
	FAMILY	NOT KNOWN
	BC/BS OF TX	NOT KNOWN
	← ← ← ← ← ← ← ← ← ← ← ←	← ← ← ← ←
	← ← ← ← ← ← ← ← ← ← ← ←	← ← ← ← ←
	← ← ← ← ← ← ← ← ← ← ← ←	← ← ← ← ←
	TOTAL CHARGE	NOT KNOWN
	SEE FLAT FEE A	FF A
	← ← ← ← ← ← ← ← ← ← ← ←	← ← ← ← ←
	← ← ← ← ← ← ← ← ← ← ← ←	← ← ← ← ←
	← ← ← ← ← ← ← ← ← ← ← ←	← ← ← ← ←
	← ← ← ← ← ← ← ← ← ← ← ←	← ← ← ← ←
	TOTAL CHARGE	FF A
FLAT FEE A ORTHODONTIA	RELATIVE	\$ 1500.00
	← ← ← ← ← ← ← ← ← ← ← ←	← ← ← ← ←
	← ← ← ← ← ← ← ← ← ← ← ←	← ← ← ← ←
	← ← ← ← ← ← ← ← ← ← ← ←	← ← ← ← ←
	← ← ← ← ← ← ← ← ← ← ← ←	← ← ← ← ←
	TOTAL CHARGE	\$ 1500.00

Figure 18
 Charges and source of payment format on summary of responses

MEDICAID SPEND-DOWN

PERSON 1

Now, I'd like to talk about applying for medical benefits through the Medicaid program. Applying just for the medical benefits of Medicaid is different from applying for Welfare or food stamps. Most people who receive just Medicaid first get on by applying in person, but some people have their applications filled out for them while they are in the hospital.

<p>1. Between January 1, 1979, and December 31, 1980, did [you/anyone in the family] apply just for Medicaid while in a hospital, or at a Welfare office, a Medicaid office, a clinic, or some other place?</p> <p>Yes 01(2) No 02(GO TO SUMMARY)</p>	<p>1</p>
<p>2. Who was that application for? CODE IN EACH PERSON'S COLUMN. Was there a Medicaid application for anyone else in the family during that period?</p>	<p>2 Application for 01 No application for 02</p>
<p>ASK QUESTIONS 3-7 AS APPLICABLE FOR EACH PERSON CODED "APPLICATION FOR" IN Q. 2.</p>	
<p>3. When was the last Medicaid application for (PERSON)?</p>	<p>3 <input type="text"/> <input type="text"/> 19 <input type="text"/> <input type="text"/> (Month) (Year)</p>
<p>4. Was that application made in this state?</p> <p>A. In what state was that? ENTER TWO-LETTER STATE ABBREVIATION.</p>	<p>4 Yes 01(MS) No 02(A)</p> <p>A <input type="text"/> (MS)</p>
<p>CODE WHETHER STATE OF APPLICATION IS LISTED BELOW, THEN FOLLOW SKIP INSTRUCTIONS.</p>	
<p>MS Alabama Delaware Idaho New Jersey South Carolina Wyoming Alaska Florida Iowa New Mexico South Dakota Arizona Georgia Nevada Oregon Texas</p>	<p>MS State listed 01(NP) State not listed 02(5)</p>
<p>5. Did (PERSON) get on Medicaid as a result of that application?</p>	<p>5 Yes 01 No 02</p>
<p>6. Did (PERSON) have to have a certain amount of hospital bills, medical bills, or doctor's reports to get on Medicaid?</p> <p>A. How much was that?</p>	<p>6 Yes 01(A) No 02(7)</p> <p>A \$ _____</p>
<p>ASK Q. 7 ONLY IF STATE OF APPLICATION (Q. 4 OR 4A) IS UTAH, INDIANA, ILLINOIS, OR NEW YORK (OUTSIDE OF NEW YORK CITY). FOR ALL OTHER STATES, GO TO THE NEXT PERSON.</p>	
<p>7. Did (PERSON) have to pay a certain amount of money to the State before getting on Medicaid?</p> <p>A. How much was that?</p>	<p>7 Yes 01(A) No 02(NP)</p> <p>A \$ _____</p>
<p>AFTER COMPLETING MEDICAID SPEND-DOWN SECTION FOR THE LAST PERSON, GO TO THE SUMMARY.</p>	

Figure 19
Medicaid spend-down section (round 5 supplement)

CARD A

1. CARE RECEIVED THROUGH MEDICAID OR WELFARE.
2. UNEMPLOYED, OR REASONS RELATED TO UNEMPLOYMENT.
3. CAN'T OBTAIN INSURANCE BECAUSE OF POOR HEALTH, ILLNESS, OR AGE.
4. TOO EXPENSIVE, CAN'T AFFORD HEALTH INSURANCE.
5. DISSATISFIED WITH PREVIOUS INSURANCE.
6. DON'T BELIEVE IN INSURANCE.
7. HAVE BEEN HEALTHY, NOT MUCH SICKNESS IN THE FAMILY, HAVEN'T NEEDED HEALTH INSURANCE.
8. VETERANS BENEFITS.
9. RECEIVED HEALTH CARE THROUGH VETERANS ADMINISTRATION.
10. PROFESSIONAL COURTESY.
11. NOT ELIGIBLE YET, NEW JOB, CHANGED JOB.
12. OTHER INSURANCE; E.G., CANCER, EXTRA CASH POLICIES.
13. SOME OTHER REASON -- WHAT WAS THAT?

Figure 20

Reasons for no insurance—handout card A

11/07/80 HEALTH INSURANCE BC/BS OF TX

← ← ← ← ← ← ← ← ← ← ← ← ← ← ← ←
 ← ← ← ← ← ← ← ← ← ← ← ← ← ← ← ←
 ← ← ← ← ← ← ← ← ← ← ← ← ← ← ← ←

Q. 7 -- PRIVATE PLAN

← ← ← ← ← ← ← ← ← ← ← ← ← ← ← ←
 ← ← ← ← ← ← ← ← ← ← ← ← ← ← ← ←
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HEALTH INSURANCE MEDICAID

46480322-018

Q. 4 -- MEDICAID

Figure 21

Health insurance format on summary of responses

FORM PHS 1-481
REV. 02/80

U.M.B. NO. 68-R1687;
APPROVAL EXPIRES 12/81

SUMMARY OF RESPONSES
NATIONAL MEDICAL CARE UTILIZATION
AND EXPENDITURE SURVEY
SPONSORED BY
NATIONAL CENTER FOR HEALTH STATISTICS
HEALTH CARE FINANCING ADMINISTRATION

FOR INTERVIEWER USE ONLY:
CHANGES . . . 01
NO CHANGE . . . 02

ANGELA DEFAZIO
P.O. BOX 2194

RD ID # 0009999

SAN ANTONIO TX 78206

THIS SUMMARY CONTAINS INFORMATION ABOUT YOUR FAMILY'S MEDICAL CARE DURING THE PERIOD FROM JANUARY 1, 1980 THROUGH 11/07/80. THE INFORMATION WAS GIVEN TO AN INTERVIEWER DURING AN INTERVIEW ON 11/07/80.

PLEASE REVIEW THE MEDICAL VISITS AND SERVICES INCLUDED ON THIS SUMMARY TO SEE IF THE INFORMATION IS CORRECT AND COMPLETE. WHEN YOUR INTERVIEWER CONTACTS YOU FOR THE NEXT INTERVIEW, PLEASE TELL HIM OR HER ABOUT ANY CORRECTIONS OR ADDITIONS THAT SHOULD BE MADE.

THANK YOU FOR PARTICIPATING IN THIS IMPORTANT NATIONAL HEALTH SURVEY.

THIS SURVEY IS BEING CONDUCTED BY RESEARCH TRIANGLE INSTITUTE AND THE NATIONAL OPINION RESEARCH CENTER.

INFORMATION CONTAINED ON THIS FORM WHICH WOULD PERMIT IDENTIFICATION OF ANY INDIVIDUAL OR ESTABLISHMENT HAS BEEN COLLECTED WITH A GUARANTEE THAT IT WILL BE HELD IN STRICT CONFIDENCE BY THE CONTRACTOR AND NCHS, WILL BE USED ONLY FOR PURPOSES STATED IN THIS STUDY, AND WILL NOT BE DISCLOSED OR RELEASED TO ANYONE OTHER THAN AUTHORIZED STAFF OF NCHS WITHOUT THE CONSENT OF THE INDIVIDUAL OR THE ESTABLISHMENT IN ACCORDANCE WITH SECTION 308(D) OF THE PUBLIC HEALTH SERVICE ACT (42 U.S.C. 242M).

INTERVIEWER: HAPPY INTERVIEWER

ID # 000001

Figure 22
Summary of responses

NATIONAL MEDICAL CARE UTILIZATION AND EXPENDITURE SURVEY -- SUMMARY OF RESPONSES
ROUND 4

PAGE: 8

RUID: 0009899
PID: 0000012

HEALTH CARE SERVICES FOR ANGELA DEFAZIO FOR THE PERIOD 01/01/80 TO 11/07/ 80, CONTINUED.

DATE OF CARE	TYPE OF VISIT OR SERVICE	MEDICAL PERSON OR PLACE AND ADDRESS	SERVICES RECEIVED	----- CHARGE INFORMATION SOURCES OF PAYMENT -----	----- AMOUNT -----	
01/08/80	PRESCRIPTION	SOMA COMPOUND # 20	TINES OBTAINED: 01	FREE FROM PROVIDER	NO CHARGE	
				← ←	0810	
					← ←	0828
					← ←	0836
					← ←	0844
				← ←	0851	
				← ←		
				TOTAL CHARGE	NO CHARGE	
11/07/80	HEALTH INSURANCE	HC/BS OF TX		N. 7 -- PRIVATE PLAN		
					← ←	1123
					← ←	1131
					← ←	1149

Figure 22 -- Continued
Summary of responses

NATIONAL MEDICAL CARE UTILIZATION AND EXPENDITURE SURVEY -- SUMMARY OF RESPONSES
 ROUND 4

PAGE: 16

RUID: 0009899
 PID: 9999911

HEALTH CARE SERVICES FOR CHARLOTTE DEFAZIO FOR THE PERIOD 01/01/80 TO 11/01/80, CONTINUED.

DATE OF CARE	TYPE OF VISIT OR SERVICE	MEDICAL PERSON OR PLACE AND ADDRESS	SERVICES RECEIVED	CHARGE INFORMATION	
				SOURCES OF PAYMENT	AMOUNT
07/06/80	PRESCRIPTION	KENALOG-3	TIMES OBTAINED: 01	MEDICAID	100 2 0810
				← ← ← ← ← ← ← ← ← ← ← ← ← ← ← ←	0828
				← ← ← ← ← ← ← ← ← ← ← ← ← ← ← ←	0856
				← ← ← ← ← ← ← ← ← ← ← ← ← ← ← ←	0844
				← ← ← ← ← ← ← ← ← ← ← ← ← ← ← ←	0851
11/01/80	HEALTH INSURANCE	MEDICAID	46480522-018	U. 4 -- MEDICAID	
				← ← ← ← ← ← ← ← ← ← ← ← ← ← ← ←	1123
				← ← ← ← ← ← ← ← ← ← ← ← ← ← ← ←	1131
				← ← ← ← ← ← ← ← ← ← ← ← ← ← ← ←	1149

Figure 22 -- Continued
 Summary of responses

SUMMARY CARD

MAKE CORRECTIONS, ADDITIONS, OR DELETIONS AS FOLLOWS:

- . IF THE PRINTED ENTRY IS NOT KNOWN OR ??, ASK APPLICABLE QUESTION(S) BELOW AND ENTER RESPONSES, IF GIVEN.
- . IF A "NOT KNOWN" ENTRY IS STILL UNKNOWN, PROBE TO SEE IF DATA WILL EVER BE KNOWN TO RESPONDENT.
 - IF DATA WILL BE KNOWN IN FUTURE, LEAVE "NOT KNOWN".
 - IF DATA WILL NEVER BE KNOWN, CHANGE "NOT KNOWN" TO "NOT AVAIL."
- . IF ADDITIONAL SERVICES OR SOURCES AND AMOUNTS OF PAYMENT ARE GIVEN, ENTER THEM ON APPROPRIATE DOTTED LINE(S).
- . IF AMOUNTS PAID BY ALL SOURCES OF PAYMENT ARE MORE THAN 100% OF THE TOTAL CHARGE, ASK Q. 5 AND ADJUST AMOUNTS OF PAYMENT, IF APPROPRIATE.

DATE OF CARE

- DV, ER, OPD, MV → On what date did (PERSON) have this visit?
 HS → On what date did (PERSON) leave the [hospital/nursing home]?
 PM, OME → On what date did (PERSON) last have an expense for [MEDICINE/ITEM]?

MEDICAL PERSON OR PLACE AND ADDRESS

- DV → What is the name of the dentist or dental clinic (PERSON) visited on (DATE)?
 ER, HS → What is the name (and address) of this hospital?
 OPD → What is the name (and address) of this hospital?
 What is the name of the clinic or department (PERSON) visited?
 MV → What is the name (and address) of the medical person or place (PERSON) went to on (DATE)?
 PM → What is the name of this medicine?

SERVICES RECEIVED

DV → What did (PERSON) have done during this visit?

X-rays	Fillings (#)	Bridges
Cleaning	Extractions (#)	Dentures - Partial
Examination	Root Canals (#)	Dentures - Full
Orthodontia	Crowns (#)	Other (SPECIFY)

ER, OPD, MV → Why did (PERSON) visit the (PROVIDER) on (DATE)?

Diagnosis/Treatment	X-rays
General Check-up	Laboratory Tests
Eye Exam for Glasses	Diagnostic Procedures
Immunization	Surg/Stitch/Bone Set
Family Planning	Other (SPECIFY)

HS → Why did (PERSON) enter the [hospital/nursing home]?

Diagnosis/Treatment	X-rays
Delivery	Laboratory Tests
Newborn Baby	Diagnostic Procedures
Operation(s)	No Condition

PM → How many times was (MEDICINE) obtained for (PERSON) since (REF. DATE)?

OME → Did (PERSON) have this special expense for glasses or contact lenses, orthopedic items, hearing aid purchase or repair, diabetic items, or for ambulance service?

CHARGE INFORMATION

- TOTAL CHARGE 1. Do you know how much the total charge was for this [visit/ (MEDICINE/ITEM)]?
- SOURCES AND AMOUNTS OF PAYMENT 2. How much of this charge did or will you (or your family) pay?
3. Do you expect any source to reimburse or pay you back?
 Yes.....(A)
 No/DK....(4)
 A. Who will reimburse or pay you back?
 B. How much?
4. Did or will anyone else pay any part of this charge?
 Yes.....(A)
 No/DK....(5)
 A. Who else paid or will pay any part of this charge?
 B. How much?
5. I see that the [amounts/percentages] paid by (SOURCES) are more than the total charge of (AMOUNT). How much of this charge will you (or your family) end up paying?

Figure 23
 Interviewer summary card

LIMITATIONS

And now I have some additional questions for you.

CODE AGE FOR EACH PERSON: ASK Q's. 1 THROUGH 11 AS APPLICABLE FOR ONE PERSON BEFORE ASKING Q's. 1 THROUGH 11 FOR NEXT PERSON.

PERSON 1

- 17 or older 01(1)
- 6-16 years old. 02(1C)
- 1-5 years old 03(2)
- Under 1 04(7)

IF PERSON IS 17 YEARS OF AGE OR OVER, ASK:

1. In 1979, what was (PERSON) doing most of the time -- working, going to school, keeping house or something else?

CIRCLE ONE CODE ONLY.

IF MORE THAN ONE RESPONSE, CODE LOWEST NUMBER THAT APPLIES.

- 1 Working 01(6)
- Retired 02(B)
- Going to school 03(4)
- Keeping house 04(6)
- Something else (PERSON
45 YEARS OF AGE OR
OVER) 05(A)
- Something else
(PERSON UNDER 45) 06(5)

A. Is (PERSON) retired?

- A Yes 01(B)
- No. 02(5)

B. Did (PERSON) retire because of health, or for some other reason?

- B Health. 01(5)
- Other reason. 02(5)

C. From January first through December 31, 1979, what was (CHILD) doing most of the time -- going to school or doing something else?

- C Going to school 01(4)
- Something else. 02(3)

Figure 24
Limitations section (supplement no. 1)

<u>LIMITATIONS</u>		PERSON 1	
2.	Is (CHILD) able to take part at all in ordinary play with other children?	2	Yes 01(A) No. 02(9)
A.	Is (CHILD) limited in the <u>kind</u> of play [he/she] can do because of [his/her] health?	A	Yes 01(9) No. 02(B)
B.	Is (CHILD) limited in the <u>amount</u> of play because of [his/her] health?	B	Yes 01(9) No. 02(7)
3.	Does (PERSON'S) health keep [him/her] from going to school?	3	Yes 01(9) No. 02(4)
4.	[Does/Would] (PERSON) have to go to a certain type of school, or be in a special class, because of [his/her] health?	4	Yes 01(9) No. 02(A)
A.	[Is (PERSON)/Would (PERSON) be] limited in school attendance because of [his/her] health?	A	Yes 01(9) No. 02(B)
B.	Is (PERSON) limited in the <u>kind</u> or <u>amount</u> of other activities because of [his/her] health?	B	Yes 01(9) No. 02(7)
5.	Would (PERSON'S) health keep [him/her] from working on a job for pay now?	5	Yes 01(9) No. 02(A)
A.	Would (PERSON) be limited in the <u>kind</u> of work [he/she] <u>could</u> do, because of [his/her] health?	A	Yes 01(9) No. 02(B)
B.	Would (PERSON) be limited in the <u>amount</u> of work [he/she] <u>could</u> do, because of [his/her] health?	B	Yes 01(9) No. 02(C)
C.	Is (PERSON) limited in the <u>kind</u> or <u>amount</u> of other activities because of [his/her] health?	C	Yes 01(9) No. 02(7)
6.	In terms of health, is (PERSON) now able to [work/keep house] at all?	6	Yes 01(A) No. 02(9)
A.	Is (PERSON) limited in the <u>kind</u> of [work/housework] (PERSON) can do because of [his/her] health?	A	Yes 01(9) No. 02(B)
B.	Is (PERSON) limited in the <u>amount</u> of [work/housework] (PERSON) can do because of [his/her] health?	B	Yes 01(9) No. 02(C)
C.	Is (PERSON) limited in the <u>kind</u> or <u>amount</u> of other activities because of [his/her] health?	C	Yes 01(9) No. 02(7)

Figure 24 – Continued
 Limitations section (supplement no. 1)

LIMITATIONS

7. Is (PERSON) limited in any way because of a health condition or disability?

A. In what way is [he/she] limited? RECORD LIMITATION, NOT CONDITION.

PERSON 1

7 Yes 01(A)
No 02(12)

A Limitation #1: _____

Limitation #2: _____

Limitation #3: _____

IF MORE THAN ONE LIMITATION, ASK Q. 8.

8. Which of these limitations would you say is the main limitation?

8 Limitation # _____

9. About how long has (PERSON) had this (main) limitation?

9 MONTHS:
YEARS:

10. What condition causes (PERSON) to be limited in [play/school attendance/work/housework/(ANSWER TO Q. 7A OR 8)]?

IF "OLD AGE" ONLY, ASK: Is this limitation caused by any specific condition?

IF LIMITATION CAUSED BY NO SPECIFIC CONDITION, OTHER THAN "OLD AGE", CIRCLE CODE,

FOR ANY NEW CONDITION ENTERED HERE, COMPLETE A CONDITION SECTION.

Condition	Cond. #
CC	
CC	
CC	
OLD AGE ONLY . . . 00	

IF MORE THAN ONE CONDITION, ASK Q. 11

11. Which of these is the main cause of [his/her] limitation?

11 Condition: _____

CONDITION #: _____

Figure 24 – Continued
Limitations section (supplement no. 1)

FUNCTIONAL LIMITATIONS

FOR PERSONS "DECEASED" OR "UNDER 17" CODE 01 OR 02 AS APPROPRIATE. THEN REFER TO SPECIAL INSTRUCTIONS, SECTION A OF CONTROL CARD. FOR EACH (OTHER) PERSON 17 YEARS OF AGE OR OLDER CODE WHETHER RU IS IN FL SAMPLE. THEN ASK ALL APPROPRIATE QUESTIONS FOR ONE PERSON BEFORE GOING ON TO NEXT PERSON.

The next questions are about ways that a person might be limited because of any health problem or physical condition (other than pregnancy).

		PERSON 1
		Deceased.01(NP) Under 17.02(NP) 17 or older: RU in FL sample. . . .03(3) RU not in FL sample. .04(1)
1.	Does health limit the kind of vigorous activities (PERSON) can do, such as running, lifting heavy objects, or participating in strenuous sports?	1 Yes01(A) No.02(2)
A.	Has health limited the kind of vigorous activities (PERSON) can do for more than three months?	A Yes01(4) No.02(4)
2.	Does health limit (PERSON) in any way in doing anything [he/she] wants to do?	2 Yes01(A) No.02(NP)
A.	Has health limited (PERSON) in doing things [he/she] wants to do for more than three months?	A Yes01(4) No.02(4)
3.	Does health limit the kind of vigorous activities (PERSON) can do, such as running, lifting heavy objects, or participating in strenuous sports?	3 Yes01(A) No.02(4)
A.	Has health limited the kind of vigorous activities (PERSON) can do for more than three months?	A Yes01 No.02
4.	Does health keep (PERSON) from driving a car?	4 Yes01(A) No.02(5) Never drove a car03(5)
A.	Has (PERSON) been unable to drive a car because of health for more than three months?	A Yes01 No.02
5.	When (PERSON) travels around your community, does someone have to assist [him/her] because of health?	5 Yes01(A) No.02(6)
A.	Has (PERSON) needed someone to assist [him/her] in traveling around your community for more than three months?	A Yes01 No.02

Figure 25

Functional limitations section (round 5 supplement)

FUNCTIONAL LIMITATIONS

		PERSON 1	
6.	Does (PERSON) have to stay indoors all or most of the day because of health?	6	Yes 01(A) No. 02(7)
	A. Has (PERSON) had to stay indoors all or most of the day because of health for more than three months?	A	Yes 01 No. 02
	<hr/>		
	7.	Is (PERSON) in bed or a chair for all or most of the day because of health?	7
A.	Has (PERSON) been in bed or in a chair all or most of the day because of health for more than three months?	A	Yes 01 No. 02
<hr/>			
8.	Does (PERSON) have trouble bending, lifting, or stooping because of health?	8	Yes 01(A) No. 02(9)
	A. Has (PERSON) had trouble bending, lifting, or stooping because of health for more than three months?	A	Yes 01 No. 02
	<hr/>		
	9.	Does (PERSON) have any trouble either walking <u>one</u> block or climbing <u>one</u> flight of stairs because of health?	9
A. Has (PERSON) had trouble walking one block or climbing one flight of stairs because of health for more than three months?		A	Yes 01(11) No. 02(11)
<hr/>			
10.		Does (PERSON) have any trouble either walking <u>several</u> blocks or climbing a <u>few</u> flights of stairs because of health?	10
	A. Has (PERSON) had trouble walking several blocks or climbing a few flights of stairs because of health for more than three months?	A	Yes 01 No. 02

Figure 25 – Continued
Functional limitations section (round 5 supplement)

FUNCTIONAL LIMITATIONS

		PERSON 1	
11.	Is (PERSON) unable to walk unless assisted by another person or by a cane, crutches, artificial limbs, or braces?	11	Yes 01(A)
			No. 02(12)
A.	Has (PERSON) been unable to walk unless assisted by another person or by a cane, crutches, artificial limbs, or braces for more than three months?	A	Yes 01
			No. 02
12.	Is (PERSON) unable to do certain kinds or amounts of work, housework, or schoolwork because of health?	12	Yes 01(A)
			No. 02(13)
A.	Has (PERSON) been unable to do certain kinds or amounts of work, housework, or schoolwork because of health for more than three months?	A	Yes 01
			No. 02
13.	Does health keep (PERSON) from working at a job, doing work around the house, or going to school?	13	Yes 01(A)
			No. 02(14)
A.	Has health kept (PERSON) from working at a job, doing work around the house or going to school for more than three months?	A	Yes 01
			No. 02
14.	Does (PERSON) need help with eating, dressing, bathing, or using the toilet because of health?	14	Yes 01(A)
			No. 02(15)
A.	Has (PERSON) needed help with eating, dressing, bathing, or using the toilet for more than three months?	A	Yes 01
			No. 02
15.	Does health limit (PERSON) in any (other) way in doing anything [he/she] wants to?	15	Yes 01(A)
			No. 02(NP)
A.	Has health limited (PERSON) in doing things [he/she] wants to do for more than three months?	A	Yes 01(NP)
			No. 02(NP)
AFTER COMPLETING FUNCTIONAL LIMITATIONS SECTION FOR ALL REPORTING UNIT MEMBERS, GO TO BARRIERS TO CARE SECTION.			

Figure 25 -- Continued

Functional limitations section (round 5 supplement)

IF PERSON DECEASED, OR CURRENTLY IN INSTITUTION, ARMED FORCES, OR OUTSIDE U.S., GO TO NEXT PERSON.

I now have some questions about the places you (and your family) usually go to when you are sick or need advice about your health.

ASK Q's. 1 THROUGH 8 FOR ONE PERSON BEFORE ASKING Q's 1 THROUGH 8 FOR NEXT PERSON

1. Is there a particular clinic, health center, doctor's office, or other place that (PERSON) usually goes to if (PERSON) is sick or needs advice about his health?
- A. What kind of place is that -- a clinic, a health center, a hospital, a doctor's office or some other place?
- IF HOSPITAL - Is that an outpatient clinic or an emergency room?
- IF CLINIC - Is that a hospital outpatient clinic, a company clinic, or some other kind of clinic?

PERSON 1

- 1 Yes 01(A)
 No. 02(7)
 Don't know. 94(7)
- A Dr.'s office (group practice or drs.' clinic) 01
 Hospital outpatient clinic. 02
 Health Center 03
 Hospital emergency room 04
 Company/Industry clinic 05
 Patient's home. 06
 Other 07
 Don't know. 94

2. A. What is the name of the medical person (PERSON) usually sees?
- B. What is the name of the medical place?
- C. In what city and state is that located?

- 2A Name: _____
 No particular person. 00
- B Place: _____

- C _____ / _____
 CITY STATE
- D _____
 STREET ADDRESS
- ZIP CODE: _____

- IF HEALTH CENTER, (Q. 1A ANSWERED "03"), ASK D
- D. What is the street address and zip code of (NAME OF HEALTH CENTER)?

[Empty rectangular box]

Figure 26
Usual source of care (round 3 supplement)

ASK Q. 3 ONLY ONCE FOR EACH DIFFERENT PLACE OF MEDICAL CARE ENTERED IN Q. 2B OR Q. 2A

3. Does the [NAME OF PLACE/doctor's office] . . .

READ EACH ITEM A THROUGH F, AND CIRCLE ONE CODE FOR EACH.

- A. have regular office hours on any nights during the week?
- B. have regular office hours on Saturday mornings?
- C. have regular office hours on weekends, besides Saturday mornings?
- D. Does the medical staff from the [NAME OF PLACE/doctor's office] make house calls?
- E. Does it provide treatment for emergencies after office hours?
- F. Does it have a separate charge for filling out forms for Medicare, health insurance or public assistance programs such as (STATE NAME FOR MEDICAID)?

WHEN EDITING, ENTER ALL ANSWERS OBTAINED IN Q. 3A-F ABOVE INTO THE COLUMN(S) OF OTHER PERSON(S) WITH SAME PLACE OF MEDICAL CARE REPORTED IN Q. 2B OR Q. 2A.

PERSON 1

3

	Yes	No	DK
A	01	02	94
B	01	02	94
C	01	02	94
D	01	02	94
E	01	02	94
F	01	02	94

4. How does (PERSON) usually get there -- by walking, driving, being driven by someone else, by taxi, other public transportation, or some other way?

4

- Walking 01
- Driving 02
- Being driven. 03
- Taxi. 04
- Other public transportation . 05
- Other (SPECIFY) _____
- _____ 06
- Dr. usually seen at home 07(8)
- Don't know. 94

5. About how long does it usually take (PERSON) to get there?

5

- MINS. OR HRS.
- Don't know. 94

6. About how long does (PERSON) usually have to wait before seeing a medical person after (PERSON) arrives at the (NAME OF PLACE/doctor's office)--about how many minutes or hours?

6

- MINS.(8) OR HRS.(8)
- Don't know. 94(8)

Figure 26 -- Continued
Usual source of care (round 3 supplement)

FOR EACH PERSON WHO DOES NOT HAVE A PARTICULAR PLACE FOR MEDICAL CARE ("NO" OR "DK" TO Q.1), ASK Q.7

7. I am going to read you some reasons that people have given for not having a usual place for medical care. For each one, please tell me whether or not it is an important reason in (PERSON's) case.

READ EACH ITEM, A THROUGH D, AND CIRCLE ONE CODE FOR EACH.

- A. There is no reason to have a usual source of medical care because (PERSON) seldom or never gets sick. Is that an important reason that (PERSON) does not have a usual source of medical care, or not?
- B. (PERSON) recently moved into the area.
- C. (PERSON'S) usual source of medical care in this area is no longer available. (Is that an important reason that (PERSON) does not have a usual source of medical care, or not?)
- D. (PERSON) likes to go to different places for different health care needs.

PERSON 1

	<u>Important Reason</u>	<u>Not Important Reason</u>	<u>DK</u>
7			
A	01	02	94
B	01	02	94
C	01	02	94
D	01	02	94

8. Is there a particular dental office or dental clinic that (PERSON) goes to for dental care?

A. About how long does it usually take (PERSON) to get there?

8	Yes	01(A)
	No.	02(NP)
	Don't know.	94(NP)
A	<input type="text"/> MINS. (NP) <u>OR</u> <input type="text"/> HRS. (NP)	
	Don't know.	94(NP)

AFTER ASKING ABOUT LAST PERSON. . .

- . (IF NEW PERSON IN RU, GO TO SUPPLEMENT #1).
- . GO TO SUMMARY.
- . GO TO PAGE 94 IN CORE QUESTIONNAIRE.

(NEXT PERSON)

Figure 26 – Continued
Usual source of care (round 3 supplement)

BARRIERS TO CARE

1. FOR PERSONS 17 YEARS OF AGE OR OLDER, ASK:
 During 1980, did (PERSON) have any health problem or condition about which (PERSON) would have liked to see a doctor or other medical person, but did not?
 - OR -
FOR PERSONS UNDER 17 YEARS OF AGE, ASK:
 During 1980, did (PERSON) have any health problem or condition about which you would have liked [him/her] to see a doctor or other medical person, but [he/she] did not?

A. What was the health problem or condition? Any other condition?

ENTER EACH CONDITION IN A SEPARATE BLOCK.

HAND CARD I

ASK B FOR EACH CONDITION.

B. This card lists some reasons people have for not seeing a doctor or other medical person about a health problem or condition. Which of the reasons on this card explains why (PERSON) did not see a doctor or other medical person for (CONDITION)? Any other reason?

CODE ALL REASONS THAT APPLY UNDER THE APPLICABLE CONDITION.

IF MORE THAN ONE REASON FOR ONE CONDITION, ASK C.

C. What is the main reason (PERSON) did not see a doctor for (CONDITION)?

CODE THE MAIN REASON UNDER THE APPLICABLE CONDITION.

MC CHECK THE SUMMARY AND PAGE HI-82 OF THE CORE QUESTIONNAIRE FOR MEDICAID COVERAGE AND CODE IN EACH PERSON'S COLUMN.

FOR EACH PERSON CODED "MEDICAID COVERAGE" IN MC BOX, ASK 2.

2. During 1980, was (PERSON) ever refused medical service because the doctor or clinic did not take Medicaid patients?

AFTER COMPLETING BARRIERS TO CARE SECTION FOR EACH REPORTING UNIT MEMBER, COMPLETE CONDITION SECTIONS FOR ANY NEW CONDITIONS REPORTED IN Q. 1A. IF THERE ARE NO NEW CONDITIONS, GO TO THE INCOME SECTION.

PERSON 1

1 Yes 01(A)
 No 02(MC)
 Don't know 94(MC)

A Condition Cond.#
 [] CC []

B 1 2 3 4 5 6 7 8 9 10
 11 12 _____

C 1 2 3 4 5 6 7 8 9 10
 11 12 _____

A Condition Cond.#
 [] CC []

B 1 2 3 4 5 6 7 8 9 10
 11 12 _____

C 1 2 3 4 5 6 7 8 9 10
 11 12 _____

MC Medicaid coverage 01(2)
 No Medicaid coverage 02(NP)

2 Yes 01(NP)
 No 02(NP)

Figure 27

Barriers to care section (round 5 supplement)

CARD I

1. Didn't think the problem was serious enough.
2. Thought it would cost too much.
3. Didn't have time.
4. Couldn't get an appointment.
5. No doctor or other medical person was available.
6. Didn't have a way to get to the doctor or other medical person.
7. Didn't have anyone to care for the children or other family members.
8. Felt doctor or other medical person could not do very much for the problem or condition.
9. Was afraid of finding out what was wrong.
10. Could not find a doctor who would accept Medicaid patients.
11. Doctor charged more than Medicare would pay.
12. Other reason -- (PLEASE SPECIFY)

Figure 28

Reasons a doctor not seen for a condition—handout card I

BACKGROUND INFORMATION

		PERSON 1	
1.	Compared to other people (PERSON'S) age, would you say that (PERSON'S) health is excellent, good, fair, or poor?	1	Excellent 01 Good 02 Fair 03 Poor 04
<hr/>			
FOR EACH PERSON 17 OR OVER OR HEAD OF HOUSEHOLD, ASK Q'S. 2 THROUGH 6. AFTER LAST PERSON, GO TO NEXT SECTION.			
2.	What is the highest grade or year (PERSON) attended in school?	2	None 00(4) Elem: 1 2 3 4 5 6 7 8 High: 9 10 11 12 College: 13 14 15 16 17 18+
3.	Did (PERSON) finish the _____ [grade/year]?	3	Yes01 No02
4.	Did (PERSON) ever serve in the Armed Forces of the United States?	4	Yes01(A) No02(5)
A.	When did (PERSON) serve? CIRCLE CODE IN DESCENDING ORDER OF PRIORITY. THUS, IF PERSON SERVED IN VIETNAM AND KOREA, CIRCLE CODE FOR VN.	A	CI 01 WWII . 05 VN 02 PVN . 06 KW 03 OS . 07 WWII . . 04 DK . 94
B.	How many years did (PERSON) serve on active duty in the Armed Forces of the United States?	B	2+ years 01(E) less than 2 years . . 02(C)
C.	Was (PERSON'S) service in the National Guard or Reserves only?	C	Yes 01(D) No 02(E)
D.	Was (PERSON'S) service in the National Guard or Reserves for training purposes only?	D	Yes 01(E) No 02(E)
E.	Does (PERSON) have a service connected disability?	E	Yes 01(F) No 02(5)
F.	Does (PERSON) receive disability payments from the Veterans Administration?	F	Yes 01(G) No 02(G)
G.	What is the nature of the disability? FOR ANY NEW CONDITION ENTERED HERE, COMPLETE A CONDITION SECTION.	G	CONDITION COND.# CC CC CC

Figure 29
Background information section (supplement no. 1)

BACKGROUND INFORMATION

5. HAND CARD B. Please look at this card and tell me the number of the group or groups which describes (PERSON'S) racial background.
CODE ALL THAT APPLY.

IF MORE THAN ONE CODE, ASK A:

A. Which of these groups, that is (CATEGORIES CODED IN Q. 5) would you say best describes (PERSON'S) racial background? CIRCLE ONE CODE ONLY.

6. HAND CARD C. Are any of these groups (PERSON'S) main national origin or ancestry? (PROBE: Where did (PERSON'S) ancestors come from?)

A. Could you please give me the number of the group?

PERSON 1

5	American Indian or Alaskan Native 01 Asian or Pacific Islander. . 02 Black. 03 White. 04 Other (SPECIFY). 05
A	American Indian or Alaskan Native 01 Asian or Pacific Islander. . 02 Black. 03 White. 04 Other (SPECIFY). 05
6	Yes. 01(A) No 02(NP)
A	Puerto Rican 01 Cuban. 02 Mexican. 03 Mexicano 04 Mexican-American 05 Chicano. 06 Other Latin American 07 Other Spanish. 08

Figure 29 — Continued
Background information section (supplement no. 1)

CARD B

1. AMERICAN INDIAN OR ALASKAN NATIVE
2. ASIAN OR PACIFIC ISLANDER
3. BLACK
4. WHITE
5. OTHER

Figure 30

Racial background—handout card B

CARD C

1. PUERTO RICAN
2. CUBAN
3. MEXICAN
4. MEXICANO
5. MEXICAN-AMERICAN
6. CHICANO
7. OTHER LATIN AMERICAN
8. OTHER SPANISH

Figure 31

Hispanic origin or ancestry—handout card C

PREVIOUS EMPLOYMENT CODE	
CURRENT EMPLOYMENT CODE	
Employed	01
Not Employed.	02
Under 14.	03

Figure 32

Employment boxes on round 2-5 control card

CHECK "CURRENT EMPLOYMENT CODE" ON CC.
 IF PERSON WAS EMPLOYED, CODE PERSON
 COLUMN & ASK Q'S 1-10. FOR EACH PERSON
 14 OR OVER CODED "NOT EMPLOYED" ASK,
 "WAS (PERSON) EMPLOYED AT ALL IN 1980?
 THEN CODE PERSON COLUMN AND FOLLOW
 APPROPRIATE SKIP INSTRUCTIONS

		PERSON 1
		Employed in 1980 01(1) Not employed in 1980 02(NP) Under 14 03(NP)
1.	For whom did (PERSON) work the longest in 1980? ENTER NAME OF COMPANY, BUSINESS, ORGANIZATION, OR OTHER EMPLOYER.	1 Employer: _____ _____
A.	What kind of business or industry is that? IF NECESSARY, PROBE: What do they make or do?	A Industry: _____ _____
<div style="border: 1px solid black; padding: 2px; display: inline-block;">HAND CARD E</div>		
B.	This card divides jobs into 11 groups and gives examples of jobs in each group. In which group would you put (PERSON'S) job with (EMPLOYER IN Q. 1)? CODE FROM ENTRY IN Q. 1A; IF NECESSARY, ASK:	B
C. Was (PERSON) an employee of a <u>private</u> company, business, or individual for wages, salary, or commission, a <u>Federal</u> government employee, a <u>state</u> government employee, a <u>local</u> government employee, self-employed, in [his/her] own business, professional practice, or farm, working <u>without pay</u> in a family business or farm? IF SELF-EMPLOYED, NOT ON A FARM, ASK: Is the business incorporated?		C
		01 02 03 04 05 06 07 08 09 10 11 Private. 01 Federal. 02 State. 03 Local. 04 Self-employed: . Farm. 05(5) Unincorporated. 06(5) Incorporated. 07(5) Without pay. 08(7) Don't know 94
2.	What was (PERSON'S) wage rate or salary <u>before taxes</u> at (EMPLOYER)? Include bonuses, tips, and commissions.	2 \$ _____
A.	Is that per hour, per day, per week, per month, or per year?	A Per hour 01 Per day. 02 Per week 03 Every two weeks. 04 Per month. 05 Per year 06

Figure 33
 Employment section (round 5 supplement)

EMPLOYMENT

3. Would (PERSON) have continued to receive any pay at all from (EMPLOYER) if [he/she] missed work because of illness or injury?

A. What was the maximum amount of sick leave (PERSON) had available at any one time in 1980 at (EMPLOYER)?

B. Was that at full pay, part pay, or some combination?

PERSON 1

3 Yes. 01(A)
No 02(4)

A hours
OR
 days
None 00(4)
As needed. 01
Don't know 94

B Full pay 01
Part pay 02
Some combination 03
Don't know 94

4. In 1980, did (PERSON) have any annual leave or vacation time available at (EMPLOYER)?

A. Did (PERSON) have to take these days for vacation only, or could [he/she] use them if [he/she] happened to be sick?

B. What was the maximum amount of vacation time (PERSON) had available at (EMPLOYER) at any one time during 1980?

4 Yes. 01(A)
No 02(6)

A Vacation only. 01
Can use if sick. 02
Don't know 94

B hours(6)
OR
 days(6)
Don't know 94(6)

IF SELF-EMPLOYED (Q. 1C CODED "05," "06," OR "07"), ASK:

5. What was the net income from (PERSON'S) business, practice, or partnership in 1980? By "net income," we mean earnings before taxes less work expenses. If it's a partnership, we mean (PERSON'S) share of the net earnings.

Is that per hour, per day, per week, per month, or per year?

5 \$ _____
(Net Income)

A Per hour 01
Per day. 02
Per week 03
Every two weeks. 04
Per month. 05
Per year 06

Figure 33 – Continued
Employment section (round 5 supplement)

EMPLOYMENT

		PERSON 1
6.	In 1980, did (PERSON) belong to a labor union while employed at (EMPLOYER)?	6 Yes 01 No 02
7.	Did (PERSON) work fewer hours per week at (EMPLOYER) than [he/she] would have liked in 1980 because of health reasons? A. How many <u>fewer</u> hours per week did (PERSON) work than [he/she] would have liked?	7 Yes 01(A) No 02(8) A <input type="text"/> hours
8.	While (PERSON) was working at (EMPLOYER) in 1980, did [he/she] ever work at another job at the same time? A. What was (PERSON'S) usual wage rate or salary before taxes at that other job? Include bonuses, tips, and commissions. B. Was that per hour, per day, per week, per month, or for the year?	8 Yes 01(A) No 02(9) A \$ _____ B Per hour 01 Per day 02 Per week 03 Every two weeks 04 Per month 05 Per year 06
9.	Did (PERSON) quit a job during 1980 because of health reasons? A. How many times did (PERSON) quit a job in 1980 because of health reasons?	9 Yes 01(A) No 02(10) A <input type="text"/> times (10)
10.	Altogether, how much money did (PERSON) receive from working in 1980? Include wages, salary, tips, bonuses, and commissions before taxes and other deductions, as well as income <u>after expenses</u> from (PERSON'S) own business, professional practice, or farm.	10 \$ _____ (NP)
AFTER COMPLETING EMPLOYMENT SECTION FOR <u>ALL</u> RU MEMBERS, GO TO FUNCTIONAL LIMITATIONS (FL) SECTION.		

Figure 33 – Continued

Employment section (round 5 supplement)

CARD E

<p>Group 1. <u>PEOPLE WHO OPERATE FARMS</u></p> <p>Some examples: owner or tenant farmers farm managers</p>	<p>Group 7. <u>PEOPLE WHO PRACTICE SKILLED TRADES OR CRAFTS</u></p> <p>Some examples: carpenters machinists printers heavy equipment operators such as crane men foremen mechanics and repairmen</p>
<p>Group 2. <u>PEOPLE WHO DO OTHER FARM WORK.</u></p> <p>Some examples: farm foremen farm workers</p>	<p>Group 8. <u>PEOPLE WHO DO OFFICE OR CLERICAL WORK</u></p> <p>Some examples: postal clerks and mail carriers bookkeepers secretaries telephone operators cashiers stock clerks</p>
<p>Group 3. <u>PEOPLE WHO DO HEAVY PHYSICAL WORK</u></p> <p>Some examples: construction workers freight or stock handlers gardeners and groundskeepers vehicle washers garbage collectors</p>	<p>Group 9. <u>PEOPLE WHO SELL THINGS</u></p> <p>Some examples: insurance salesmen real estate agents sales representatives sales clerks</p>
<p>Group 4. <u>PEOPLE WHO PROVIDE SERVICES</u></p> <p>Some examples: policemen and firefighters practical nurses guards and watchmen cooks and chefs waiters hairstylists and barbers custodians maids nurse's aides, orderlies, and attendants</p>	<p>Group 10. <u>PEOPLE WHO ARE MANAGERS OR ADMINISTRATORS IN BUSINESSES, ORGANIZATIONS, OR GOVERNMENT.</u></p> <p>Some examples: sales managers bank officers and financial managers public officials and administrators union officials business executives restaurant managers office administrators shopkeepers</p>
<p>Group 5. <u>PEOPLE WHO OPERATE OR SERVICE VEHICLES</u></p> <p>Some examples: deliverymen truck, bus, and taxi drivers fork lift operators railroad switchmen garage workers and gas station attendants</p>	<p>Group 11. <u>PEOPLE WHO PRACTICE PROFESSIONS OR TECHNICAL SPECIALTIES</u></p> <p>Some examples: engineers teachers social workers clergymen physicians registered nurses and therapists writers and editors artists and entertainers computer programmers laboratory technologists analysts and researchers counselors and consultants draftsmen airplane pilots</p>
<p>Group 6. <u>PEOPLE WHO HELP MANUFACTURE OR PROCESS THINGS</u></p> <p>Some examples: meat cutters and butchers assemblers welders lathe and milling machine operators sewers and stitchers packers and wrappers checkers and inspectors mine workers clothing ironers and pressers</p>	

Figure 34

Occupations—handout card E

INCOME SECTION

PERSON 1

1. Does anyone in the family receive disability payments from the Social Security Administration?
(Green colored checks).

Yes 01(A)
No. 02(2)

A. Who is that? CODE IN PERSON'S COLUMN. Anyone else?

A Receives S.S. Disability . . 01
Does not receive 02

2. Which of those income groups represents your total (combined family) income from the past 12 months (-- that is, yours, your (SPOUSE's) etc)? Include income from all sources such as wages, salaries, Social Security or retirement benefits, help from relatives, rent from property, and so forth. HAND CARD D.

CODE IN PERSON 1'S COLUMN.

2 01 07
02 08
03 09
04 10
05 11
06 Don't know 94
Refused 97

EXPLANATION SECTION

At this point I would like to tell you a little more about the National Medical Care Utilization and Expenditure Survey.

In order to obtain accurate and up-to-date medical cost information, we will interview people several times during the year to make sure that nothing is overlooked or forgotten. I will come back to talk to you in about 3 months, at which time you will again receive \$5.00. After that I will telephone you 2 times--that is, about once every 3 months for a shorter telephone interview. If for any reason telephone interviews are inconvenient, I can do those in person too. I will come back one last time in person for the fifth and final interview. At that time I will pay you \$10.00.

I will be visiting you again in about 3 months -- probably during the week of _____ to find out about the medical care you (and your family) may have between now and then.

Since it is so important that the information we collect be completely accurate, I will leave you this calendar to keep notes.

It would be extremely helpful if you would . . .

. . . Make a note on the calendar on each day that someone in the family sees or talks to a doctor, dentist, or other medical person, or any time that someone gets any kind of medicine or something else for his health, like glasses.

. . . Make a note when someone has to stay in bed all or most of the day, or misses work, or has to cut down on the things he usually does because of illness or injury.

. . . This pocket will help you keep all bills and receipts related to health care.

Keeping this record will help both of us during the next interview.

Figure 35
Income section (supplement no. 1)

CARD D

1. UNDER \$3,000 (INCLUDING LOSS)
2. \$3,000 - \$4,999
3. \$5,000 - \$6,999
4. \$7,000 - \$9,999
5. \$10,000 - \$11,999
6. \$12,000 - \$14,999
7. \$15,000 - \$19,999
8. \$20,000 - \$24,999
9. \$25,000 - \$34,999
10. \$35,000 AND OVER

Figure 36
Income categories—handout card D

INCOME

Now I have several questions concerning family income from sources other than wages and salaries.

1. Not counting military retirement, in 1980, did [you/anyone in the family] receive any Veteran's payments such as education or disability benefits? Yes 01(A)
 No 02(2)
 Don't know. 94(2)

A. Who was that? CODE IN EACH PERSON'S COLUMN. Anyone else?

FOR EACH PERSON WHO RECEIVED VETERAN'S PAYMENTS, ASK B.

B. How much did (PERSON) receive from Veteran's payments in 1980?

PERSON 1	
1	
A	Received Veteran's payment . . .01 Did not receive.02
B	\$ _____

2. In 1980, did [you/anyone in the family] receive any Unemployment Insurance? Yes 01(A)
 No 02(3)
 Don't know. 94(3)

A. Who was that? CODE IN EACH PERSON'S COLUMN. Anyone else?

FOR EACH PERSON WHO RECEIVED UNEMPLOYMENT INSURANCE, ASK B.

B. How much did (PERSON) receive from Unemployment Insurance in 1980?

2	
A	Received Unemployment01 Did not receive02
B	\$ _____

3. (In 1980, did [you/anyone in the family] receive any) Worker's Compensation? Yes 01(A)
 No 02(4)
 Don't know. 94(4)

A. Who was that? CODE IN EACH PERSON'S COLUMN. Anyone else?

FOR EACH PERSON WHO RECEIVED WORKER'S COMPENSATION, ASK B.

B. How much did (PERSON) receive from Worker's Compensation in 1980?

3	
A	Received Worker's Comp01 Did not receive.02
B	\$ _____

Figure 37
Income section (round 5 supplement)

INCOME

4. (In 1980, did [you/anyone in the family] receive any) Supplemental Security Income checks, also known as S.S.I. checks from the state or local government, or gold colored checks from the United States Government? Yes 01(A) 4
 No 02(5)
 Don't know. . . . 94(5)

A. Who was that? CODE IN EACH PERSON'S COLUMN. Anyone else?

FOR EACH PERSON WHO RECEIVED S.S.I., ASK B-F.

B. For how many months in 1980 did (PERSON) receive S.S.I. checks?
 C. How much did (PERSON) get a month? PROBE: Did (PERSON) receive S.S.I. checks in any other amount during 1980? ENTER EACH AMOUNT ON A SEPARATE LINE.
 D. For how many months in 1980 did (PERSON) receive (EACH AMOUNT IN Q. C)?
 E. ADD THE NUMBERS OF MONTHS IN D; COMPARE THE TOTAL WITH THE ENTRY IN B.
 F. ARE THE NUMBERS IN B AND E THE SAME?

PERSON 1
 Received S.S.I.01
 Did not receive02
 B months ←
 C \$ for months
 & \$ for months
 D \$ for months
 E TOTAL months
 F Yes 01
 No 02 (REVIEW RESPONSES WITH THE RESPONDENT TO RESOLVE THE DIFFERENCE)

5. (In 1980, did [you/anyone in the family] receive any) Social Security checks (green colored) or railroad retirement checks? Yes 01(A) 5
 No 02(6)
 Dcn't know. . . . 94(6)

A. Who was that? CODE IN EACH PERSON'S COLUMN. Anyone else?

FOR EACH PERSON WHO RECEIVED SOCIAL SECURITY, ASK B-F.

B. For how many months in 1980 did (PERSON) receive Social Security or railroad retirement checks?
 C. How much did (PERSON) get a month? PROBE: Did (PERSON) receive Social Security or railroad retirement checks in any other amount during 1980? ENTER EACH AMOUNT ON A SEPARATE LINE.
 D. For how many months in 1980 did (PERSON) receive (EACH AMOUNT IN Q. C)?
 E. ADD THE NUMBERS OF MONTHS IN D; COMPARE THE TOTAL WITH THE ENTRY IN B.
 F. ARE THE NUMBERS IN B AND E THE SAME?

Received Social Security. . . .01
 Did not receive02
 B months ←
 C \$ for months
 & \$ for months
 D \$ for months
 E TOTAL months
 F Yes 01
 No 02 (REVIEW RESPONSES WITH THE RESPONDENT TO RESOLVE THE DIFFERENCE)

Figure 37 — Continued
 Income section (round 5 supplement)

INCOME

6. In 1980, did [you/anyone in the family] receive any money from the state or local Welfare Office?

- Yes 01(A)
- No 02(7)
- Don't know 94(7)

A. Sometimes checks from the Welfare Office cover more than one person in the family, even though only one person's name is on the checks. Who in the family was covered by state or local Welfare? **CODE IN EACH PERSON'S COLUMN.** Anyone else?

FOR EACH PERSON CODED AS COVERED IN A, ASK B.

B. Was (PERSON) covered by Aid to Families with Dependent Children, also known as AFDC, or was it some other form of Public Assistance?

C. Whose name was on the checks? **CODE IN EACH PERSON'S COLUMN.** Anyone else?

FOR EACH PERSON CODED "NAME ON CHECK" IN C, ASK D-H.

D. For how many months in 1980 did (PERSON) receive [AFDC/Public Assistance]?

E. How much did (PERSON) get each month? **PROBE:** Did (PERSON) receive [AFDC/Public Assistance] in any other amount in 1980? **ENTER EACH AMOUNT ON A SEPARATE LINE.**

F. For how many months in 1980 did (PERSON) receive (EACH AMOUNT IN Q. E)?

G. **ADD THE NUMBERS OF MONTHS IN F; COMPARE THE TOTAL WITH THE ENTRY IN D.**

H. **ARE THE NUMBERS IN D AND G THE SAME?**

PERSON 1

- 6 Yes 01(A)
- No 02(7)
- Don't know 94(7)
- A Covered by Welfare 01
- Not covered 02
- B AFDC 01
- Other 02
- AFDC and other 03
- C Name on check 01
- Name not on check 02

D months ←

E \$ for months

& \$ for months

F \$ for months

G TOTAL months

H Yes 01

No 02 (REVIEW RESPONSES WITH THE RESPONDENT TO RESOLVE THE DIFFERENCE)

OFFICE USE ONLY

--	--	--	--	--	--	--

Figure 37 – Continued
Income section (round 5 supplement)

INCOME

7. In 1980, did [you/anyone in the family] receive any money from a pension, retirement, or annuity? Include private pensions and retirement funds, union pensions, government and military retirement and survivors pensions, and annuities from insurance policies.

Yes 01(A)
 No 02(8)
 Don't know . . . 94(8)

A. Who was that? CODE IN EACH PERSON'S COLUMN. Anyone else?

FOR EACH PERSON WHO RECEIVED A PENSION, RETIREMENT, OR ANNUITY, ASK B-F.

- B. For how many months in 1980 did (PERSON) receive money from a pension, retirement, or annuity?
- C. How much did (PERSON) get each month? PROBE: Did (PERSON) receive pension, retirement, or annuity checks in any other amount in 1980?
- D. For how many months did (PERSON) receive (EACH AMOUNT IN Q. C)?
- E. ADD THE NUMBERS OF MONTHS IN D; COMPARE THE TOTAL WITH THE ENTRY IN B.
- F. ARE THE NUMBERS IN B AND E THE SAME?

PERSON 1

7

A Received pensions, etc. 01
 Did not receive 02

B months ←

C \$ C for D months
 & \$ _____ for _____ months
 D \$ _____ for _____ months
 E TOTAL months

F Yes 01
 No 02 (REVIEW RESPONSES WITH THE RESPONDENT TO RESOLVE THE DIFFERENCE.)

8. In 1980, did [you/anyone in the family] receive any money from child support, alimony, or any regular cash payments from people who do not live in this household?

Yes 01(A)
 No 02(9)
 Don't know . . . 94(9)

A. Who was that? CODE IN EACH PERSON'S COLUMN. Anyone else?

FOR EACH PERSON WHO RECEIVED CHILD SUPPORT, ALIMONY, OR CASH PAYMENTS, ASK B-D.

- B. How much money did (PERSON) receive in 1980?
- C. Is that per week, per month, or for the year?
- IF THE ANSWER TO C IS PER WEEK/PER MONTH, ASK D.
- D. For how many [weeks/months] was that in 1980?

8

A Received payments 01
 Did not receive 02

B \$ _____

C Per week 01
 Per month 02
 For the year 03

D weeks/months

Figure 37 – Continued
 Income section (round 5 supplement)

INCOME

9. In 1980, did [you/anyone in the family] receive any money from interest on savings accounts or bonds? Yes 01(A)
 No 02(10)
 Don't know 94(10)

A. Who was that? CODE IN EACH PERSON'S COLUMN. Anyone else?

FOR EACH PERSON WHO RECEIVED INTEREST IN 1980, ASK B-D.

B. How much money did (PERSON) receive from interest on savings accounts or bonds in 1980?

C. Was that monthly, quarterly, or for the year?

IF ANSWER IN C IS MONTHLY OR QUARTERLY, ASK D.

D. For how many [months/quarters] was that in 1980?

PERSON 1

9
 Received interest 01
 Did not receive 02

A

B \$ _____

C Monthly 01
 Quarterly 02
 For the year 03

D months/quarters

10. In 1980, did [you/anyone in the family] receive any money from dividends, trusts, royalties, or net rental income? Yes 01(A)
 No 02(11)
 Don't know 94(11)

A. Who was that? CODE IN EACH PERSON'S COLUMN. Anyone else?

FOR EACH PERSON WHO RECEIVED DIVIDENDS, ETC., IN 1980, ASK B-D.

B. How much money did (PERSON) get from dividends, trusts, royalties, or net rental income in 1980?

C. Was that per week, per month, per quarter, or for the year?

IF ANSWER IN C IS PER WEEK, PER MONTH, OR PER QUARTER, ASK D.

D. For how many [weeks/months/quarters] was that in 1980?

10
 Received dividends, etc. . . . 01
 Did not receive 02

A

B \$ _____

C Per week 01
 Per month 02
 Per quarter 03
 For the year 04

D weeks/months/quarters

Figure 37 – Continued
 Income section (round 5 supplement)

INCOME

11. Besides wages, salaries, and the items we just talked about, in 1980 did [you/anyone in the family] have any income from any other sources? Include money from insurance settlements, educational grants or loans, inheritance, and gifts, but do not include money from the sale of property or real estate.

Yes 01(A)
 No 02(12)
 Don't know . . . 94(12)

A. Who was that? CODE IN EACH PERSON'S COLUMN. Anyone else?

FOR EACH PERSON WHO RECEIVED OTHER INCOME, ASK B-D.

B. How much money did (PERSON) get from all other sources in 1980?

C. Was that per week, per month, per quarter, or for the year?

IF ANSWER IN C IS PER WEEK, PER MONTH, OR PER QUARTER, ASK D.

D. For how many [weeks/months/quarters] was that in 1980?

PERSON 1	
A	Received other income. . . . 01 Did not receive 02
B	\$ _____
C	Per week 01 Per month 02 Per quarter 03 For the year 04
D	<input type="text"/> weeks/months/quarters

Figure 37 – Continued
 Income section (round 5 supplement)

12. In 1980, did [you/anyone in the family] purchase or receive government food stamps? Yes 01(A)
 No 02(13)
 Don't know 94(13)

A. For how many months during 1980 were these stamps purchased or received? months

B. What was the approximate monthly value of the stamps? \$ _____ per month

13. How many vehicles -- cars, vans, trailers, or motorcycles -- are owned by _____ vehicles
 [you/members of your family]? None. 00

14. [Do you/Does someone in your family] own your home, or do you rent it? Own 01(15)
 Rent 02(A)
 Neither 03(MEDICAID SPEND-DOWN SECTION)
 A. About how much rent do you pay each month? \$ _____ per month(MEDICAID SPEND-DOWN SECTION)

HAND CARD J

15. What is the present value of your home (and lot/farm) -- that is, about how much would it bring if you sold it on today's market. Just give me the letter. A B C D E F (MEDICAID SPEND-DOWN SECTION)

Figure 37 – Continued
Income section (round 5 supplement)

CARD J

CURRENT VALUE OF HOUSE

Under \$20,000	A
\$20,000 to \$34,999	B
\$35,000 to \$49,999	C
\$50,000 to \$74,999	D
\$75,000 to \$99,999	E
\$100,000 and over	F

Figure 38
Present value of home—handout card J

NATIONAL MEDICAL CARE UTILIZATION AND EXPENDITURE STUDY
 MEDICAID ELIGIBILITY VERIFICATION FORM
 STATE COLORADO

PLEASE CHANGE INCORRECT INFORMATION

REF. NO. 415725

MEDICAID NUMBER
 RECIPIENT NAME
 STREET ADDRESS
 CITY GRAND JUNCTION CO
 BIRTHDATE DEC 23, 1956

1900 PERIODS OF ELIGIBILITY	START DATE		END DATE		AID CATEGORY	DC NOT USE	
	MONTH	DAY	MONTH	DAY			
1ST ELIGIBILITY							
2ND ELIGIBILITY							
3RD ELIGIBILITY							
4TH ELIGIBILITY							

REF. NO. 416822

MEDICAID NUMBER
 RECIPIENT NAME
 STREET ADDRESS
 CITY PALISADE CO
 BIRTHDATE OCT 15, 1908

1900 PERIODS OF ELIGIBILITY	START DATE		END DATE		AID CATEGORY	DO NOT USE	
	MONTH	DAY	MONTH	DAY			
1ST ELIGIBILITY							
2ND ELIGIBILITY							
3RD ELIGIBILITY							
4TH ELIGIBILITY							

REF. NO. 417507

MEDICAID NUMBER
 RECIPIENT NAME
 STREET ADDRESS
 CITY FRUITA CO
 BIRTHDATE JUN 26, 1944

1900 PERIODS OF ELIGIBILITY	START DATE		END DATE		AID CATEGORY	DC NOT USE	
	MONTH	DAY	MONTH	DAY			
1ST ELIGIBILITY							
2ND ELIGIBILITY							
3RD ELIGIBILITY							
4TH ELIGIBILITY							

REF. NO. 417530

MEDICAID NUMBER
 RECIPIENT NAME
 STREET ADDRESS
 CITY FRUITA CO
 BIRTHDATE SEP 4, 1973

1900 PERIODS OF ELIGIBILITY	START DATE		END DATE		AID CATEGORY	DC NOT USE	
	MONTH	DAY	MONTH	DAY			
1ST ELIGIBILITY							
2ND ELIGIBILITY							
3RD ELIGIBILITY							
4TH ELIGIBILITY							

Figure 39

Medicaid eligibility verification form

CONTINUATION SHEET
(FOR USE OF THIS SHEET SEE INSTRUCTIONS)

NATIONAL MEDICAL CARE UTILIZATION AND EXPENDITURE STUDY
STATE COLORADO

REF. NO.	ELIGIBILITY PERIODS	START DATE		END DATE		AID CATEGORY	DO NOT USE	
		MONTH	DAY	MONTH	DAY			
	ELIGIBILITY							
	ELIGIBILITY							
	ELIGIBILITY							
	ELIGIBILITY							
	ELIGIBILITY							
	ELIGIBILITY							
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	ELIGIBILITY							

Figure 39 – Continued
Medicaid eligibility verification form

LIST OF NMCUES SMHS ELIGIBILITY DATA ELEMENTS
AND THEIR AVAILABILITY BY STATE

DATA ELEMENT	AVAILABILITY BY STATE			
	TX	NY	MI	CA
1. PID	X	X	X	X
2. MEDICAID RECIP. ID NO.	X	X	X	X
3. MEDICAID CASE NO.	X	X	X	X
4. RECIPIENT NAME	X	X	X	X
5. RECIPIENT ADDRESS	X	X		
6. COUNTY CODE	X	X	X	X
7. STATE CODE	X	X		
8. ZIP CODE	X	X		
9. BIRTHDATE	X	X	X	X
10. SEX	X	X	X	
11. RACE	X	X	X	
12. MEDICARE NUMBER	X	N		X
13. MEDICARE X-OVER FLAG	X	N		X
14. BUY-IN-FLAG	X	X		
15. BUY-IN-DATE	X	X		
16. HMO FLAG		C	C	X
17. NO. OF ELIG. PERIODS	A	A	A	A
NOVEMBER OF 1979 ELIG. DATA				
18. NMCUES AID CAT. OF RECIP.	X	X	X	X
19. AID CAT. OF HEAD OF CASE	X	X	X	X
20. NO. OF CASE MEMBERS	X	X	X	X
21. STATUS OF RECIP. IN CASE	X	X	X	X
1ST-6TH PERIODS OF ELIG. 1980				
22. RAW AID CAT OF RECIP.	X	X	X	X
23. NMCUES AID CAT. OF RECIP.	A	A	A	A
24. BEG. DATE OF ELIG. PERIOD	X	X	X	X
25. END. DATE OF ELIG. PERIOD	X	X	X	X

N -AVAILABLE IN SOME NY MMIS COUNTIES BUT NOT ALL
 C -FROM CLAIMS FILE
 A -ASSIGNED

Figure 40

List of NMCUES State Medicaid household sample eligibility data elements and their availability by State

CONTINUATION SHEET

Case Number: _____

Case Name: _____

Recipient ID Number: _____

Recipient Name: _____

Address: _____

Aid Category: _____

Cuban Refugee _____ Indochinese Refugee _____ Repatriate _____

For Official Use Only: Category of Aid: 1 2 3 4 5

Relationship to Case: _____

Sex: ___ M ___ F

Age: ___ / ___ / ___

Institutionalized: ___ Yes ___ No

Medicare: ___ Yes ___ No (If yes, HIC# _____)

Other Insurance, Please Specify _____

Recipient ID Number: _____

Recipient Name: _____

Address: _____

Aid Category: _____

Cuban Refugee _____ Indochinese Refugee _____ Repatriate _____

For Official Use Only: Category of Aid: 1 2 3 4 5

Relationship to Case: _____

Sex: ___ M ___ F

Age: ___ / ___ / ___

Institutionalized: ___ Yes ___ No

Medicare: ___ Yes ___ No (If yes, HIC# _____)

Other Insurance, Please Specify _____

Figure 41

NMCUES eligibility abstract long-form B

LIST OF DATA ELEMENTS TO BE INCLUDED IN MEDICAID CLAIMS RECORDS
BY SOURCE AND AVAILABILITY BY STATE
ALL CLAIMS (HEADER PORTION)

NMCUES NUMBER	DATA ELEMENT NAME	SOURCE	NUMBER OF BYTES	VAR. TYPE	STATES NOT AVAILABLE	VAR NAME	POSITION
1	PID	SURVEY	7	N		PID	1- 7
2	RTI CASE NUMBER	SURVEY	7	N		RTI_CASE	8- 14
3	PSU	SURVEY	5	N		PSU	15- 19
4	SEGMENT	SURVEY	3	N		SEG	20- 22
5	ELIBILITY ID #	FIELD	6	N		ELIG_ID	23- 28
6	RECIP. MEDICAID #	CLAIMS	14	A		RECIPID	29- 42
7	MEDICAID CASE #	ELIG	14	A		CAIDCASE	43- 56
8	PROVIDER ID #	CLAIMS	11	A		PROVIDID	57- 67
9	CLAIM TYPE	CLAIMS	3	N		CLATYPE	68- 70
10	MULTIPLE REC. LINKING NO	CLAIMS	9	N	TX,MI	DUM_LINK	71- 79
11	STATE CODE	CLAIMS	1	N		STATE	80
12	RECIPIENT NAME	ELIG	37	A		NAME	81-117
13	RECIPIENT BIRTHDAY	ELIG	8	N		BDATE	118-125
14	RECIPIENT SEX	ELIG	2	N		SEX	126-127
15	RECIPIENT RACE	ELIG	2	N	CA	RACE	128-129
16	RECIPIENT ZIP CODE	ELIG	5	N		ZIPCODE	130-134
17	CURRENT RECIP AID CAT.	ELIG	2	N		R_AIDCAT	135-136
18	TOTAL CHARGE	CLAIMS	8	N		CHARGE	137-144
19	MEDICAID AMOUNT PAID	CLAIMS	8	N		MCAIDPD	145-152
20	MEDICARE AMOUNT PAID	CLAIMS	8	N	TX	MCAREPD	153-160
21	OTHER INSUR. PAID	CLAIMS	8	N	CA, TX	OTHINSPD	161-168
22	HMO INDICATOR	CLAIMS	2	N	TX	HMOIND	169-170
23	MEDICARE INDICATOR	ELIG	2	N		MCAREIND	171-172
24	MEDICARE PAYMENT FLAG	CLAIMS	2	N	TX	XOVERIND	173-174
25	MEDICARE BUY-IN FLAG	ELIG	2	N	CA, MI, NY (U)	BUYNFLAG	175-176
26	MEDICARE NUMBER	SURVEY	12	A		MCARENUM	177-188
27	INITIAL ELIG. OF RECIP.	SURVEY	2	N		R_NOV_EL	191-192
28	INITIAL ELIG. OF HEAD	SURVEY	2	N		H_NOV_EL	193-194

Figure 42

List of data elements to be included in Medicaid claims records by source and availability by State

LIST OF DATA ELEMENTS TO BE INCLUDED IN MEDICAID CLAIMS RECORDS
BY SOURCE AND AVAILABILITY BY STATE
OUTPATIENT, PHYSICIAN, LABOTHER PRACTICER (EXCEPT DENTAL), OTHER DX TESTING

NMCUES NUMBER	DATA ELEMENT NAME	SOURCE	NUMBER OF BYTES	VAR. TYPE	STATES NOT AVAILABLE	VAR NAME	POSITION
101	SERVICE FROM DATE	CLAIMS	6	N		SERVDATE	195-200
102	SERVICE TO DATE	CLAIMS	6	N	NY (M, U), MI	ENDDATE	201-206
103	SERVICE CODE INDICATOR	CLAIMS	2	N		SERVIND	207-208
104	SERVICE CODE	CLAIMS	6	A		SERVCODE	209-214
105	SERVICE CODE GROUP	CLAIMS	3	N		SERVGRP	215-217
106	PLACE OF SERVICE	CLAIMS	2	N		SERVPL	218-219
107	QUANTITY	CLAIMS	5	N		QUANTITY	220-224
108	DIAGNOSIS CODE INDICATOR	CLAIMS	2	N		DXIND	225-226
109	PRIMARY DIAGNOSIS CODE	CLAIMS	5	A		DXCODE1	227-231
110	SECONDARY DIAGNOSIS CODE	CLAIMS	5	A	NY (M) TX, CA	DXCODE2	232-236
111	PRIM. DIAGNOSIS CODE GRP	CLAIMS	3	N		DXGROUP	237-239

1

LIST OF DATA ELEMENTS TO BE INCLUDED IN MEDICAID CLAIMS RECORDS
BY SOURCE AND AVAILABILITY BY STATE
PRESCRIBED DRUGS

NMCUES NUMBER	DATA ELEMENT NAME	SOURCE	NUMBER OF BYTES	VAR. TYPE	STATES NOT AVAILABLE	VAR NAME	POSITION
201	DATE FILLED	CLAIMS	6	N		SERVDATE	195-200
202	DRUG CODE	CLAIMS	11	A		DRUGCODE	201-211
203	PRESCRIPTION NUMBER	CLAIMS	10	A		RXNUMBER	212-221
204	PRESCRIBING PHYS ID#	CLAIMS	9	A	CA, NY (U)	MDIDNUM	222-230
205	QUANTITY	CLAIMS	5	N		QUANTITY	231-235
206	DATE PRESCRIBED	CLAIMS	6	N	TX, CA, MI	PRESDATE	236-241
207	REFILL INDICATOR	CLAIMS	2	N	TX, CA	REFILL	242-243

Figure 42 - Continued

List of data elements to be included in Medicaid claims records by source and availability by State

LIST OF DATA ELEMENTS TO BE INCLUDED IN MEDICAID CLAIMS RECORDS
BY SOURCE AND AVAILABILITY BY STATE
DENTAL

NMCUES NUMBER	DATA ELEMENT NAME	SOURCE	NUMBER OF BYTES	VAR. TYPE	STATES NOT AVAILABLE	VAR NAME	POSITION
301	TREATMENT FROM DATE	CLAIMS	6	N	TX	SERVDATE	195-200
302	TREATMENT TO DATE	CLAIMS	6	N	TX, NY (M)	ENDDATE	201-206
303	TREATMENT CODE	CLAIMS	6	A	TX	SERVCODE	207-212
304	TREATMENT CODE GROUP	CLAIMS	3	N	TX	SERVGRP	213-215
305	TOOTH NUMBER	CLAIMS	2	A	TX	TOOTHNUM	216-217
306	TOOTH SURFACE	CLAIMS	2	N	TX, CA	TOOTHSUR	218-219

LIST OF DATA ELEMENTS TO BE INCLUDED IN MEDICAID CLAIMS RECORDS
BY SOURCE AND AVAILABILITY BY STATE
INPATIENT HOSPITAL

NMCUES NUMBER	DATA ELEMENT NAME	SOURCE	NUMBER OF BYTES	VAR. TYPE	STATES NOT AVAILABLE	VAR NAME	POSITION
401	ADMISSION DATE	CLAIMS	6	N		SERVDATE	195-200
402	DISCHARGE DATE	CLAIMS	6	N		ENDDATE	201-206
403	PATIENT STATUS	CLAIMS	2	N	TX	PATSTAT	207-208
404	DIAGNOSIS CODE INDICATOR	CLAIMS	2	N		DXFLAG	209-210
405	PRIM. DIAGNOSIS CODE	CLAIMS	5	A		DXCODE1	211-215
406	SECONDARY DIAGNOSIS CODE	CLAIMS	5	A	TX, NY (M) , CA	DXCODE2	216-220
407	PRIM. DIAGNOSIS CODE GRP	CLAIMS	3	N		DXGROUP	221-223
408	PROCEDURE CODE INDICATOR	CLAIMS	2	N		SERVIND	224-225
409	PRINCIPLE SUR.PROC. CODE	CLAIMS	6	A		SERVCODE	226-231
410	PRIN. SURG.PROC. CODE GR	CLAIMS	3	N		SERVGRP	232-234
411	PRIN SUR PROC CODE DATE	CLAIMS	6	N	TX	PROCDATE	235-240
412	ATTENDING PHYSICIAN ID#	CLAIMS	8	A	TX, NY (U) , CA	ATTMDNUM	241-248
413	OPERATING PHYSICIAN ID#	CLAIMS	8	A	TX, NY (U) , CA	OPMDNUM	249-256
414	NUMBER OF LINE ITEMS	CLAIMS	3	N	TX, NY (M)	LINEITEM	257-259
415	LINE ITEM LINKING NUMBER	CLAIMS	8	N	TX, NY (M)	LINELINK	260-267

Figure 42 – Continued

List of data elements to be included in Medicaid claims records by source and availability by State

LIST OF DATA ELEMENTS TO BE INCLUDED IN MEDICAID CLAIMS RECORDS
 BY SOURCE AND AVAILABILITY BY STATE
 ALL OTHER, AMBULANCE, HOME HEALTH, DME

NMCUES NUMBER	DATA ELEMENT NAME	SOURCE	NUMBER OF BYTES	VAR. TYPE	STATES NOT AVAILABLE	VAR NAME	POSITION
501	SERVICE FROM DATE	CLAIMS	6	N		SERVDATE	195-200
502	SERVICE TO DATE	CLAIMS	6	N		ENDDATE	201-206
503	SERVICE CODE INDICATOR	CLAIMS	2	N		SERVIND	207-208
504	SERVICE CODE	CLAIMS	6	A		SERVCODE	209-214
505	QUANTITY	CLAIMS	5	N		QUANTITY	215-219

1

LIST OF DATA ELEMENTS TO BE INCLUDED IN MEDICAID CLAIMS RECORDS
 BY SOURCE AND AVAILABILITY BY STATE
 INPATIENT LINE ITEMS

NMCUES NUMBER	DATA ELEMENT NAME	SOURCE	NUMBER OF BYTES	VAR. TYPE	STATES NOT AVAILABLE	VAR NAME	POSITION
700	ID NUMBER	CLAIMS	7	N		PID	1-7
701	LINE ITEM LINKING NUMBER	CLAIMS	8	N	TX, NY (M)	LINELINK	8-15
702	ADMISSION DATE	CLAIMS	6	N		SERVDATE	16-21
703	ACCOM. ANCILLARY CODE	CLAIMS	6	A	TX, NY (M)	ACCOCODE	22-27
704	ACCOM./ANCILLARY CODE GR	CLAIMS	3	N	TX, NY (M)	ACCOGRP	28-30
705	QUANTITY	CLAIMS	5	N	TX, NY (M)	QUANTITY	31-35
706	CHARGE	CLAIMS	8	N	TX, NY (M)	CHARGE PD	36-43
707	MCAIDPD	CLAIMS	8	N	TX, M, NY (U, M)	MCAIDPD	44-51

1
?

Figure 42 - Continued

List of data elements to be included in Medicaid claims records by source and availability by State

**LIST OF NMCUES PROVIDER DATA ELEMENTS FROM THE
STATE PROVIDER FILES
AND THEIR AVAILABILITY BY STATE**

DATA ELEMENT	AVAILABILITY BY STATE			
	NY	MICH	TX	CA
1. STATE	X	X	X	X
2. PROVIDER TYPE	X	X	X	X
3. PROVIDER NUMBER	X	X	X	X
4. NAME	X	X	X	X
5. ADDRESS	X	X	X	X
6. CITY	X	X	X	X
7. STATE	X	X	X	X
8. ZIP CODE	X	X	X	X
9. COUNTY	X	X	X	X
10. SPECIALTY CODE 1	3	X	2	X
11. SPECIALTY CODE 2	3	X	-	X
12. SPECIALTY CODE 3	3	X	-	X
13. SPECIALTY CODE 4	3	X	-	-
14. SPECIALTY CODE 5	3	X	-	-
15. SPECIALTY CODE 6	3	X	-	-
16. MEDICARE PROVIDER NUMBER	4	-	X	X

- 1) Available only for Physician/Hospital Providers
- 2) Not available for Drug, State Institutions and Home Health Providers
- 3) Physician Specialty Code only
- 4) It is not the number Medicare uses

Figure 43

List of NMCUES provider data elements from the State provider files and their availability by State

LIST OF DATA ELEMENTS TO BE INCLUDED IN MEDICARE CLAIMS RECORDS
 BY SOURCE
 ALL MEDICARE FILES (HEADER PORTION)

NMCUES NUMBER	DATA ELEMENT NAME	SOURCE	NUMBER OF BYTES	VAR. TYPE	VAR NAME	POSITION
1	PID	SURVEY	7	N	PID	1- 7
2	ELIGIBILITY ID	FIELD	6	N	ELIG_ID	8- 13
3	RTI CASE NUMBER	SURVEY	7	N	RTI_CASE	14- 20
4	MEDICAID RECIP. ID	SURVEY	14	A	MCAIDNUM	21- 34
5	PSU	SURVEY	5	N	PSU	35- 39
6	SEGMENT	SURVEY	3	N	SEG	40- 42
7	NMCUES RECIP. AID CAT.	ELIG	2	N	R_NOV_EL	43- 44
8	CASE AID CATEGORY	SURVEY	2	N	C_NOV_EL	45- 46
9	NMCUES MED CLAIM CAT.	CLAIMS	3	N	CLATYPE	47- 49

Figure 44

List of data elements to be included in Medicare claims records by source

LIST OF DATA ELEMENTS TO BE INCLUDED IN MEDICARE CLAIMS RECORDS
BY SOURCE
PART B MEDICARE

NMCUES NUMBER	DATA ELEMENT NAME	SOURCE	NUMBER OF BYTES	VAR. TYPE	VAR NAME	POSITION
10	BENEFICIARY CLAIM NO.	CLAIMS	9	A	ACCTNUM	50- 58
11	BENEFICIARY BIC NO.	CLAIMS	2	A	BIC	59- 60
12	RECORD ID. NUMBER	CLAIMS	1	A	RECIDCD	61
13	ZIP CODE	CLAIMS	5	N	ZIPCODE	62- 66
14	ENTRY CODE	CLAIMS	2	A	ENTRYCD	67- 68
15	MEDICAID INVOLVEMENT IND	CLAIMS	2	N	MCAIDIND	69- 70
16	NAME-SURNAME	CLAIMS	6	A	SURNAME	71- 76
17	NAME-FIRST INITIAL	CLAIMS	1	A	INITIAL1	77
18	SEX CODE	CLAIMS	2	N	SEX	78- 79
19	PHYS. THERAPY IND.	CLAIMS	2	N	PHTHIND	80- 81
20	CRD INDICATOR	CLAIMS	2	A	CRDIND	82- 83
21	DATA INDICATOR A	CLAIMS	2	N	DATAINDA	84- 85
22	DATA INDICATOR B	CLAIMS	2	N	DATAINDB	86- 87
23	CARRIER NUMBER	CLAIMS	5	A	CARRIER	88- 92
24	EXPENSE DATE-FIRST	CLAIMS	5	N	EXPDATE1	93- 97
25	EXPENSE DATE-LAST	CLAIMS	5	N	EXPDATE2	98- 102
26	PSYCH. CHARGES	CLAIMS	6	N	PSYCHCHG	103-108
27	REIMBUR. AMOUNT	CLAIMS	8	N	REIMBAMT	109-116
28	CURRENT REASON ENTITLMNT	CLAIMS	2	N	CURREASN	117-118
29	MEDICAL CHARGES	CLAIMS	8	N	MEDCHG	119-126
30	DEDUCTIBLE AMOUNT	CLAIMS	6	N	DEDAPPLD	127-132
31	PHYS. OR SUPP. ID CODE	CLAIMS	9	A	MDIDCODE	133-141
32	NO. OF SEPARATE CHARGES	CLAIMS	3	N	SEPCHGNO	142-144
33	PLACE OF SERVICE	CLAIMS	2	N	SERVPL	145-146
34	TYPE OF SERVICE	CLAIMS	2	A	SERVTYPE	147-148
35	TYPE OF PHYS. SUPPL CODE	CLAIMS	2	N	TYPEMDCD	149-150
36	PAYMENT CODE	CLAIMS	2	N	PAYCODE	151-152
37	PHYS. SUPPL. SPEC. CODE	CLAIMS	2	A	SPECCODE	153-154
38	REGION CODE	CLAIMS	2	A	REGION	155-156
39	ORIGINAL X-REF. CORR NO	CLAIMS	9	A	XREFNUM	157-165
40	ORIGINAL X-REF. CORR BIC	CLAIMS	2	A	XREFBIC	166-167
41	STATE CODE	CLAIMS	2	N	STATE	168-169
42	COUNTY CODE	CLAIMS	3	N	COUNTY	170-172
43	RACE CODE	CLAIMS	2	N	RACE	173-174

Figure 44 - Continued

List of data elements to be included in Medicare claims records by source

LIST OF DATA ELEMENTS TO BE INCLUDED IN MEDICARE CLAIMS RECORDS
BY SOURCE
OUTPATIENT MEDICARE

NMCUES NUMBER	DATA ELEMENT NAME	SOURCE	NUMBER OF BYTES	VAR. TYPE	VAR NAME	POSITION
44	BENEFICIARY CLAIM NO.	CLAIMS	9	A	ACCTNUM	50- 58
45	BENEFICIARY BIC NO.	CLAIMS	2	A	BIC	59- 60
46	RECORD ID CODE	CLAIMS	1	A	RECIDCD	61
47	BEGIN DATE OF SERVICE	CLAIMS	5	N	SERVDATE	62- 66
48	NAME-SURNAME	CLAIMS	6	A	SURNAME	67- 72
49	NAME-FIRST INITIAL	CLAIMS	1	A	INITIAL1	73
50	NAME-SECOND INITIAL	CLAIMS	1	A	INITIAL2	74
51	QUERY CODE	CLAIMS	2	N	QUERYCD	75- 76
52	CROSS REFERENCE NUMBER	CLAIMS	9	A	XREFNUM	77- 85
53	CROSS REFERENCE BIC	CLAIMS	2	A	XREFBIC	86- 87
54	DATA INDICATOR A	CLAIMS	2	N	DATAINDA	88- 89
55	DATA INDICATOR B	CLAIMS	2	N	DATAINDB	90- 91
56	DATA INDICATOR C	CLAIMS	2	N	DATAINDC	92- 93
57	DATA INDICATOR D	CLAIMS	2	N	DATAINDD	94- 95
58	DATA INDICATOR E	CLAIMS	2	N	DATAINDE	96- 97
59	DATA INDICATOR F	CLAIMS	2	N	DATAINDE	98- 99
60	DATA INDICATOR G	CLAIMS	2	N	DATAINDG	100-101
61	DATA INDICATOR H	CLAIMS	2	N	DATAINDH	102-103
62	DATA INDICATOR I	CLAIMS	2	N	DATAINDI	104-105
63	DATA INDICATOR J	CLAIMS	2	N	DATAINDJ	106-107
64	DATA INDICATOR K	CLAIMS	2	N	DATAINDK	108-109
65	TRANSACTION CODE	CLAIMS	2	N	TRANCODE	110-111
66	MEDICAID INDICATOR	CLAIMS	2	N	MCAIDIND	112-113
67	ESDR DATA SETTING CODE	CLAIMS	2	N	ESDRSET	114-115
68	TRANSACTION TYPE	CLAIMS	2	A	TRANATYPE	116-117
69	ESDR DATA TYPE DIALYSIS	CLAIMS	2	N	ESDRTYPE	118-119
70	PROVIDER ID NUMBER	CLAIMS	6	A	PROVIDID	120-125
71	LAST DATE OF SERVICE	CLAIMS	5	N	ENDDATE	126-130
72	REIMBURSEMENT AMOUNT	CLAIMS	9	N	REIMBAMT	131-139
73	SURGICAL DATE	CLAIMS	5	N	SURGDATE	140-144
74	SURGICAL CODE	CLAIMS	5	A	SURGCODE	145-149
75	FIRST SERVICE-CODE A	CLAIMS	2	A	CODE1A	150-151
76	FIRST SERVICE-VISITS	CLAIMS	4	N	VISIT1	152-155
77	FIRST SERVICE-CHARGES	CLAIMS	8	N	COVCHG1	156-163
78	SECOND SERVICE-CODE B	CLAIMS	2	A	CODE2B	164-165
79	SECOND SERVICE-VISITS	CLAIMS	4	N	VISIT2	166-169
80	SECOND SERVICE-CHARGES	CLAIMS	8	N	COVCHG2	170-177
81	THIRD SERVICE-CODE C	CLAIMS	2	A	CODE3C	178-179
82	THIRD SERVICE-CHARGES	CLAIMS	8	N	COVCHG3	180-187
83	FOURTH SERVICE-CODE D	CLAIMS	2	A	CODE4D	188-189
84	FOURTH SERVICE-CHARGES	CLAIMS	8	N	COVCHG4	190-197
85	FIFTH SERVICE-CODE E	CLAIMS	2	A	CODE5E	198-199
86	FIFTH SERVICE-CHARGES	CLAIMS	8	N	COVCHG5	200-207
87	SIXTH SERVICE-CODE F	CLAIMS	2	A	CODE6F	208-209

Figure 44 - Continued

List of data elements to be included in Medicare claims records by source

LIST OF DATA ELEMENTS TO BE INCLUDED IN MEDICARE CLAIMS RECORDS
BY SOURCE
OUTPATIENT MEDICARE
CONTINUED

NMCUES NUMBER	DATA ELEMENT NAME	SOURCE	NUMBER OF BYTES	VAR. TYPE	VAR NAME	POSITION
88	SIXTH SERVICE-CHARGES	CLAIMS	8	N	COVCHG6	210-217
89	SEVENTH SERVICE-CODE G	CLAIMS	2	A	CODE7G	218-219
90	SEVENTH SERVICE-CHARGES	CLAIMS	8	N	COVCHG7	220-227
91	EIGHT SERVICE-CODE H	CLAIMS	2	A	CODE8H	228-229
92	EIGHT SERVICE-CHARGES	CLAIMS	8	N	COVCHG8	230-237
93	NINTH SERVICE-CODE I	CLAIMS	2	A	CODE9I	238-239
94	NINTH SERVICE-CHARGES	CLAIMS	8	N	COVCHG9	240-247
95	TENTH SERVICE-CODE I	CLAIMS	2	A	CODE10I	248-249
96	TENTH SERVICE-CHARGES	CLAIMS	8	N	COVCHG10	250-257
97	ELEVENTH SERVICE-CODE I	CLAIMS	2	A	CODE11I	258-259
98	ELEVENTH SERVICE-CHARGES	CLAIMS	8	N	COVCHG11	260-267
99	TWELFTH SERVICE-CODE I	CLAIMS	2	A	CODE12I	268-269
100	TWELFTH SERVICE-CHARGES	CLAIMS	8	N	COVCHG12	270-277
101	THIRTEENTH SERVICE-CODE	CLAIMS	2	A	CODE13I	278-279
102	THIRTEENTH SERVICE-CHARG	CLAIMS	8	N	COVCHG13	280-287
103	FOURTEENTH SERVICE-CODE	CLAIMS	2	A	CODE14I	288-289
104	FOURTEENTH SERVICE-CHARG	CLAIMS	8	N	COVCHG14	290-297
105	BLOOD USAGE,PINTS FURN.	CLAIMS	4	N	BLPTFURN	298-301
106	BLOOD USAGE,PINTS REPL	CLAIMS	4	N	BLPTREPL	302-305
107	BLOOD USAGE,PINTS NOT RE	CLAIMS	4	N	BLPTNREP	306-309
108	BLOOD USAGE,CHARGE/PINT	CLAIMS	8	N	BLPTCHG	310-317
109	BLOOD USAGE,PAT. PD. DED	CLAIMS	8	N	BLPTPDDE	318-325
110	DATE BENEFITS EXHAUSTED	CLAIMS	5	N	PLANEND	326-330
111	PATIENT PAID	CLAIMS	8	N	PTPAID	331-338
112	PATIENT LIAB,BLD,DED.	CLAIMS	8	N	PTLIABBD	339-346
113	PAT. LIABILITY CASH DED.	CLAIMS	6	N	PTLIABCD	347-352
114	PAT. LIABILITY COINSUR.	CLAIMS	8	N	PTLIABIN	353-360
115	TOTAL CHARGES	CLAIMS	8	N	TOTCHG	361-368
116	PAT. DISTRIBUTION-PROV.	CLAIMS	8	N	PAIDPROV	369-376
117	PAT. DISTRIBUTION-PAT.	CLAIMS	8	N	PAIDPAT	377-384
118	STATE CODE	CLAIMS	2	N	STATE	385-386
119	COUNTY CODE	CLAIMS	3	N	COUNTY	387-389
120	DATE OF BIRTH	CLAIMS	5	N	BDATE	390-394
121	SEX	CLAIMS	2	N	SEX	395-396
122	RACE	CLAIMS	2	N	RACE	397-398
123	ZIPCODE	CLAIMS	5	N	ZI PCODE	399-403
124	ESDR-NO. OF DIALYSIS SES	CLAIMS	3	N	ESDRNUM	404-406

Figure 44 - Continued

List of data elements to be included in Medicare claims records by source

LIST OF DATA ELEMENTS TO BE INCLUDED IN MEDICARE CLAIMS RECORDS
BY SOURCE
HOME HEALTH AGENCY A & B MEDICARE

NMCUES NUMBER	DATA ELEMENT NAME	SOURCE	NUMBER OF BYTES	VAR. TYPE	VAR NAME	POSITION
125	BENEFICIARY CLAIM NUMBER	CLAIMS	9	A	ACCTNUM	50- 58
126	BENEFICIARY BIC NUMBER	CLAIMS	2	A	BIC	59- 60
127	RECORD ID CODE	CLAIMS	1	A	RECIDCD	61
128	STATEMENT FROM DATE	CLAIMS	5	N	SERVDATE	62- 66
129	NAME-SURNAME	CLAIMS	6	A	SURNAME	67- 72
130	NAME-FIRST INITIAL	CLAIMS	1	A	INITIAL1	73
131	NAME-SECOND INITIAL	CLAIMS	1	A	INITIAL2	74
132	QUERY CODE	CLAIMS	2	N	QUERYCD	75- 76
133	ORIG.CORR.X-REF. NUMBER	CLAIMS	9	A	XREFNUM	77- 85
134	ORIG.CORR.X-REF. BIC	CLAIMS	2	A	XREFBIC	86- 87
135	DATA INDICATOR A	CLAIMS	2	N	DATAINDA	88- 89
136	DATA INDICATOR B	CLAIMS	2	N	DATAINDB	90- 91
137	DATA INDICATOR C	CLAIMS	2	N	DATAINDC	92- 93
138	DATA INDICATOR D	CLAIMS	2	N	DATAINDD	94- 95
139	DATA INDICATOR E	CLAIMS	2	N	DATAINDE	96- 97
140	DATA INDICATOR F	CLAIMS	2	N	DATAINDF	98- 99
141	DATA INDICATOR G	CLAIMS	2	N	DATAINDG	100-101
142	DATA INDICATOR H	CLAIMS	2	N	DATAINDH	102-103
143	DATA INDICATOR I	CLAIMS	2	N	DATAINDI	104-105
144	TRANSACTION CODE	CLAIMS	2	N	TRANCODE	106-107
145	MEDICAID INVOLV. IND.	CLAIMS	2	N	MCAIDIIND	108-109
146	PROVIDER ID NUMBER	CLAIMS	6	A	PROVIDID	110-115
147	STATEMENT THRU DATE	CLAIMS	5	N	ENDDATE	116-120
148	REIMBURSEMENT AMOUNT	CLAIMS	9	N	REIMBAMT	121-129
149	DATE CARE STARTED	CLAIMS	5	N	STRTCARE	130-134
150	PRIOR STAY FROM DATE	CLAIMS	5	N	BEGPRIOR	135-139
151	PRIOR STAY TO DATE	CLAIMS	5	N	ENDPRIOR	140-144
152	DATE PLAN ESTABLISHED	CLAIMS	5	N	ESTBDATE	145-149
153	PLAN CODE	CLAIMS	2	A	PLANCODE	150-151
154	FIRST SERVICE CODE A	CLAIMS	2	A	CODE1A	152-153
155	FIRST SERVICE VISITS	CLAIMS	4	N	VISIT1	154-157
156	FIRST SERVICE CHARGES	CLAIMS	8	N	CHARGE1	158-165
157	SECOND SERVICE CODE B	CLAIMS	2	A	CODE2B	166-167
158	SECOND SERVICE VISITS	CLAIMS	4	N	VISIT2	168-171
159	SECOND SERVICE CHARGES	CLAIMS	8	N	CHARGE2	172-179
160	THIRD SERVICE CODE C	CLAIMS	2	A	CODE3C	180-181
161	THIRD SERVICE VISITS	CLAIMS	4	N	VISIT3	182-185
162	THIRD SERVICE CHARGES	CLAIMS	8	N	CHARGE3	186-193
163	FOURTH SERVICE CODE D	CLAIMS	2	A	CODE4D	194-195
164	FOURTH SERVICE VISITS	CLAIMS	4	N	VISIT4	196-199
165	FOURTH SERVICE CHARGES	CLAIMS	8	N	CHARGE4	200-207
166	FIFTH SERVICE CODE E	CLAIMS	2	A	CODE5E	208-209
167	FIFTH SERVICE VISITS	CLAIMS	4	N	VISIT5	210-213
168	FIFTH SERVICE CHARGES	CLAIMS	8	N	CHARGE5	214-221

Figure 44 -- Continued

List of data elements to be included in Medicare claims records by source

LIST OF DATA ELEMENTS TO BE INCLUDED IN MEDICARE CLAIMS RECORDS
BY SOURCE
HOME HEALTH AGENCY A & B MEDICARE
CONTINUED

NMCUES NUMBER	DATA ELEMENT NAME	SOURCE	NUMBER OF BYTES	VAR. TYPE	VAR NAME	POSITION
169	SIXTH SERVICE CODE F	CLAIMS	2	A	CODE6F	222-223
170	SIXTH SERVICE VISITS	CLAIMS	4	N	VISIT6	224-227
171	SIXTH SERVICE CHARGES	CLAIMS	8	N	CHARGE6	228-235
172	SEVENTH SERVICE CODE G	CLAIMS	2	A	CODE7G	236-237
173	SEVENTH SERVICE VISITS	CLAIMS	4	N	VISIT7	238-241
174	SEVENTH SERVICE CHARGES	CLAIMS	8	N	CHARGE7	242-249
175	EIGHTH SERVICE CODE G	CLAIMS	2	A	CODE8G	250-251
176	EIGHTH SERVICE VISITS	CLAIMS	4	N	VISIT8	252-255
177	EIGHTH SERVICE CHARGES	CLAIMS	8	N	VISIT8	256-263
178	TOT. # UNITS OF SERV. H	CLAIMS	2	A	TOTSERCD	264-265
179	TOT # UNITS OF SERV UNITS	CLAIMS	4	N	TOTUNITS	266-269
180	CHRG PER UNIT OF SERV I	CLAIMS	2	A	CHGCODEI	270-271
181	CHRG PER UNIT SERV # UNT	CLAIMS	6	N	UNITCHG	272-277
182	TOTAL VISITS	CLAIMS	4	N	TOTVSTJ	278-281
183	TOTAL VISITS CHARGES	CLAIMS	8	N	TOTCHGJ	282-289
184	FIRST OTHR SERV CODE K	CLAIMS	2	A	CODEK1	290-291
185	FIRST OTHR SERV CHARGES	CLAIMS	8	N	CHARGEK1	292-299
186	SECOND OTHR SERV CODE K	CLAIMS	2	A	CODEK2	300-301
187	SECOND OTHR SERV CHARGES	CLAIMS	8	N	CHARGEK2	302-309
188	THIRD OTHR SERV CODE K	CLAIMS	2	A	CODEK3	310-311
189	THIRD OTHR SERV CHARGES	CLAIMS	8	N	CHARGEK3	312-319
190	FOURTH OTHR SERV CODE K	CLAIMS	2	A	CODEK4	320-321
191	FOURTH OTHR SERV CHARGES	CLAIMS	8	N	CHARGE4	322-329
192	TOT. CHARGES ALL SERVICE	CLAIMS	8	N	TOTCHGL	330-337
193	AMT PD BY PATIENT	CLAIMS	8	N	AMTPDPT	338-345
194	PATIENT STATUS CODE	CLAIMS	2	A	PTSTATCD	346-347
195	PATIENT STATUS DATE	CLAIMS	5	N	PTSTATDA	348-352
196	TOTAL CHARGES PLAN P	CLAIMS	8	N	TOTCHGP	353-360
197	REIMBURSEMENT RATE PLAN	CLAIMS	6	N	RMBRATEP	361-366
198	VERIFIED DED. PLAN M	CLAIMS	6	N	VERIFDED	367-372
199	VERIFIED COINS. PLAN M	CLAIMS	8	N	VERIFCOI	373-380
200	TOTAL CHARGES PLAN M	CLAIMS	8	N	TOTCHGM	381-388
201	REIMB. RATE PLAN M	CLAIMS	6	N	RMBRATCM	389-394
202	REFUND TO PATIENT	CLAIMS	8	N	REFUNDPT	395-402
203	NET AMOUNT TO AGENCY	CLAIMS	8	N	NETAMTAG	403-410
204	STATE CODE	CLAIMS	2	N	STATE	411-412
205	COUNTY CODE	CLAIMS	3	N	COUNTY	413-415
206	DATE OF BIRTH	CLAIMS	5	N	BDATE	416-420
207	SEX	CLAIMS	2	N	SEX	421-422
208	RACE	CLAIMS	2	N	RACE	423-424
209	ZIPCODE	CLAIMS	5	N	ZIPCODE	425-429

Figure 44 - Continued

List of data elements to be included in Medicare claims records by source

LIST OF DATA ELEMENTS TO BE INCLUDED IN MEDICARE CLAIMS RECORDS
BY SOURCE
INPATIENT MEDICARE

NMCUES NUMBER	DATA ELEMENT NAME	SOURCE	NUMBER OF BYTES	VAR. TYPE	VAR NAME	POSITION
210	ACCOUNT NUMBER	CLAIMS	9	A	ACCTNUM	50- 58
211	BIC	CLAIMS	2	A	BIC	59- 60
212	DATE OF BIRTH	CLAIMS	5	N	BDATE	61- 65
213	SEX	CLAIMS	2	N	SEX	66- 67
214	STATE	CLAIMS	2	N	STATE	68- 69
215	COUNTY	CLAIMS	3	N	COUNTY	70- 72
216	ZIP CODE	CLAIMS	5	N	ZIPCODE	73- 77
217	PROVIDER NUMBER	CLAIMS	6	A	PROVIDID	78- 83
218	ADMISSION DATE	CLAIMS	5	N	ADMDATE	84- 88
219	DISCHARGE DATE	CLAIMS	5	N	DISDATE	89- 93
220	DATE BENEFITS EXHAUSTED	CLAIMS	5	N	PLANEND	94- 98
221	DISCHARGE STATUS	CLAIMS	2	N	PATSTAT	99- 100
222	SURGICAL INDICATOR	CLAIMS	2	N	SURGIND	101-102
223	AGE AT ADMISSION	CLAIMS	3	N	AGE	103-105
224	TOTAL CHARGES	CLAIMS	7	N	TOTCHG	106-112
225	COVERED CHARGES	CLAIMS	6	N	COVCHG	113-118
226	REIMBURSEMENTS	CLAIMS	6	N	REIMBAMT	119-124
227	LENGTH-OF-STAY	CLAIMS	4	N	LOS	125-128
228	COVERED DAYS	CLAIMS	4	N	COVDAYS	129-132
229	MEDICARE STATUS - 1	CLAIMS	2	N	STATUS1	133-134
230	MEDICARE STATUS - 2	CLAIMS	2	N	STATUS2	135-136
231	INPATIENT DEDUCTIBLE	CLAIMS	4	N	INPATDED	137-140
232	BLOOD DEDUCTIBLE - PINTS	CLAIMS	4	N	INPATDED	141-144
233	COINSURANCE AMOUNT	CLAIMS	6	N	COINSAMT	145-150
234	COINSURANCE DAYS	CLAIMS	4	N	COINSDAY	151-154
235	LIFETIME RESERVE DAYS	CLAIMS	4	N	RSRVDAYS	155-158

Figure 44 - Continued

List of data elements to be included in Medicare claims records by source

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Appendix I. Household Contact Letters and Change of Address Form



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Dear Friend:

You have been chosen to take part in a national study of health and medical care in this country.

This survey will add greatly to what we know about the health problems of our people, the types of medical care they get, how much they pay, and whether they can afford the care and medicine that they need. The information gathered in this survey will result in improvements in planning health care services, better use of health funds, and better ways of fighting rising costs for health care services.

An interviewer will visit your home in a few days to tell you more about the survey and how your household was selected for it. The interviewer will show you an identification card from the Research Triangle Institute/National Opinion Research Center, the organization which is conducting the survey for the Department of Health, Education and Welfare.

This voluntary survey is authorized by law (Title 42, United States Code, 242k.) and you are free not to answer the questions. By law, all of the information you give us is confidential and will be used only to prepare statistical summaries and for health services research. Your name and any identifying information will not be published or released to anyone, other than authorized staff of the National Center for Health Statistics, in any form which will identify any person or establishment supplying the information or described in it.

We do hope that you will decide to join us in this important survey. You will be performing an important public service. Only you can provide the information needed to better plan health care for all our people.

On the other side of this letter are answers to some of the questions most frequently asked about the survey.

A handwritten signature in cursive script that reads "James M. Kaple".

James M. Kaple
Acting Director
Office of Research, Demonstra-
tions and Statistics
Health Care Financing
Administration

A handwritten signature in cursive script that reads "Dorothy P. Rice".

Dorothy P. Rice, Director
National Center for Health
Statistics
Office of Health Research,
Statistics and Technology
Public Health Service

Figure I

Initial contact letter for national household sample

1. *Why is a National Medical Care Utilization and Expenditure Survey needed?*

It is necessary to understand health care in this country, before any improvements can be made. To do this, we need to know the number of people with health problems, the kinds of illness or disability they have, how much and which type of care they are getting, the cost of this care and how it is paid for.

Information collected in the National Medical Care Utilization and Expenditure Survey will be used to direct health research efforts to areas indicating the need for additional health manpower and facilities so that each person in our country receives the best medical care and preventive health services possible.

2. *How are specific households chosen to be interviewed for the National Medical Care Utilization and Expenditure Survey?*

Eight thousand addresses have been chosen by scientific sampling methods to represent a cross section of the whole United States, and the people at those addresses are interviewed to obtain the necessary information. The household at each sample address represents thousands of households throughout the country. Each person in the sample represents over 8,000 persons within our Nation.

3. *Why not interview the house across the street?*

For the National Medical Care Utilization and Expenditure Survey, about 8,000 households or approximately 24,000 people will be interviewed. Since the population of the Nation is over 200 million, our relatively small sample cannot be used to represent all the various types of persons unless each address, which is originally selected, is interviewed. For example, the house across the street or next door, where the people are usually at home, may be representative of persons who are older or sicker than those at the sample address, where perhaps all family members are working. If we made this type of substitution, our statistics might be of the people who are usually at home, but not of the total population. Therefore, we would not obtain the kinds of information we need from the survey.

4. *I'm not sick. Why should I be included in the survey?*

If we are to measure the amount of illness in the United States, the sample must be representative of the entire civilian population, both the well and the sick.

Figure I -- Continued

Initial contact letter for national household sample



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Dear Friend:

As someone who has been enrolled in Medicaid, you know better than anyone else how Medicaid helped you get medical care when you needed it.

Because of your first-hand knowledge, we are asking you to take part in an important survey of the Medicaid program in New York State. The survey is part of a larger, nationwide survey of health and medical care in this country.

Your household was chosen at random from a list of Medicaid enrollees in New York State. An interviewer will visit your home in a few days to tell you more about the survey and to answer any questions you may have. The interviewer will show you an identification card from the Research Triangle Institute/National Opinion Research Center, which is conducting the survey for the Department of Health, Education and Welfare.

This voluntary survey is authorized by law (Title 42, United States Code, 242k.) and you are free not to answer the questions. By law all of the information you give is confidential and will be used only to prepare statistical summaries and for health services research. Your name and any identifying information will not be published or released to anyone, other than authorized staff of the National Center for Health Statistics, in any form which will identify any person or establishment supplying the information or described in it.

It is important that your household join in this survey and we hope that you decide to do so. Only you--as a Medicaid program participant--can give us the information needed to better plan health care for all people in this country.

On the other side of this letter are answers to some of the questions most frequently asked about the survey.

James M. Kaple
Acting Director
Office of Research, Demonstra-
tions and Statistics
Health Care Financing
Administration

Dorothy P. Rice, Director
National Center for Health
Statistics
Office of Health Research,
Statistics and Technology
Public Health Service

Figure II

Initial contact letter for New York State Medicaid household sample

1. *Why is a New York State Medicaid Household Survey needed?*

It is necessary to understand health care in this country, before any improvements can be made. To do this, we need to know the number of people with health problems, the kinds of illness or disability they have, how much and which type of care they are getting, the cost of this care and how it is paid for.

Today, long term illness and disability are among our greatest health problems. They lower the general well-being of people and their families and burden their communities with high costs for care and aid. Accidents at home and on the highways are also very costly to society. Better information on illness and disability, as well as on accidents, will help to develop more effective prevention programs which can help everyone.

Certain kinds of information are available only from families on Medicaid themselves. How much money does your family pay out of your own pocket to get the care you need? Does your family receive all the medical care it needs? Can you and the other members of your family see a doctor when you need to?

Information from this survey will be used to find out where health problems are greatest, to provide enough manpower and resources to solve these problems, and to see that each person gets the best health care possible.

2. *How were specific households chosen to be interviewed for the New York State Medicaid Household Survey?*

One thousand families on the New York State Medicaid eligibility roles in November 1979 were chosen by scientific sampling methods to represent a cross section of the Medicaid families in New York. Each family represents hundreds of Medicaid families in this State.

3. *I am not on Medicaid anymore. Why interview me?*

Even though you may not be on Medicaid right now, we are interested in knowing about your visits to doctors and hospitals and your out-of-pocket medical expenses for the time you were on Medicaid. We also want to know about the medical care you are receiving now and how much you are paying for it.

4. *If I do not answer these questions, will my check be cut off or my benefits reduced?*

No. Taking part in this survey in no way affects your check or your benefits. All information collected during the survey is kept confidential. Your name and any other information which could identify you will not be released to the State of New York or to anyone else that could affect the amount of your check or benefits.

Figure II - Continued

Initial contact letter for New York State Medicaid household sample

PSU: _____
SEG.: _____
LINE: _____
CASE: _____
RU ID: _____

Date ____/____/____

CHANGE OF ADDRESS NOTIFICATION
National Medical Care Utilization and Expenditure Survey

<u>PERSONS WHO HAVE MOVED</u>		<u>NEW ADDRESS</u>
<u>FIRST NAME</u>	<u>LAST NAME</u>	
1. _____	_____	# & Street or RFD: _____ City, Town or County: _____
2. _____	_____	State & Zip Code: _____
3. _____	_____	_____
4. _____	_____	<u>OLD ADDRESS</u>
5. _____	_____	# & Street or RFD: _____
6. _____	_____	City, Town or County: _____
NEW TELEPHONE NUMBER: _____ / _____	Area Code	State & Zip Code: _____

RTI/NORC 002 11/79

(Please see reverse side for instructions.)

INSTRUCTIONS

1. If any people in your family move to another address before April, 1981, please enter the following:
 - The first and last name(s) of each person who has moved
 - The new telephone number
 - The new address
 - The old address
 - The date that you fill this out.
2. Enclose card in prepaid envelope and drop in mailbox. (No postage necessary.)

THANK YOU SO MUCH FOR YOUR COOPERATION ON THIS MOST IMPORTANT STUDY.

Figure III
Change of address notification form and instructions

Appendix II. Definition of Terms

C—The prefix for page numbers in the condition section of the core questionnaire.

CC—Interviewer instructions to refer to the control card to record a new condition and/or to obtain the condition number.

Case—An administrative unit in the Medicaid program that was the sample unit in the State Medicaid household sample. A case generally included all family members residing together who were eligible for Medicaid or for a particular category of Medicaid. The exact definition of case varied from State to State.

Case #—A unique identification number for the basic sample unit of NMCUES. This basic sample unit was the case in the State Medicaid household component and the housing unit or group quarters in the national household component.

Condition—A health problem affecting a person, often requiring medical care. It may have been reported as an exact medical title or a set of symptoms.

Condition #—A two-digit number associated with a given condition for a person throughout the data collection period.

Continuation section—An additional set of questions about dental visits, emergency room visits, outpatient department visits, hospital stays, medical provider visits, prescribed medicines, other medical expenses, conditions, or flat fees. They were identical to the sections in the core questionnaire used when the core questionnaire did not contain enough sets. They were also used for events that occurred before the reference date of the current interview that were remembered by the respondent during the review of the summary of responses.

Control card—A computer-generated instrument providing administrative control of the samples, information to help the interviewer to locate and identify sample persons, procedures for determining reporting unit composition, and places to record information required across rounds of interviewing.

Core questionnaire—The basic interview instrument used during each interview to obtain data about

health, health care, charges for health care, sources of payment, and health insurance coverage.

DD—Prefix for page numbers in the disability days section of the core questionnaire.

DK—Don't know.

DV—Dental visit. It was used as an identifier of the space on the control card for the interviewer to record the number of dental visits, as an interviewer instruction to record in that space, and as a prefix to page numbers in the dental visit section of the core questionnaire.

ER—Emergency room visit. It was used as an identifier of the space on the control card for the interviewer to record the number of emergency room visits, as an interviewer instruction to record in that space, and as a prefix to page numbers in the emergency room visit section of the core questionnaire.

ES—Prefix for page numbers in the employment section of the core questionnaire.

Family—A group of people living together related to each other by blood, marriage, adoption, or foster care status. An unmarried student 17-22 years of age living away from home also was considered part of the family although his or her residence was in a different location during the school year.

FF—Flat fee. It was used as a skip instruction to refer the interviewer to the flat fee section of the core questionnaire and as a prefix to page numbers in the flat fee section of the core questionnaire.

FI—Field interviewer.

FL sample—A 5-percent sample of reporting units in which all people 17 years of age and over were asked all the questions on functional limitations.

Flat fee—A single charge for a service, a variety of services, or a series of visits. The single charge may have been paid in one lump sum or by installments, but in a way that could not be related to individual events of health care.

Group quarters—A structure occupied by five or more unrelated people who lived or ate together, or for whom there was neither direct access from the

outside or through a common hall nor complete kitchen facilities. Only noninstitutional group quarters were included in the NMCUES sample frame.

NP—Next person. It was an interviewer instruction to ask the set of questions for the next person in the reporting unit or to go to the next section of the questionnaire if there were no additional people.

NPM—Prefix for page numbers in the nonprescribed medicine section of the core questionnaire.

NV—Next visit. It was an interviewer instruction to ask the set of questions for the next reported visit or to go to the next section of the questionnaire if there were no additional visits.

OPD—Hospital outpatient department visit. It was used as an identifier of the space on the control card for the interviewer to record the number of hospital outpatient department visits, as an interviewer instruction to record in that space, and as a prefix to page numbers in the hospital stay section of the core questionnaire.

Part #—A number used to identify the sample unit at a stage in the sample selection.

PHP—Prepaid health plan.

PID #—Participant identification number. It was a unique number assigned to a person for the duration of the survey.

PM—Prefix for page numbers in the prescribed medicine section of the core questionnaire.

PP—Prefix for page numbers in the provider probe section of the core questionnaire.

Principal RU respondent—The member of the reporting unit who provided the majority of the information for the people in the reporting unit.

Proxy respondent—A person who provided information for people in the reporting unit but who was not a member of the reporting unit. A proxy respondent was used only when no member of the reporting unit could supply the information because of physical or mental incapacity.

PSU #—The primary sampling unit number used to identify the first stage of the sample selection process.

PV—Personal visit indicator in the record of calls section of the control card.

Reporting unit (RU)—The basic unit for reporting data in the household components of NMCUES. A reporting unit consisted of all related people residing in the same housing unit or group quarters. One person could give information for all members of the reporting unit.

REF. DATE—Reference date. The reference date was the date of the previous interview in most cases. For the first interview, it was January 1, 1980. For a new person, it was the date they joined the reporting unit.

Round—A round was the administrative term used to designate all interviews that occurred within

a given period and that used the same instruments and procedures.

RU—Reporting unit.

RU head—The person designated by the household respondent as the head of the reporting unit.

HHS—National household sample.

HI—Prefix for page numbers in the health insurance section of the core questionnaire.

HMO—Health maintenance organization.

Household—Occupants of a housing unit or group quarters that was included in the sample. A household may have been one person, a family of related people, a number of unrelated people, or a combination of related and unrelated people.

Housing unit—A group of rooms or a single room occupied or intended for occupancy as separate living quarters; that is, (1) the occupants did not live and eat with any other persons in the structure and (2) there was either direct access from the outside or through a common hall, or there were complete kitchen facilities for the use of the occupants only.

HS—Inpatient hospital stay. It was used as an identifier of the space in the control card for the interviewer to record the number of hospital stays, as an interviewer instruction to record in that space, and as a prefix to page numbers in the hospital stay section of the core questionnaire. The stay required a formal hospital admission but did not have to be overnight.

Institution—A place providing room, board, and certain other services for the residents or patients. Correctional institutions, military barracks, and orphanages always were considered institutions for NMCUES. Places that provided health care also were identified as institutions if they provided nursing or personal care services. Certain other facilities licensed, registered, or certified by a State agency or affiliated with a Federal, State, or local government agency also were defined as institutions. People residing in the institutions were not included in the household samples.

Key person—A key person was (1) an occupant of a national household sample housing unit or group quarter at the time of the first interview; (2) a person related to and living with a State Medicaid household case member at the time of the first interview; (3) an unmarried student 17-22 years of age living away from home and related to a person in one of the first two groups; (4) a related person who had lived with a person in the first two groups between January 1, 1980, and the round 1 interview, but was deceased or had been institutionalized; (5) a baby born to a key person during 1980; or (6) a person who was living outside the United States, was in the Armed Forces, or was in an institution at the time of the round 1 interview but who had joined a related key person.

Line #—The number used to identify the sample unit at a stage in the sample selection.

MS—Marital status.

MV—Medical visit or medical provider visit other than stays in a hospital or visits to a hospital emergency room or outpatient department. It was used as an identifier of the space on the control card for the interviewer to record the number of medical visits, as an interviewer instruction to record in that space, and as a prefix to page numbers in the hospital stay section of the core questionnaire.

National household component—One component of NMCUES, consisting of multiple household interviews with an area probability sample of people in the noninstitutionalized population of the United States in 1980.

NM—Next medicine. It was an interviewer instruction to ask the set of questions for the next reported prescribed medicine or to go to the next section of the questionnaire if there were no additional prescribed medicines.

Nonkey person—A person related to a key person who joined them after the round 1 interview but was part of the civilian noninstitutionalized population of the United States at the date of the first interview.

RU ID #—The reporting unit identification number. This number was unique for each reporting unit and followed the reporting unit across all interviews. If the reporting unit split, the identification number

continued with one part of the split, and a new identification number was assigned to the other part.

RV—Repeat visit. This portion of the questionnaire was used if a number of visits were made by the same person to the same provider of health care for the same services and with the same charges.

Segment #—A number used to identify the sample unit at a stage in the sample selection.

SMHS—State Medicaid household sample.

State Medicaid household component—One component of NMCUES consisting of interviews with households containing case members selected from the November 1979 Medicaid eligibility files of California, Michigan, New York, and Texas.

Summary of responses—A computer-generated report sent to the interviewer and reporting unit just before a followup interview. It contained summary information of previously reported health care, charges for the care, sources of payment, and health insurance coverage. It was designed to update information, especially charges and sources of payment that may have not been available to the respondent at the time the health care was originally reported.

Supplements—Sets of questions asked only once across the five interviews, generally in rounds 1, 3, and 5.

TC—Telephone call indicator in the record of calls section of the control card.

NOTICE - Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence by the contractor and NCHS, will be used only for purposes stated in this study, and will not be disclosed or released to anyone other than authorized staff of NCHS without the consent of the individual or the establishment in accordance with Section 308(d) of the Public Health Service Act (42U.S.C.242m).

PHS T-480
9-79

Department of Health, Education and Welfare
National Center for Health Statistics
and
Health Care Financing Administration

Questionnaire # _____ of _____ Questionnaires	
Reporting Unit I.D. No.: _____	
Case # _____	
PSU # _____	SEG # _____
PART # _____	LINE # _____
Sample type: HHS 01 SMHS 02	

NATIONAL MEDICAL CARE UTILIZATION AND EXPENDITURE SURVEY

CORE QUESTIONNAIRE

Conducted by Research Triangle Institute
and
The National Opinion Research Center

ROUND #: _____
Start time _____ AM
_____ PM

INTRODUCTION: This survey is being conducted to collect information on the health of the people in this country. I will ask about visits to doctors and dentists, illness in the family, and other health related items.

The following questions refer to the period from (REF. DATE) up to and including today. [HAND RESPONDENT CALENDAR/Do you have your calendar available?]

AFTER THE INTERVIEW IS COMPLETE, ENTER INFORMATION BELOW

INTERVIEWER NAME: _____ I.D. #: _____

DATE INTERVIEW COMPLETE: _____ / _____ / _____
Month / Date / Year

INCLUDED IN THIS PACKAGE ARE:

<u>DOCUMENTS</u>	<u>NUMBER</u>	<u>CONTINUATION SECTIONS</u>	<u>NUMBER</u>	<u>CONTINUATION SECTIONS</u>	<u>NUMBER</u>
CONTROL CARD	_____	DENTAL VISITS	_____	PRESCRIBED MEDICINES	_____
SUMMARY PAGES	_____	EMERGENCY ROOM VISITS	_____	OTHER MEDICAL EXPENSES	_____
TOTAL QUESTIONNAIRES	_____	HOSPITAL OUTPATIENT DEPT. VISITS	_____	CONDITIONS	_____
SUPPLEMENT #1	_____	HOSPITAL STAYS (INPATIENT)	_____	FLAT FEES	_____
ROUND 3 SUPPLEMENT	_____	MEDICAL PROVIDER VISITS	_____		
ROUND 5 SUPPLEMENT	_____				

DISABILITY DAYS SECTION

Person Name: _____ # _____

1. Since (REF. DATE), did (PERSON) stay in bed because of any illness or injury?

Yes 01(A)
 No 02(2)

A. Since (REF. DATE), how many days did illness or injury keep (PERSON) in bed all or most of the day?

Days (B)
 None 00(2)

B. What conditions caused (PERSON) to stay in bed since (REF. DATE)?

B & C

C. Were there any other conditions?

Condition	Cond. #	# of Days
CC		
CC		
CC		
CC		

IF MORE THAN ONE CONDITION, AND MORE THAN 1 DAY IN A, ASK D FOR EACH CONDITION.

D. How many of the (NUMBER) days did (CONDITION) keep (PERSON) in bed all or most of the day?

CODE ONE: PERSON IS 14 OR OVER. 01(2)
 PERSON IS UNDER 14. 02(3)

2. Since (REF. DATE), did illness or injury keep (PERSON) from work, not counting work around the house?

Yes 01(A)
 No/Doesn't work 02(3)

A. Since (REF. DATE), how many days did illness or injury keep (PERSON) from work all or most of the day?

Days (B)
 None 00(3)

B. What conditions caused (PERSON) to miss work since (REF. DATE)?

B & C

C. Were there any other conditions?

Condition	Cond. #	# of Days	# of Days
CC			
CC			
CC			
CC			

IF MORE THAN ONE CONDITION AND MORE THAN 1 DAY IN A, ASK D FOR EACH CONDITION.

D. How many of the (NUMBER) days did (CONDITION) keep (PERSON) from work all or most of the day?

FOR EACH CONDITION LISTED IN BOTH Q. 1 AND Q. 2, ASK E.

E. On how many of the (NUMBER) days that (PERSON) lost from work because of (CONDITION) did (PERSON) stay in bed all or most of the day? IF ANY DAYS ENTERED IN Q. 2A, ASK F.

F. Was (PERSON) paid in full, in part, or not at all, for the day(s) missed from work?

In full 01 Self-employed. . . 04
 In part 02 Don't know 94
 Not at all. 03

3. (Not counting the days [in bed/lost from work] that you already told me about), since (REF. DATE), did illness or injury cause (PERSON) to cut down on the things (PERSON) usually does?

Yes 01(A)
 No 02(NP)

A. Since (REF. DATE) how many days did (PERSON) cut down for as much as a day?

Days (B)
 None 00(NP)

B. What conditions caused (PERSON) to cut down since (REF. DATE)?

B & C

C. Were there any other conditions?

Condition	Cond. #	# of Days
CC		
CC		
CC		
CC		

IF MORE THAN ONE CONDITION, AND MORE THAN 1 DAY IN A, ASK D FOR EACH CONDITION.

D. How many of the (NUMBER) days did (CONDITION) keep (PERSON) from the things [he/she] usually does for as much as a day?

NEXT PERSON

PROVIDER PROBES

The next questions deal with visits you (and members of your family) have made to dentists, doctors and other types of medical specialists since (REF. DATE). First, we will talk about dental visits.

PERSON 1

1. Since (REF. DATE) did [you/anyone in the family, that is you, (EACH PERSON IN FAMILY)] go to a dentist?

Yes 01(A)
No 02(2)

A. Who was this? CODE "DENTIST" IN PERSON'S COLUMN.
Did anyone else go to a dentist since (REF. DATE)?

1A Dentist 01

B. Since (REF. DATE), how many times did (PERSON) go to a dentist? RECORD IN PERSON'S COLUMN.

B Times

2. (Not counting the visits you just told me about), since (REF. DATE) did [you/ anyone in the family] go to a dental surgeon, oral surgeon, orthodontist, dental assistant or any other person for dental care?

Yes 01(A)
No 02(DV)

A. Who was this? CODE "OTHER DENTAL" IN PERSON'S COLUMN.
Anyone else?

2A Other Dental. 01

B. Since (REF. DATE), how many times did (PERSON) go to such a person for dental care?
RECORD IN PERSON'S COLUMN.

B Times

DV ENTER TOTAL OF EACH PERSON'S DENTAL VISITS (Q's 1B & 2B) IN "DV" BOX ON CONTROL CARD.

DV

3. Since (REF. DATE) did [you/anyone in the family] go to a hospital emergency room for medical care?

Yes 01(A)
No 02(ER)

A. Who was this? CODE "EMERGENCY ROOM" IN PERSON'S COLUMN.
Anyone else?

3A Emergency Room. 01

B. Since (REF. DATE) how many times did (PERSON) receive treatment in a hospital emergency room? RECORD IN PERSON'S COLUMN.

B Times

ER ENTER TOTAL OF EACH PERSON'S EMERGENCY ROOM VISITS IN "ER" BOX ON CONTROL CARD.

ER

4. Since (REF. DATE), did [you/anyone in the family] go to a hospital clinic or hospital outpatient department for medical care?

Yes 01(A)
No 02(OPD)

A. Who was this? CODE "CLINIC OR OPD" IN PERSON'S COLUMN.
Anyone else?

4A Clinic or OPD 01

B. Since (REF. DATE), how many times did (PERSON) visit a hospital clinic or outpatient department? RECORD IN PERSON'S COLUMN.

B Times

IF PERSON WENT TO MORE THAN ONE CLINIC OR OUTPATIENT DEPARTMENT ON A SINGLE TRIP TO THE HOSPITAL, COUNT EACH CLINIC OR DEPARTMENT AS A DIFFERENT VISIT.

OPD ENTER TOTAL OF EACH PERSON'S CLINIC OR OPD VISITS IN "OPD" BOX ON CONTROL CARD.

OPD

PROVIDER PROBES

PERSON 1

5. Since (REF. DATE), [were you/was anyone in the family] a patient in a hospital overnight? (Be sure to include newborn babies.)
 Yes 01(A)
 No. 02(6)

A. Who was this? CODE "IN HOSPITAL" IN PERSON'S COLUMN.
 Anyone else?

5A In hospital 01

B. Since (REF. DATE), how many different times was (PERSON) a patient in a hospital? RECORD IN PERSON'S COLUMN.

B Times

6. Since (REF. DATE), [were you/was anyone in the family] admitted as a patient to a hospital and discharged on the same day?
 Yes 01(A)
 No. 02(7)

A. Who was this? CODE "IN AND OUT" IN PERSON'S COLUMN.
 Anyone else?

6A In and out. 01

B. Since (REF. DATE), how many different times was (PERSON) admitted to and discharged from a hospital on the same day? RECORD IN PERSON'S COLUMN.

B Times

7. [Were you/was anyone in the family] a patient in a nursing home, convalescent home or similar place since (REF. DATE)?
 Yes 01(A)
 No. 02(HS)

A. Who was this? CODE "NURSING HOME" IN PERSON'S COLUMN.
 Anyone else?

7A Nursing home. 01

B. Since (REF. DATE), how many different times was (PERSON) a patient in a nursing home or similar place? RECORD IN PERSON'S COLUMN.

B Times

HS	ENTER TOTAL OF EACH PERSON'S HOSPITAL STAYS (Q's. 5B, 6B & 7B) IN "HS" BOX ON CONTROL CARD.	HS
----	---	----

8. During this period did [you/anyone in the family] get any medical advice from a doctor over the telephone?
 Yes 01(A)
 No. 02(9)

A. Who was the phone call about? CODE "TELEPHONE" IN PERSON'S COLUMN.
 Anyone else?

8A Telephone 01

B. How many telephone calls were made to get medical advice about (PERSON)? RECORD IN PERSON'S COLUMN.

B # of calls

DO NOT INCLUDE TELEPHONE CALLS
 IN V BOX.

PROVIDER PROBES		PERSON 1	
9.	Since (REF. DATE), how many times did (PERSON) see a medical doctor? (Do not count doctors seen during visits to an emergency room, hospital clinic or outpatient department, or while a patient in a hospital.) RECORD IN PERSON'S COLUMN.	9	Medical Doctor 01 <input type="checkbox"/> Times
10.	(Not counting the visits you already told me about), since (REF. DATE), did [you/anyone in the family] see any medical practitioners such as optometrists, foot doctors, chiropractors, or phvsical therapists? A. Who was this? CODE "MEDICAL PRACTITIONER" IN PERSON'S COLUMN. Anyone else? Yes 01(A) No. 02(11) B. Since (REF. DATE), how many times did (PERSON) see such a medical practitioner? RECORD IN PERSON'S COLUMN.	10A B	Medical Practitioner . 01 <input type="checkbox"/> Times
11.	(Not counting the visits you've already told me about) since (REF. DATE), did [you/anyone in the family] receive treatment from any other medical person such as a nurse, nurse practitioner, paramedic, health aide, physician assistant, or other such medical person? A. Who was this? CODE "MEDICAL PERSON" IN PERSON'S COLUMN. Anyone else? Yes 01(A) No. 02(12) B. Since (REF. DATE), how many times did (PERSON) see such a medical person? RECORD IN PERSON'S COLUMN.	11A B	Medical Person 01 <input type="checkbox"/> Times
12.	(Not counting what you have already told me about) since (REF. DATE), did [you/anyone in the family] see a psychiatrist, a psychologist, a psychiatric social worker or any other mental health person? A. Who was this? CODE "MENTAL HEALTH PERSON" IN PERSON'S COLUMN. Anyone else? Yes 01(A) No. 02(13) B. Since (REF. DATE), how many times did (PERSON) see such a mental health person? RECORD IN PERSON'S COLUMN.	12A B	Mental Health Person . 01 <input type="checkbox"/> Times
13.	(Not counting the visits you've told me about), since (REF. DATE), did [you/anyone in the family] go to a doctor's office, clinic, or laboratory <u>just</u> for (an) examination(s), tests, shots, X-rays, or treatments? A. Who was this? CODE "TESTS, SHOTS" IN PERSON'S COLUMN. Anyone else? Yes 01(A) No. 02(14) B. Since (REF. DATE), how many times did (PERSON) go just for examinations, tests, shots, X-rays, or treatments? RECORD IN PERSON'S COLUMN.	13A B	Tests, Shots 01 <input type="checkbox"/> Times
14.	(Besides the visits we've talked about) since (REF. DATE), did [you/anyone in the family] go to a health clinic, company clinic, school clinic, infirmary, neighborhood health center, family planning clinic, mental health clinic or any other medical place? A. Who was this? CODE "CLINIC, HEALTH CENTER" IN PERSON'S COLUMN. Anyone else? Yes 01(A) No. 02(MV) B. How many times since (REF. DATE) did (PERSON) go to one of these places? RECORD IN PERSON'S COLUMN.	14A B	Clinic, Health Center. 01 <input type="checkbox"/> Times
MV	ENTER TOTAL OF EACH PERSON'S VISITS (Q's. 9, 10B, 11B, 12B, 13B AND 14B) IN MV BOX ON CONTROL CARD.	MV	

DENTAL VISIT

(You told me that (PERSON) had (NUMBER) dental visits since (REF. DATE).)

VISIT A

1. On what date did (PERSON) [first/next] visit the dental office?

1 PERSON _____ # _____
Month / Date

2. What is the name of the dentist or dental clinic (PERSON) visited on (DATE)?

2 _____
Dentist/Clinic Name

3. Did (PERSON) have any X-rays taken on this visit?

3 Yes01
No02

4. (Not counting the X-rays) what did (PERSON) have done during this visit on (DATE)?
CODE ALL THAT APPLY.

What else did (PERSON) have done during that visit?

4 Nothing besides
X-rays00
Cleaning teeth01
Examination.02
Orthodontia.03
Fillings04 # _____
Extractions.05 # _____
Root Canals.06 # _____
Crowns07 # _____
Bridges.08 # _____
Dentures-Partial09
Dentures-Full.10
Other (SPECIFY).11

5. How much was the total charge for this visit on (DATE), including any amounts that may be paid by health insurance, Medicare, Medicaid or other sources?

A. Why was there no charge for this visit?

5 \$ _____ (6)
No charge.01(A)
Included with other charges.02 (FF (RV))
Don't know94(6)
A Welfare/Medicaid paid. .01(RV)
Included with other charges.02 (FF (RV))
Free from provider . . .03(8)
Other source(s) will pay.04(8A)

6. How much of the (CHARGE) charge for the visit did or will you (or your family) pay?

6 Partial \$ _____ %
Total charge01
None00(C BOX)

DENTAL VISIT

7. Do you expect any source to reimburse or pay you back?

A. Who will reimburse or pay you back? ENTER UNDER "SOURCE". Anyone else?

B. How much did or will (EACH SOURCE) reimburse or pay you back?

VISIT A

PERSON _____ # _____

7 Yes. 01(A)
No 02(C BOX)

A	SOURCE	AMOUNT
&		\$ %
B		\$ %
		\$ %

C BOX	CODE ONE: TOTAL CHARGE PAID IN Q. 6 PARTIAL OR NONE PAID IN Q. 6
-------	--

C BOX Total Charge Paid. . . . 01(RV)
Partial or None Paid . . . 02(8)

8. Did or will anyone else pay for this visit?

A. Who else paid or will pay? ENTER UNDER "SOURCE". Anyone else?

B. How much did or will (EACH SOURCE) pay?

8 Yes. 01(A)
No 02(RV)

A	SOURCE	AMOUNT
&		\$ %
B		\$ %
		\$ %

RV	IF RESPONDENT VOLUNTEERED THAT THIS VISIT IS ONE OF REPEATED VISITS BY (PERSON) TO THE SAME DENTIST FOR ORTHODONTIA, <u>AND</u> ANSWER TO Q. 3 IS "NO", ASK Q's. 9 THROUGH 12. OTHERWISE GO TO NEXT VISIT.
----	--

9. We have already talked about (NUMBER) of (PERSON'S) dental visits. How many of the remaining (REMAINING NUMBER) visits were for orthodontia?

9 Visits
None 00(NV)

10. Of those (ANSWER TO Q. 9) visits, how many cost the identical amount as the visit you just told me about?

10 Visits (11)
 Visits included in same FF (12)
None 00(NV)

11. Of those (ANSWER TO Q. 10) visits, how many were paid for in the same way?

11 Visits
None 00(NV)

12. Not counting the visit on (DATE) you just told me about, what were the dates of the other (ANSWER TO Q. 11) visits?

12 1) _____ / _____ 6) _____ / _____
Month/Date Month/Date
2) _____ / _____ 7) _____ / _____
Month/Date Month/Date
3) _____ / _____ 8) _____ / _____
Month/Date Month/Date
4) _____ / _____ 9) _____ / _____
Month/Date Month/Date
5) _____ / _____ 10) _____ / _____
Month/Date Month/Date

EMERGENCY ROOM VISIT

Person Name: _____ # _____

(You told me that (PERSON) visited an emergency room (NUMBER) times since (REF. DATE).)

1. On what date did (PERSON) [first/next] go to a hospital emergency room since (REF. DATE)?

_____/_____/_____
 Month / Date

2. What is the name of the hospital and in what city and state is it located?

Name: _____
 _____/_____
 City / State

3. What condition or problem caused (PERSON) to go to the emergency room? Any other condition?

Condition	COND. #
_____	CC
_____	CC
_____	CC
_____	CC

4. At the time (PERSON) went to the emergency room for (CONDITION) was there a threat to life if (PERSON) did not receive treatment within an hour?

Yes 01(6)
 No 02(A)

A. At the time, did (PERSON) need care within a few hours to prevent (CONDITION) from becoming serious?

Yes 01
 No 02

RECORD VERBATIM RESPONSE TO Q. 5 HERE:

5. What was the main reason (PERSON) went to an emergency room, rather than to some other place for medical care?

Other medical care not available at that time.01
 Best or right place to go for that condition02
 Goes to emergency room for all or most medical care needs. . .03
 Other (SPECIFY).04

6. Did (PERSON) have surgery or stitches or any broken bones set?

Yes01
 No 02

	<u>Yes</u>	<u>No</u>
7. Were any X-rays taken during this visit on (DATE)?	01	02

8. Were any laboratory tests such as a blood test, urinalysis, culture or other kind of test done?	01	02
--	----	----

9. Was an EKG, EEG, (a pap smear) or any other diagnostic procedure done?	01	02
---	----	----

10. How much was the total charge for this visit on (DATE) including any amounts that may be paid by health insurance, Medicare, Medicaid or other sources? Include any separate bills for doctors, [X-rays/laboratory tests/diagnostic procedures].

\$ _____ (11)
 No charge. 02(A)
 Included with other charges. 03(FF____(14))
 Don't know 94(11)

A. Why was there no charge for this visit?

Welfare/Medicaid paid. . . . 01(14)
 Included with other charges. 02(FF____(14))
 Free from provider 03(13)
 Other source(s) will pay . . 04(13A)

11. How much of the (CHARGE) charge for the visit did or will you (or your family) pay?

Partial \$ _____ %
 Total Charge. 01
 None. 00(C BOX)

12. Do you expect any source to reimburse or pay you back?

Yes 01(A)
 No. 02(C BOX)

A

B

Who will reimburse or pay you back? ENTER BELOW. Anyone else?

How much will (EACH SOURCE) reimburse or pay you back?

SOURCE	AMOUNT
	\$ _____ %
	\$ _____ %
	\$ _____ %

C BOX	CODE ONE:
	TOTAL CHARGE PAID IN Q. 11 01(14)
	PARTIAL OR NONE PAID IN Q. 11. 02(13)

13. Did or will anyone else pay for this visit? ..

Yes 01(A)
 No. 02(14)

A

B

Who else paid or will pay? ENTER BELOW. Anyone else?

How much did or will (EACH SOURCE) pay?

SOURCE	AMOUNT
	\$ _____ %
	\$ _____ %
	\$ _____ %

14. Was (PERSON) admitted to the hospital as a result of this visit to the emergency room?

Yes 01
 No. 02

IF YES, MAKE SURE A HOSPITAL STAY IS RECORDED IN PROBE PAGES AND V BOX.

S BOX	CODE ONE:
	HHS SAMPLE 01(NV)
	SMHS SAMPLE. 02(15)

15. What is the complete address of this emergency room? What is the zip code?

Street: _____

Zip: _____

16. What is the name of the doctor (PERSON) saw?

Name: _____

Didn't see doctor . . 01(NV)

Don't know. 94(NV)

17. Does (DOCTOR) have an office outside the hospital?

Yes 01(A)

No. 02(NV)

Don't know. 94(NV)

A. What is the complete address of the doctor's office?

Name: _____

Street: _____

City: _____

State: _____ Zip: _____

NEXT VISIT

HOSPITAL OUTPATIENT DEPARTMENT VISIT

(You told me that (PERSON) visited a hospital clinic or hospital outpatient department (NUMBER) times since (REF. DATE).)

VISIT A

PERSON _____ # _____

1. On what date did (PERSON) [first/next] visit a hospital clinic or outpatient department?

1 _____
Month / Date

2. What is the complete name of the hospital and in what city and state is it located?

2 Name: _____

City / State

3. What is the name of the clinic or department (PERSON) went to during the visit on (DATE)? Any other clinic? ENTER NAME IN FIRST AVAILABLE COL. IF DK NAME, ASK: What type of clinic is it?

3 _____
Clinic/Dept. Name or Type

FOR EACH CLINIC, ASK Q's. 4 - 21

4. Did (PERSON) see a medical doctor on that visit?

4 Yes 01(A)
No 02(C)
Don't know 94(5)

A. Is that doctor a general practitioner or a specialist?

A General Practitioner . . . 01(5)
Specialist 02(B)
Don't know 94(5)

B. What is the doctor's specialty?

B Cardiologist 01(5)
Internist 02(5)
OB/GYN 03(5)
Ophthalmologist 04(5)
Orthopedist 05(5)
Pediatrician 06(5)
Psychiatrist 07(5)
Other (SPECIFY) 08(5)

C. What type of medical person did (PERSON) see at (CLINIC NAME)?

C Chiropractor 01
Podiatrist 02
Optometrist 03
Psychologist 04
Social Worker 05
Nurse 06
Physical Therapist 07
Lab Technician 08
Other (SPECIFY) 09

HOSPITAL OUTPATIENT DEPARTMENT VISIT

5. Why did (PERSON) visit the (CLINIC NAME) on (DATE)? CODE ALL THAT APPLY

A. Was this for any specific condition?

B. What was the condition? Any other condition?

C. Did (PROVIDER) discover any condition?

D. What was it? Any other condition? RECORD IN B ABOVE

6. Were any X-rays taken during this visit to (NAME OF CLINIC) on (DATE)?

7. Were any laboratory tests taken such as a blood test, urinalysis, culture, or other kind of test done?

8. Was an EKG, EEG, (a pap smear) or any other diagnostic procedure done?

9. How much was the total charge for this visit on (DATE), including any amounts that may be paid by health insurance, Medicare, Medicaid or other sources? (Include any separate charges for [X-rays/laboratory tests/diagnostic procedures].)

A. Why was there [no/such a small] charge for this visit?

VISIT A

PERSON _____ # _____

5 Diag. or Treat. 01(B)
 General Checkup 02(A)
 Eye Exam (glasses). 03(6)
 Immunization. 04(6)
 Family Planning 05(6)
 Other (SPECIFY) _____ 06(A)

A Yes 01(B)
 No. 02(C)

B & D	Condition	Cond. #
	CC	(6)
	CC	(6)
	CC	(6)
	CC	(6)

C Yes 01(D)
 No. 02(6)

	Yes	No
--	-----	----

6	01	02
---	----	----

7	01	02
---	----	----

8	01	02
---	----	----

9 \$ _____ (10)
 \$3.00 or less 01(A)
 No charge 02(A)
 Included with other charges 03(FF (RV))
 Don't know. 94(10)

A Welfare/Medicaid paid . . . 01(RV)
 Included with other charges 02(FF (RV))
 Free from provider. 03(12)
 Other source(s) will pay. . 04(12A)
 Standard HMO/PHP/Health
 Center charge 05(RV)
 Other 07(10)

HOSPITAL OUTPATIENT DEPARTMENT VISIT

VISIT A

10. How much of the (CHARGE) charge for the visit did or will you (or your family) pay?

PERSON _____ # _____
 10 Partial \$ _____ %
 Total charge.01
 None.00 (C BOX)

11. Do you expect any source to reimburse or pay you back?

A. Who will reimburse or pay you back? ENTER UNDER "SOURCE". Anyone else?

B. How much did or will (EACH SOURCE) reimburse or pay you back?

11 Yes01 (A)
 No.02 (C BOX)

A	SOURCE	AMOUNT
&		\$ %
B		\$ %
		\$ %

C BOX	CODE ONE:
	TOTAL CHARGE PAID IN Q. 10 PARTIAL OR NONE PAID IN Q. 10

C
BOX Total Charge Paid01 (RV)
 Partial or None Paid. . .02 (12)

12. Did or will anyone else pay for this visit?

A. Who else paid or will pay any part of the charge? ENTER UNDER "SOURCE". Anyone else?

B. How much did or will (EACH SOURCE) pay?

12 Yes01 (A)
 No.02 (RV)

A	SOURCE	AMOUNT
&		\$ %
B		\$ %
		\$ %

RV	IF PERSON HAD 2 OR FEWER ADDITIONAL VISITS TO A HOSPITAL CLINIC/DEPARTMENT, GO TO S BOX.
	IF PERSON HAD 3 OR MORE ADDITIONAL VISITS TO A HOSPITAL CLINIC/DEPARTMENT, CHECK Q's. 6, 7 & 8. CODE IN COLUMN.

"YES" WAS ANSWERED IN Q. 6 OR 7 OR 8
 "NO: WAS ANSWERED TO ALL QUESTIONS

RV Yes01 (S BOX)
 No.02 (13)

13. You mentioned that (PERSON) had (NUMBER) visits to a hospital clinic/department. We have already talked about (NUMBER) of those visits. How many of the remaining (REMAINING NUMBER) were also to [HOSPITAL CLINIC/OUTPATIENT DEPARTMENT]?

13 Visits (14)
 None.00 (S BOX)

14. Of those (ANSWER TO Q. 13) visits, how many were also for (CONDITION(S))?

14 Visits (15)
 None.00 (S BOX)

HOSPITAL OUTPATIENT DEPARTMENT VISIT

HOSPITAL OUTPATIENT DEPARTMENT VISIT		VISIT A			
15. Of those (ANSWER TO Q.14) visits, how many cost the identical amount as the visit we just talked about?	15	<input type="checkbox"/> Visits (16) <input type="checkbox"/> Visits included in same FF (17) None 00(S BOX)	PERSON _____ # _____		
16. Of those (ANSWER TO Q. 15) visits, how many were paid for in the same way as the visit you just told me about?	16	<input type="checkbox"/> Visits (17) None 00(S BOX)			
17. How many of the (ANSWER TO Q. 16) visits did not include any X-rays, lab tests or diagnostic procedures?	17	<input type="checkbox"/> Visits(18) All. 00(S BOX)			
18. Not counting the visit on (DATE) you just told me about, what were the dates of the other (ANSWER TO Q. 17) visits?	18	1) _____ / _____ 6) _____ / _____ Month / Date Month / Date 2) _____ / _____ 7) _____ / _____ Month / Date Month / Date 3) _____ / _____ 8) _____ / _____ Month / Date Month / Date 4) _____ / _____ 9) _____ / _____ Month / Date Month / Date 5) _____ / _____ 10) _____ / _____ Month / Date Month / Date			
<table border="1" style="width: 100px; border-collapse: collapse;"> <tr> <td style="width: 30px; text-align: center;">S BOX</td> <td> CODE ONE: HHS Sample 01(NV) SMHS Sample. 02(19) </td> </tr> </table>	S BOX	CODE ONE: HHS Sample 01(NV) SMHS Sample. 02(19)			
S BOX	CODE ONE: HHS Sample 01(NV) SMHS Sample. 02(19)				
19. What is the complete address of the hospital clinic or outpatient department?	19		Street: _____ City: _____ State: _____ Zip: _____		
20. What is the name of the doctor (PERSON) saw?	20		Name: _____ Don't know 94(NV)		
21. Does (DOCTOR) have an office outside the hospital?	21	Yes. 01(A) No 02(NV) Don't know 94(NV)			
A. What is the complete address of the doctor's office?	A		Name: _____ _____ Street: _____ City: _____ State: _____ Zip: _____		

HOSPITAL STAY (INPATIENT)

Person Name: _____ # _____ Hospital Stay # _____

You told me that (PERSON) was a patient in a [hospital/nursing home] (NUMBER) times since (REF. DATE).

1. When did (PERSON) enter the [hospital/nursing home] the [first/next] time?

_____/_____/_____
Month / Date / Year

A. When did (PERSON) leave the [hospital/nursing home] that time?

_____/_____/_____
Month / Date / Year

Still there 01(3)

IF COMPLETE DATES GIVEN IN QUESTIONS 1 & 1A SKIP TO QUESTION 3

2. How many nights was (PERSON) in the [hospital/nursing home]?

_____ nights
None 00(4)

3. Were these days in the [hospital/nursing home] included in the number of days (PERSON) spent in bed that you told me about earlier in the interview?

Yes 01
No 02(ADD THESE DAYS TO Q. 1 IN DISABILITY DAYS SECTION AND ASK APPLICABLE QUESTIONS)

4. What is name and address of this [hospital/nursing home]?

Name: _____
Street: _____
City: _____
State: _____ Zip: _____

5. For what condition did (PERSON) enter the [hospital/nursing home]? Was there any other condition?

CONDITION	COND. #
CC	(6)
CC	(6)
CC	(6)
CC	(6)

Delivery 01(A)
Newborn baby 02(B)
Other 03(6)

A. FOR DELIVERY, ASK: Was this a normal delivery?

Yes 01(6)
No 02(C)

B. FOR NEWBORN, ASK: Was the baby normal at birth?

Yes 01(6)
No 02(C)

C. What was the matter?

CONDITION	COND. #
CC	
CC	
CC	
CC	

6. Were any operations performed on (PERSON) during this stay in the [hospital/nursing home]?

Yes 01(A)
No 02(7)

A. What was the name of the operation?
IF NAME OF OPERATION IS NOT KNOWN, DESCRIBE WHAT WAS DONE.
Were there any other operations during this stay?

Name: _____

Name: _____

Name: _____

HOSPITAL STAY (INPATIENT)

- | | | |
|--|------------|-----------|
| | <u>Yes</u> | <u>No</u> |
| 7. Were any X-rays taken during this [hospital/nursing home] stay? | 01 | 02 |
| 8. Were any laboratory tests such as a blood test, urinalysis, culture or other kind of test done? | 01 | 02 |
| 9. Was an EKG, EEG, (a pap smear) or any other diagnostic procedure done? | 01 | 02 |

IF STILL IN HOSPITAL, GO TO NEXT HOSPITAL STAY OR NEXT SECTION.

10. How much was the total [hospital/nursing home] charge for this stay, including any amounts that may be paid by health insurance, Medicare, Medicaid or other source? (Include any charges for [X-rays/laboratory tests/diagnostic procedures], but) do not include separate charges for doctors or surgeons.

- \$ _____ (11)
 No Charge. 02(A)
 Included with other charges. .03(FF _____ (14))
 FOR NEWBORNS ONLY: Included
 in mother's bill
 (Person # _____). 04(15)
 Don't know 94(11)

A. Why was there no charge for this hospital stay?

- Welfare/Medicaid paid. 01(14)
 Included with other charges. .02(FF _____ (14))
 Free from provider 03(13)
 Other source(s) will pay . . .04(13A)
 FOR NEWBORNS ONLY: Included
 in mother's bill
 (Person # _____). 06(15)

11. How much of the (CHARGE) charge for the stay did or will you (or your family) pay?

- Partial \$ _____ %
 Total Charge 01
 None 00(C BOX)

12. Do you expect any source to reimburse or pay you back?

- Yes 01(A)
 No. 02(C BOX)

<u>A</u> Who will reimburse or pay you back? ENTER BELOW. Anyone else?	<u>B</u> How much will (EACH SOURCE) reimburse or pay you back?
SOURCE	AMOUNT
	\$ _____ %
	\$ _____ %
	\$ _____ %

C BOX	CODE ONE: TOTAL CHARGE PAID IN Q. 11. 01(14) PARTIAL OR NONE PAID IN Q. 11 02(13)
----------	---

13. Did or will anyone else pay for this hospital stay?

- Yes 01(A)
 No. 02(14)

<u>A</u> Who else paid or will pay any part of the charge for this stay? ENTER BELOW. Anyone else?	<u>B</u> How much <u>did</u> or <u>will</u> (EACH SOURCE) pay?
SOURCE	AMOUNT
	\$ _____ %
	\$ _____ %
	\$ _____ %

CODE ONE: "YES" WAS ANSWERED IN Q. 7, 8, OR 9 . . .01(14) "NO" WAS ANSWERED IN Q. 7, 8, AND 9 . . .02(15)

14. How much were the charges for the [X-rays/laboratory tests/diagnostic procedures]?

- \$ _____ (15)
 Don't know or no separate charge. 94(15)

HOSPITAL STAY (INPATIENT)

15. Were there any doctors or surgeons who treated (PERSON) and from whom there was a separate charge?

Yes 01(A)
 No 02(B)

A. What are the names of all the doctors or surgeons who treated (PERSON) and from whom there was a separate bill? ENTER EACH NAME IN SEPARATE DR. COLUMN. IF MORE THAN ONE DOCTOR IS INCLUDED IN A SINGLE CHARGE, LIST ON SEPARATE LINES IN ONE DOCTOR COLUMN.

B. Were there any other doctors who treated (PERSON) such as anesthesiologists, pathologists, radiologists, or psychiatrists from whom there was a separate charge?

Yes 01(C)
 No 02(16)

C. Who was that? ENTER NAME OR TYPE OF DOCTOR IN NEXT AVAILABLE DR. COLUMN(S).

DOCTOR A

Name or Type

15
A
&
C

16. CODE ONE:

DOCTOR(S) REPORTED IN Q. 15 01(17-22 FOR EACH DOCTOR)
 NO DOCTOR(S) REPORTED IN Q. 15. 02(NEXT STAY OR NEXT SECTION)

CODE OR ASK:

17. What type of doctor is (NAME OR TYPE)?

- 17
- General Practitioner . 01
 - Anesthesiologist . . . 02
 - Cardiologist 03
 - Internist. 04
 - OB/GYN 05
 - Ophthalmologist. . . . 06
 - Orthopedist. 07
 - Pathologist. 08
 - Pediatrician 09
 - Psychiatrist 10
 - Radiologist. 11
 - Other (SPECIFY). . . . 12

18. How much was the total charge for (DOCTOR) including any amounts that may be paid by health insurance, Medicare, Medicaid, or other sources?

18 \$ _____ (19)
 Included with other charges. 01(FF (22))
 Don't know 94(19)

19. How much of the (CHARGE) for the doctor did or will you (or your family) pay?

19 Partial \$ _____ %
 Total charge 01
 None 02(C BOX)

HOSPITAL STAY (INPATIENT)

20. Do you expect any source to reimburse or pay you back?

A. Who will reimburse or pay you back? ENTER UNDER "SOURCE". Anyone else?

B. How much will (EACH SOURCE) reimburse or pay you back? ENTER UNDER AMOUNT.

DOCTOR A									
20	Yes. 01(A) No 02(C BOX)								
A & B	<table border="1"> <thead> <tr> <th>SOURCE</th> <th>AMOUNT</th> </tr> </thead> <tbody> <tr> <td></td> <td>\$ %</td> </tr> <tr> <td></td> <td>\$ %</td> </tr> <tr> <td></td> <td>\$ %</td> </tr> </tbody> </table>	SOURCE	AMOUNT		\$ %		\$ %		\$ %
SOURCE	AMOUNT								
	\$ %								
	\$ %								
	\$ %								

C BOX	CODE ONE: TOTAL CHARGE PAID IN Q. 19. PARTIAL OR NONE PAID IN Q. 19.
-------	--

C BOX	Total Charge Paid. . . . 01(S BOX) Partial or None Paid . . . 02(21)
-------	---

21. Did or will anyone else pay for this doctor's charge?

A. Who else paid or will pay? ENTER UNDER "SOURCE". Anyone else?

B. How much did or will (EACH SOURCE) pay?

DOCTOR A									
21	Yes. 01(A) No 02(S BOX)								
A & B	<table border="1"> <thead> <tr> <th>SOURCE</th> <th>AMOUNT</th> </tr> </thead> <tbody> <tr> <td></td> <td>\$ %</td> </tr> <tr> <td></td> <td>\$ %</td> </tr> <tr> <td></td> <td>\$ %</td> </tr> </tbody> </table>	SOURCE	AMOUNT		\$ %		\$ %		\$ %
SOURCE	AMOUNT								
	\$ %								
	\$ %								
	\$ %								

S BOX	HHS SAMPLE 01(NEXT DR.) SMHS SAMPLE. 02(D BOX)
-------	---

D BOX	CODE ONE: INDICATE IF DOCTOR'S NAME IS KNOWN. DOCTOR'S NAME NOT KNOWN.
-------	--

	Name known 01(22) Name not known 02(NEXT DR.)
--	--

22. Does (DOCTOR) have an office outside of the hospital?

A. What is the complete address of (DOCTOR'S) office?

22	Yes. 01(A) No 02(NEXT DR.)
A	Name: _____ Street: _____ City: _____ State: _____ Zip: _____

GO TO NEXT DOCTOR

AFTER ASKING FOR ALL DOCTORS, GO TO NEXT STAY.
IF NO OTHER STAYS, GO TO NEXT SECTION.

MEDICAL PROVIDER VISIT

Person Name _____ # _____

[Besides the visits we already talked about/You told me that (PERSON) had seen a medical person (NUMBER) times since (REF. DATE).]

1. On what date did (PERSON) [first/next] see a medical person?

_____/_____
MONTH / DATE

2. Where did (PERSON) see the medical person on (DATE), at what type of place -- was it a clinic, hospital, doctor's office, or some other place?

- | | |
|--|---|
| <u>IF CLINIC, ASK:</u>
Was it a hospital outpatient clinic, a company clinic, or some other kind of clinic? | Doctor's office or group practice.01 |
| | Doctor's clinic.02 |
| | Neighborhood/Family Health Center.03 |
| | Company clinic04 |
| | School clinic.05 |
| <u>IF SOME OTHER PLACE, ASK:</u>
Where was this? | Other clinic06 |
| | Home07 |
| | Laboratory08 |
| | Hospital outpatient clinic, hospital inpatient, emergency room.09 (INSTRUCTION BOX) |
| | Other (SPECIFY)10 |

INSTRUCTION BOX	MAKE SURE A HOSPITAL STAY, EMERGENCY ROOM OR HOSPITAL OUTPATIENT VISIT HAS BEEN COMPLETED FOR THIS DATE. INVALIDATE THIS PAGE AND GO TO NEXT VISIT.
-----------------	---

3. A. What is the name of the medical person (PERSON) saw on (DATE)?

Provider's Name

B. What is the name of the medical place (PERSON) went to on (DATE)? In what city and state is it located?

Place Name

_____/_____
City / State

4. Did (PERSON) see a medical doctor on that visit?

- Yes.01(A)
- No02(C)
- Don't know94(5)

A. Is the doctor a general practitioner or a specialist?

- General practitioner01(5)
- Specialist02(B)
- Don't know94(5)

B. What is the doctor's specialty?

- | | |
|--------------------------|-----------------------|
| Cardiologist. . . .01(5) | Orthopedist. . .05(5) |
| Internist02(5) | Pediatrician . .06(5) |
| OB/GYN.03(5) | Psychiatrist . .07(5) |
| Ophthalmologist . .04(5) | Other (SPECIFY).08(5) |

C. What type of medical person did (PERSON) see?

- | | |
|--------------------------|-----------------------|
| Chiropractor. . . .01(5) | Social Worker. .05(5) |
| Podiatrist. . . .02(5) | Nurse.06(D) |
| Optometrist03(5) | Phy. Therapist .07(D) |
| Psychologist. . . .04(5) | Other (SPECIFY).08(D) |

D. Does (MEDICAL PERSON) work for or with a doctor?

- Yes.01
- No02
- Don't know94

MEDICAL PROVIDER VISIT

5. Why did (PERSON) visit (PROVIDER) on (DATE)? CODE ALL THAT APPLY.

- | | |
|--------------------------|-----------------------|
| Diag. or treatment.01(B) | Immunization . .04(6) |
| General checkup . .02(A) | Family Planning.05(6) |
| Eye examination | Other (SPECIFY).06(A) |
| for glasses03(6) | |

A. Was this for any specific condition?

- Yes01(B)
 No.02(C)

B. For what condition did (PERSON) visit (PROVIDER) on (DATE)? Any other condition?

CONDITION	COND.#
	CC (6)
	CC (6)
	CC (6)
	CC (6)

C. Did (PROVIDER) discover any condition?

- Yes01(D)
 No.02(6)

D. What was it? RECORD IN B ABOVE. Any other condition?

	Yes	No
6. Were any X-rays taken during this visit on (DATE)?	01	02
7. Were any laboratory tests such as a blood test, urinalysis, culture, or any other kind of test done?	01	02
8. Was an EKG, EEG, (a pap smear) or any other diagnostic procedure done?	01	02

9. How much was the total charge for this visit on (DATE), including any amounts that may be paid by health insurance, Medicare, Medicaid, or other sources? (Include any separate bill for [X-rays/laboratory tests/diagnostic procedures].)

- \$ _____ (10)
 \$3.00 or less. 01(A)
 No charge. 02(A)
 Included with other charges. . . 03(FF____(RV))
 Don't know 94(10)

A. Why was there [no/such a small] charge for this visit?

- Welfare/Medicaid paid. 01(RV)
 Included with other charges. . . 02(FF____(RV))
 Free from provider 03(12)
 Other source(s) will pay 04(12A)
 Standard HMO/PHP/Health Center charge 05(RV)
 Other. 07(10)

10. How much of the (CHARGE) charge for the visit did or will you (or your family) pay?

- Partial \$ _____ %
 Total Charge 01
 None 00(C BOX)

11. Do you expect any source to reimburse or pay you back? Yes . . . 01(A)
 No. . . . 02(C BOX)

A.		B.	
Who will reimburse or pay you back? ENTER BELOW. Anyone else?		How much will (EACH SOURCE) reimburse or pay you back?	
SOURCE		AMOUNT	
		\$	%
		\$	%
		\$	%

MEDICAL PROVIDER VISIT

C BOX	CODE ONE:
	TOTAL CHARGE PAID IN Q. 10. 01(RV)
	PARTIAL OR NONE PAID IN Q. 10 02(12)

12. Did or will anyone else pay for this visit?

Yes 01(A)
 No. 02(RV)

A.	B.
Who else paid or will pay any part of the charge? ENTER BELOW. Anyone else?	How much did or will (EACH SOURCE) pay?
SOURCE	AMOUNT
	\$ %
	\$ %
	\$ %

RV	IF PERSON HAS FEWER THAN 5 ADDITIONAL VISITS TO A MEDICAL PROVIDER, GO TO S BOX.
	IF PERSON HAD 5 OR MORE ADDITIONAL VISITS TO MEDICAL PROVIDER, CHECK Q's. 6, 7 & 8, CODE BELOW. "YES" WAS ANSWERED IN Q. 6, OR 7 OR 8. .01(S BOX) "NO" WAS ANSWERED TO ALL QUESTIONS . . .02(13)

You mentioned that (PERSON) had (NUMBER) medical visits.

13. We have already talked about (NUMBER) of those visits. How many of the remaining (REMAINING NUMBER) were also to (PROVIDER/PLACE)?

_____ visits(14)
 None.00(S BOX)

14. Of those (ANSWER TO Q. 13) visits, how many were also for (CONDITIONS)?

_____ visits(15)
 None.00(S BOX)

15. Of those (ANSWER TO Q. 14) visits, how many cost the identical amount as the visit you just told me about?

_____ visits(16)
 _____ visits included in FF _____(17)
 None.00(S BOX)

16. Of those (ANSWER TO Q. 15) visits, how many were paid for in the same way as the visit you just told me about?

_____ visits(17)
 None.00(S BOX)

17. How many of the (ANSWER TO Q. 16) visits did not include any X-rays, lab tests, or diagnostic procedures?

_____ visits(18)
 All00(S BOX)

18. Not counting the visit on (DATE) you just told me about, what were the dates of the other (ANSWER TO Q. 17) visits?

- | | | |
|--------------------------|---------------------------|---------------------------|
| 1) _____ / _____ / _____ | 6) _____ / _____ / _____ | 11) _____ / _____ / _____ |
| Month / Date | Month / Date | Month / Date |
| 2) _____ / _____ / _____ | 7) _____ / _____ / _____ | 12) _____ / _____ / _____ |
| Month / Date | Month / Date | Month / Date |
| 3) _____ / _____ / _____ | 8) _____ / _____ / _____ | 13) _____ / _____ / _____ |
| Month / Date | Month / Date | Month / Date |
| 4) _____ / _____ / _____ | 9) _____ / _____ / _____ | 14) _____ / _____ / _____ |
| Month / Date | Month / Date | Month / Date |
| 5) _____ / _____ / _____ | 10) _____ / _____ / _____ | 15) _____ / _____ / _____ |
| Month / Date | Month / Date | Month / Date |

S BOX	CODE ONE:
	HHS SAMPLE.01(NV)
	SMHS SAMPLE02(19)

19. What is the complete address of (PROVIDER/PLACE)?

Place: _____
 Street: _____
 City: _____
 State: _____ Zip: _____

NEXT VISIT

PRESCRIBED MEDICINE

1. Since (REF. DATE) did [you/anyone in the family] buy or obtain any kind of medicine prescribed by a doctor? Yes 01(A)
 No. 02(2)

A. What is the name of the medicine? RECORD IN "a" BELOW. Any other medicine?

2. (Not counting the medicines you just told me about), since (REF. DATE) did [you/anyone in the family] have any prescriptions refilled? Yes 01(A)
 No. 02(3)

A. What is the name of the medicine? RECORD IN "a" BELOW. Any other medicine?

3. (Not counting the medicines you told me about) did [you/anyone in the family] receive any prescribed medicines from a doctor or a clinic to take at home? Yes 01(A)
 No. 02(4)

A. What is the name of the medicine? RECORD IN "a" BELOW. Any other medicine?

4. (Not counting the medicines you told me about) since (REF. DATE) did [you/anyone in the family] get any medicine from a pharmacist or drug store that was prescribed by a telephone call from a doctor? Yes 01(A)
 No. 02(TABLE M)

A. What is the name of the medicine? RECORD IN "a" BELOW. Any other medicine?

IF "NO" IN Q's. 1-4, GO TO NEXT SECTION

TABLE M

ASK "b" THROUGH "n" FOR EACH MEDICINE

a. NAME OF MEDICINE RETURN TO NEXT APPROPRIATE Q. ABOVE.	b. Who was (MEDICINE) prescribed for? Anyone else? USE SEPARATE ROW FOR EACH PERSON. Name #	c. What condition was that for? Any other conditions? CONDITION COND. #	d. On what date was this medicine last obtained for (PERSON)? Month / Date	e. Since (REF. DATE) how many different times was (MEDICINE) obtained for (PERSON)? Times	f. How much was the total charge for this medicine for the (NUMBER) times it was obtained for (PERSON) since (REF. DATE) including any amounts that may be paid by health insurance, Medicare, Medicaid or other sources? \$ _____ (h) \$1.00 or less01(g) No charge02(g) Included with other charges03(FF_NM) Included in Dr. charge.04(NM) Don't know.94(h)	g. Why was there [no/such a small] charge for this medicine? Welf./Medicaid. . .01(NM) Included with other charges . .02(FF_NM) Free from provider.03(L) Other source will pay04(m) Standard HMO/PHP/Health Center Charge.05(NM) Included in Dr. charge.06(NM) Other07(h)
1 [] - [] []	Name #	CC# CC# CC#	Month / Date	Times	\$ _____ (h) \$1.00 or less01(g) No charge02(g) Included with other charges03(FF_NM) Included in Dr. charge.04(NM) Don't know.94(h)	Welf./Medicaid. . .01(NM) Included with other charges . .02(FF_NM) Free from provider.03(L) Other source will pay04(m) Standard HMO/PHP/Health Center Charge.05(NM) Included in Dr. charge.06(NM) Other07(h)
2 [] - [] []	Name #	CC# CC# CC#	Month / Date	Times	\$ _____ (h) \$1.00 or less01(g) No charge02(g) Included with other charges03(FF_NM) Included in Dr. charge.04(NM) Don't know.94(h)	Welf./Medicaid. . .01(NM) Included with other charges . .02(FF_NM) Free from provider.03(L) Other source will pay04(m) Standard HMO/PHP/Health Center Charge.05(NM) Included in Dr. charge.06(NM) Other07(h)

TABLE M

<p>h. How much of this (CHARGE) charge <u>did</u> or <u>will</u> you or your family pay?</p>	<p>i. Do you expect any source to reimburse or pay you back?</p>	<p>j. Who will reimburse or pay you back? Anyone else?</p>	<p>k. How much will (SOURCE) reimburse or pay you back?</p>	<p>C BOX REVIEW Q. h AND CODE ONE:</p>	<p>l. Did or will anyone else pay for this medicine?</p>	<p>m. Who else paid or will pay? Anyone else?</p>	<p>n. How much <u>did</u> or <u>will</u> (SOURCE) pay?</p>
		SOURCE	AMOUNT			SOURCE	AMOUNT
<p>Partial \$ _____ % (i) Total charge.01(i) None.00(C BOX)</p>	<p>Yes . . .01(j) No. . . .02(C BOX) H.K. . . .94(C BOX)</p>	<p>_____ _____ _____</p>	<p>\$ _____ % \$ _____ % \$ _____ %</p>	<p>Total Charge is Coded in Q. h. 01(NM) Partial/None is Coded in Q. h 02(L)</p>	<p>Yes . . .01(m) No. . . .02(NM)</p>	<p>_____ _____ _____</p>	<p>\$ _____ % \$ _____ % \$ _____ %</p>
<p>Partial \$ _____ % (i) Total charge.01(i) None.00(C BOX)</p>	<p>Yes . . .01(j) No. . . .02(C BOX) D.K. . . .94(C BOX)</p>	<p>_____ _____ _____</p>	<p>\$ _____ % \$ _____ % \$ _____ %</p>	<p>Total Charge is Coded in Q. h. 01(NM) Partial/None is Coded in Q. h 02(L)</p>	<p>Yes . . .01(m) No. . . .02(NM)</p>	<p>_____ _____ _____</p>	<p>\$ _____ % \$ _____ % \$ _____ %</p>

PM-57

NON PRESCRIPTION MEDICINE SECTION

Many people buy medicines that do not require a doctor's prescription.

- | | | |
|-------|---|---|
| 1. | Since (REF DATE) did [you/anyone in the family] buy any non-prescription pain relievers such as aspirin or aspirin type pills? | Yes 01(A)
No. 02
Don't Know. 94 |
| A. | Altogether, about how much did [you/your family] spend for pain relievers since (REF. DATE)? | \$ _____
Don't Know. 94 |
| <hr/> | | |
| 2. | Since (REF. DATE) did [you/anyone in the family] buy any over-the-counter or <u>non-prescription</u> cough, cold, or allergy medicines? | Yes 01(A)
No. 02
Don't Know. 94 |
| A. | Altogether, about how much did [you/your family] spend for cough, cold, or allergy medicines since (REF. DATE)? | \$ _____
Don't Know. 94 |
| <hr/> | | |
| 3. | Since (REF. DATE) did [you/anyone in the family] buy any vitamins? | Yes 01(A)
No. 02
Don't Know. 94 |
| A. | Altogether, about how much did [you/your family] spend for vitamins since (REF. DATE)? | \$ _____
Don't Know. 94 |
| <hr/> | | |
| 4. | Did [you/anyone in the family] buy any antacids for gas, indigestion, upset stomach or heartburn without a prescription? | Yes 01(A)
No. 02
Don't Know. 94 |
| A. | Altogether, about how much did [you/your family] spend for antacids since (REF. DATE)? | \$ _____
Don't Know. 94 |
| <hr/> | | |
| 5. | Did [you/anyone in the family] buy any laxative, diarrhea, or hemorrhoid medicine without a prescription? | Yes 01(A)
No. 02
Don't Know. 94 |
| A. | Altogether, about how much did [you/your family] spend for laxative, diarrhea, or hemorrhoid medicines since (REF. DATE)? | \$ _____
Don't Know. 94 |

OTHER MEDICAL EXPENSES

Many people have expenses for special medical equipment.

1. Since (REF. DATE) did you (or anyone in the family) . . .

	<u>Yes</u>		<u>No</u>
A. have any expense for eyeglasses or contact lenses?	01	(CODE "GLASSES" IN "a" BELOW)	02 (B)
B. buy, rent or repair crutches, wheelchairs, walkers, corrective shoes or other orthopedic items?	01	(CODE "ORTHOPEdic ITEMS" IN "a" BELOW)	02 (C)
C. buy or repair a hearing aid?	01	(CODE "HEARING AID" IN "a" BELOW)	02 (D)
D. buy diabetic equipment or supplies (you did not tell me about already), such as insulin, syringes or test paper?	01	(CODE "DIABETIC ITEMS" IN "a" BELOW)	02 (E)
E. have any expense for ambulance service?	01	(CODE "AMBULANCE" IN "a" BELOW)	02 (TABLE O)

IF "NO" IN Q. 1A-E, GO TO NEXT SECTION

TABLE O

ASK "b" THROUGH "f" FOR EACH ITEM

a.	b.	c.	d.	e.	f.
CODE SPECIAL MEDICAL EXPENSES RETURN TO NEXT APPROPRIATE Q. ABOVE.	Who (was/were) the (ITEM) for? Anyone else? (USE SEPARATE ROW FOR EACH PERSON)	What condition was that for? Any other conditions? CONDITION COND.#	On what date was the (ITEM) last obtained or repaired for (PERSON)? Month / Date	How much was the total charge for (ITEM) for (PERSON) since (REF. DATE) including any amounts that may be paid by health insurance, Medicare, Medicaid or other sources? IF "NO CHARGE", DELETE "a-d" AND GO TO NEXT EXPENSE. \$ _____ Included with other charges . . .02 (FF____(NEXT EXP)) Don't know. . .94(f)	How much of this charge <u>did</u> or <u>will</u> you or your family pay? Partial \$ _____ %(g) Total charge . .01(g) None. . .00(C BOX)
1 Glasses01 Orthopedic Items. .02 Hearing Aid03 Diabetic Items. . .04 Ambulance05	NAME _____ # _____	_____ CC# _____ _____ CC# _____ _____ CC# _____	_____ Month / Date	_____ Included with other charges . . .02 (FF____(NEXT EXP)) Don't know. . .94(f)	Partial \$ _____ %(g) Total charge . .01(g) None. . .00(C BOX)
2 Glasses01 Orthopedic Items. .02 Hearing Aid03 Diabetic Items. . .04 Ambulance05	NAME _____ # _____	_____ CC# _____ _____ CC# _____ _____ CC# _____	_____ Month / Date	_____ Included with other charges . . .02 (FF____(NEXT EXP)) Don't know. . .94(f)	Partial \$ _____ %(g) Total charge . .01(g) None. . .00(C BOX)

TABLE O

g. Do you expect any source to reimburse or pay you back?	h. Who will reimburse or pay you back? Anyone else? SOURCE	i. How much will (SOURCE) reimburse or pay you back? AMOUNT	C BOX REVIEW Q. f. AND CODE ONE:	j. Did or will anyone else pay for this?	k. Who else paid or will pay? Anyone else? SOURCE	l. How much did or will (SOURCE) pay? AMOUNT
Yes. . .01(h) No . . .02(C BOX) D.K. . .94(C BOX)	_____ _____ _____	\$ _____ % \$ _____ % \$ _____ %	Total charge is coded in Q. f. .01(NEXT EXP) Partial/None is coded in Q. f. .02(j)	Yes. .01(k) No . .02(NEXT EXP)	_____ _____ _____	\$ _____ % \$ _____ % \$ _____ %
Yes. . .01(h) No . . .02(C BOX) D.K. . .94(C BOX)	_____ _____ _____	\$ _____ % \$ _____ % \$ _____ %	Total charge is coded in Q. f. .01(NEXT EXP) Partial/None is coded in Q. f. .02(j)	Yes. .01(k) No . .02(NEXT EXP)	_____ _____ _____	\$ _____ % \$ _____ % \$ _____ %

CONDITION SECTION - ASK ONLY ABOUT CONDITIONS ENTERED ON CONTROL CARD IN THIS ROUND -- (BELOW LAST REF. DATE)

PERSON NAME: _____ # _____ NAME OF CONDITION: _____ COND.#: _____ [] - [] [] [] []

You said earlier that (PERSON) had (CONDITION).

CODE ONE AND FOLLOW INSTRUCTIONS	
A	Accident or Injury. 01 (7)
BOX	On Card K 02 (6)
	Neither 03 (1)

1. What did the doctor or other medical person say it was -- did he give (CONDITION) a medical name?

Didn't see doctor. 01

2. What was the cause of (CONDITION)?

Accident or injury 01 (7)

3. DO ANY RESPONSES IN Q's. 1 OR 2 INCLUDE AN ENTRY BELOW? Yes. 01(A) No 02(4)

Ailment	Attack	Defect	Growth	Trouble
Anemia	Cancer	Disease	Measles	Tumor
Asthma	Condition	Disorder	Problem	Ulcer
	Cyst		Rupture	

A. What kind of (WORD) is it?

4. ARE ANY RESPONSES IN Q's. 1-3 ALLERGY OR STROKE? Yes. 01(A) No 02(5)

A. How does the [allergy/stroke] affect (PERSON)?

5. DO ANY RESPONSES TO Q's. 1-4 INCLUDE AN IMPAIRMENT, PART OF BODY, OR ANY ENTRY BELOW?

Yes 01(A)
No 02(6)

Abcess	Cancer	Hemorrhage	Palsy	Tumor
Ache (except head or ear)	Cramps (except menstrual)	Infection	Paralysis	Ulcer
Bleeding	Cyst	Inflammation	Rupture	Varicose veins
Blood Clot	Damage	Neuralgia	Sore	Weak
Boil	Growth	Neuritis	Soreness	Weakness
		Pain	Stiff(ness)	

A. What part of the body is affected?

SHOW DETAIL IN Q.5A

HEAD. SKULL, SCALP, FACE	LEG. RIGHT, LEFT, OR BOTH; HIP, UPPER, KNEE, LOWER, ANKLE
BACK, SPINE, OR VERTEBRA UPPER, MIDDLE, LOWER	HAND ENTIRE HAND OR FINGERS ONLY; RIGHT, LEFT OR BOTH
EAR RIGHT, LEFT, OR BOTH; OUTER, MIDDLE, INNER	FOOT ENTIRE FOOT, ARCH, OR TOES ONLY; RIGHT, LEFT OR BOTH.
ARM RIGHT, LEFT, OR BOTH, SHOULDER, UPPER, ELBOW, LOWER, WRIST	SIDE RIGHT OR LEFT

6. When was the (CONDITION) first noticed by (PERSON) or a medical person?

_____ / _____ (10)
MONTH / YEAR

Over 1 year ago. 01 (10)

IF ACCIDENT OR INJURY, ASK Q.'s. 7 THROUGH 9.

7. At the time of the accident, what part of the body was hurt?
Any other part?

A. What kind of injury was it? Anything else?

7	A
Part(s) of body	Kind of Injury

8. What part of the body is affected now? Any other part?

A. How is (PERSON'S PART OF BODY) affected?
Is (PERSON) affected in any other way?

8	A
Part(s) of body	Current Effect

9. When did the accident or injury occur?

_____ / _____
Month / Year

Over 1 year ago 01

10. IS CONDITION AN EYE CONDITION? Yes 01 (A)
No 02 (NC)

A. Can (PERSON) see well enough to read ordinary newspaper print
with glasses with [his/her] . . .

(1) left eye?

Yes 01

No 02

(2) right eye?

Yes 01

No 02

AFTER LAST CONDITION IS COMPLETED, GO TO HEALTH INSURANCE SECTION.

HEALTH INSURANCE SECTION

Medicare is a Social Security health insurance program for disabled persons and for persons 65 years old or over. (People covered by Medicare have a card that looks like this.) (SHOW CARD.)

NOTE: CALLBACK REQUIRED IF 1) MEDICARE COVERAGE NOT KNOWN FOR ANY PERSON, 2) MEDICARE NUMBER NOT OBTAINED, OR 3) PERSON 65 OR OLDER NOT COVERED BY MEDICARE, UNLESS THAT PERSON IS THE RESPONDENT.

1. [Are you/Is anyone in the family] covered by Medicare now? Yes 01(A)
 No. 02(2)

A. Is (EACH PERSON) covered now? CODE IN EACH PERSON'S COLUMN. CHECK AGE BOX ON CC. PROBE IF PERSON 65+ NOT REPORTED.

READ ONLY IN ROUND IN WHICH MEDICARE COVERAGE IS FIRST REPORTED:

B. May I please see the Social Security Medicare card for (PERSON) to determine the type and date of coverage and record the number? The Social Security number is needed to allow (PERSON'S) Medicare records to be easily and accurately located and identified for statistical research purposes. In accordance with the Privacy Act of 1974, provision of (PERSON'S) Social Security number is voluntary and will in no way affect any benefits (PERSON) may be receiving under this program. The National Medical Care Utilization and Expenditure Survey is being conducted under the authority of Section 306 of the Public Health Service Act.

CODE TYPE OF COVERAGE, EFFECTIVE DATE AND CLAIM NUMBER FROM CARD.

PERSON 1

1A Covered 01
 Not covered 02
 Don't know. 94

B Hospital only 01
 Medical & Hospital. 02
 Medical only. 03
 Card not available. 04

Effective Date

<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day	Year

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Claim #					

2. [Are you/Is anyone in the family] now covered by CHAMPUS (which covers both active duty and retired career military personnel, their dependents, and survivors) or CHAMPVA (which covers disabled Veterans, their dependents and survivors)?

Yes 01(A)
 No. 02(3)

A. Who is now covered? CODE IN EACH PERSON'S COLUMN.

2A Covered 01
 Not covered 02

3. [Are you/Is anyone in the family] now covered by the Indian Health Service or other Federal health plan for American Indians or Alaskan natives?

Yes 01(A)
 No. 02(4)

A. Who is now covered? CODE IN EACH PERSON'S COLUMN.

3A Covered 01
 Not covered 02

HEALTH INSURANCE SECTION

PERSON 1

4. [Are you/Is anyone in the family] now covered by [Medicaid/STATE NAME FOR MEDICAID]?

Yes 01(B)
 No. 02(A)

A. ([Do you/Does anyone in the family] now have a [Medicaid/STATE NAME FOR MEDICAID] card (that looks like this?)) (SHOW MEDICAID SAMPLE CARD.)

Yes 01(B)
 No. 02(5)

B. Is (EACH PERSON) now covered? CODE IN EACH PERSON'S COLUMN.

C. May I please [see/check] the [Medicaid/STATE NAME FOR MEDICAID] card(s) for (EACH PERSON) to determine the type and date of coverage and record the number(s)? [IF DATE NOT SHOWN, CODE AS "CURRENT"]

READ ONLY IN ROUND IN WHICH MEDICAID COVERAGE IS FIRST REPORTED:

The Medicaid number is needed to allow (PERSON'S) Medicaid records to be easily and accurately located and identified for statistical research purposes. The provision of (PERSON'S) Medicaid number is voluntary and will in no way affect any benefits (PERSON) may be receiving under this program. The National Medical Care Utilization and Expenditure Survey is being conducted under the authority of the Public Health Service Act.

4B Covered 01
 Not covered 02

C Card available. 01
 # _____
 CODE STATUS:
 Current 02
 Expired 03
 Card not available. 04

Other card seen 05
 PROGRAM NAME _____
 # _____

5. [Are you/Is anyone in the family] now covered by any other public assistance program (besides Medicaid) that pays for medical care?

Yes 01(A)
 No. 02(6)

A. What is the name of the program? Any others? 1. _____
 Name

B. Who is now covered by (PROGRAM NAME)? CODE IN EACH PERSON'S COLUMN. 2. _____
 Name

5 Covered 01
 B Not covered 02

Covered 01
 Not covered 02

6. [Are you/Is anyone in the family] now covered by an insurance plan which pays only for dental care?

Yes 01(A)
 No. 02(7)

A. What is the name of the plan? Any other plan? DENTAL PLAN 1. _____

ASK SEPARATELY FOR EACH PLAN
 B. Is (EACH PERSON) now covered by (PLAN NAME)? DENTAL PLAN 2. _____

6 B EXCLUDE FOR I BOX CODING

Covered 01
 Not covered 02

Covered 01
 Not covered 02

HEALTH INSURANCE SECTION

PERSON 1

7. (Not counting [Medicare/Medicaid/CHAMPUS/CHAMPVA/Indian Health Service]), [Are you/Is anyone in the family] now covered by a health insurance plan which pays for any part of hospital bills, doctor bills, or surgeon bills? Don't include any that pays only for accidents, dread disease or extra cash while in the hospital.

Yes 01(A)
 No. 02(8)

7
C

A. What is the name of the plan? RECORD UNDER PLAN NAMES. Any other plan?

PLAN NAMES

1 _____

B. Is there any other hospital, doctor or surgeon plan that now covers anyone in the family? Any other plan?

2 _____

ASK SEPARATELY FOR EACH PLAN

C. Is (EACH PERSON) now covered under (PLAN NAME)?

3 _____

4 _____

5 _____

PLAN

1 Covered 01
 Not covered 02
 2 Covered 01
 Not covered 02
 3 Covered 01
 Not covered 02
 4 Covered 01
 Not covered 02
 5 Covered 01
 Not covered 02

8. CODE ROUND NUMBER 1 01(I BOX)
 2 02(A)
 3 03(A)
 4 04(A)
 5 05(I BOX)

A. Is this a new Reporting Unit?

Yes 01(I BOX)
 No. 02(EMPLOYMENT SECTION)

I BOX	FOR EACH PERSON - REVIEW MEDICARE (Q. 1A), CHAMPUS-CHAMPVA (Q. 2A), INDIAN HEALTH (Q. 3A), MEDICAID (Q. 4B), OTHER PUBLIC ASSISTANCE PROGRAM (Q. 5B), AND PRIVATE INSURANCE PLANS (Q. 7C) TO DETERMINE IF COVERED. CODE FOR EACH PERSON. DO <u>NOT</u> INCLUDE ANY DENTAL PLANS RECORDED IN Q. 6B.
-------	--

I BOX

Covered 01
 Not covered 02

FOR EACH PERSON NOT COVERED, ASK Q. 9.

9. Many people do not carry health insurance for various reasons (HAND OR READ CARD A). Which of those statements describe why (PERSON) is not covered by any health insurance plans? Any other reasons? CODE ALL REASONS GIVEN IN PERSON'S COLUMN.

9

01 02 03 04 05 06
 07 08 09 10 11 12

13

SPECIFY

IF MORE THAN 1 REASON, ASK:

A. What is the main reason (PERSON) is not covered by any health insurance plan?

A

01 02 03 04 05 06
 07 08 09 10 11 12

13

SPECIFY

HEALTH INSURANCE SECTION

CODE ONE:

INSURANCE PLAN(S) LISTED IN Q. 7 01(RECORD NAME(S) IN COLUMN(S))
 NO INSURANCE PLAN LISTED 02(EMPLOYMENT SECTION)

PLAN #1

Plan Name

CODE M BOX AND ASK Q's. 10 THROUGH 17 FOR ONE PLAN BEFORE ASKING Q's. 10 THROUGH 17 FOR NEXT PLAN.

We would like to review [each/the] plan now. START WITH PLAN #1.

M BOX	QUESTION	M BOX	ANSWERS
	DOES THIS PLAN COVER ANY PERSONS WHO ARE ALSO COVERED BY MEDICARE IN Q. 1?		Yes 01 No. 02(11)
10.	Did you (or someone in your family) get (PLAN NAME) as a supplement to Medicare?	10	Yes 01 No. 02
11.	Does (PLAN NAME) pay any part of hospital expenses?	11	Yes 01 No. 02 Don't Know. 94
12.	Does this plan pay any part of a surgeon's bills?	12	Yes 01 No. 02 Don't Know. 94
13.	Does it pay any part of a doctor's bills for visits in the hospital?	13	Yes 01 No. 02 Don't Know. 94
14.	Does it pay any part of a doctor's bills for visits in the doctor's office?	14	Yes 01 No. 02 Don't Know. 94
15.	Does this plan pay any part of a dentist's bill for routine or regular dental care?	15	Yes 01 No. 02 Don't Know. 94
16.	Not counting any amount that may be paid by any other source, what is the premium or payment that you (and your family) pay for (PLAN NAME)?	16	\$ _____ (A) None. 00 (17)
A.	Is this per week, per month, per year or for some other time period?	A	1 week. 01 2 weeks 02 Monthly 03 Quarterly 04 6 months. 05 Yearly. 06 Other (SPECIFY) 07
17.	Does any other source pay all or part of the premium for this insurance?	17	Yes 01(A) No. 02(NEXT PLAN)
A.	Who else pays all or part of the premium for this insurance?	A	Union 01 Employer. 02 Other 03

EMPLOYMENT SECTION

Now I have a few questions about jobs.

CODE EACH PERSON COLUMN: FOR PERSONS 14 YEARS OR OLDER, ASK Q'S. 1-5 BEFORE GOING TO NEXT PERSON.

		PERSON 1
		14 or Over 01(1) Under 14 02(R BOX)
1.	Since (REF. DATE), how many weeks did (PERSON) work for pay, either full-time or part-time, not counting work around the house? Include paid vacation and paid sick leave.	1 None 00(2) Whole period 01(4) Part of period: _____ weeks 02(2)
2.	Did (PERSON) spend any time looking for work since (REF. DATE)?	2 Yes 01 No 02
3.	What was the <u>main</u> reason (PERSON) did not work (some of the time) since (REF. DATE)? IF MORE THAN ONE RESPONSE, CODE LOWEST NUMBERED RESPONSE.	3 Could not find work. . . . 01 Retired/Too old. 02 Ill, disabled or unable to work: 03 On temporary layoff. . . . 04 Going to school. 05 Taking care of family or home. 06 Wanted some time off . . . 07 Wanted to collect unemployment insurance . 08 Other (SPECIFY). 09 _____
IF "NONE" TO Q. 1, GO TO R BOX.		
4.	Since (REF. DATE), how many hours per week did (PERSON) usually work at [his/her] main job?	4 _____ hours
5.	Did (PERSON) ever have more than one job at the same time since (REF. DATE)?	5 Yes 01(A) No 02(R BOX)
A.	How many weeks since (REF. DATE) did (PERSON) work at more than one job?	A _____ weeks Whole period 01
B.	How many hours per week did (PERSON) usually work at jobs other than the main job?	B _____ hours
R BOX	A. FOR EACH RU MEMBER, INDICATE IF RESPONDED FOR SELF ENTIRELY, PARTLY, OR NOT AT ALL.	A Entirely 01(C) Partly 02(B) Not at all 03(B)
	B. IF PERSON DID NOT RESPOND FOR SELF ENTIRELY, INDICATE PERSON # OF RESPONDENT.	B Person # _____ was Resp. (C) Proxy Respondent 00(C)
	C. AMOUNT OF DATA OBTAINED FOR PERSON IN ENTIRE QUESTIONNAIRE:	C Complete Data. 01(NP) Partial Data 02(NP) Refused all Data 03(NP)

AFTER LAST PERSON
 ROUND 1--GO TO SUPPLEMENT.
 ROUND 2,4--GO TO SUMMARY; THEN TO Pg. 94 OF CORE QUESTIONNAIRE.
 ROUND 3,5--GO TO SUPPLEMENT; SUMMARY; THEN TO Pg. 94 OF CORE QUESTIONNAIRE.

FLAT FEE SECTION

IF A FF HAS PREVIOUSLY BEEN REPORTED FOR RU, ASK Q. 1. OTHERWISE, ENTER "A" IN COLUMN, CODE "FF" SECTION, AND CONTINUE.

1. Is this [visit/hospital stay/service] included in a charge you already told me about, (either in a previous interview or) today?

Yes. Which FF was that? (ENTER FF LETTER AT QUESTION WHERE FF WAS REPORTED. DO NOT RECORD ON THIS FF PAGE.)

No (ENTER FLAT FEE LETTER AND PERSON NAME AND # AND CONTINUE.)

1 Flat Fee Letter: _____

Person _____ # _____

CODE TYPE OF VISITS/SERVICES COVERED BY FLAT FEE. PROBE, IF NECESSARY, TO DETERMINE MOST APPROPRIATE DESCRIPTION.

- FF
- Orthodontia01
 - Other dental care02
 - Surgical care03
 - Physical therapy.04
 - Prescribed medicines.05
 - Tests/diag. procedures.06
 - Pre/post natal care07
 - Eye exam plus glasses/contacts.08
 - Physician's charges09
 - Counseling.10
 - Other (SPECIFY) _____11

2. What was the total amount of the charges, including any amount that may be paid by health insurance, Medicare, Medicaid, or other sources?

2 \$ _____
Don't know.94

3. How much of the (CHARGE) charge did or will you (or your family) pay?

3 Partial \$ _____ %
Total Charge.01
None.00(C BOX)

4. Do you expect any source to reimburse or pay you back?

A. Who will reimburse or pay you back? ENTER UNDER "SOURCE". Anyone else?

B. How much will (SOURCE) reimburse or pay you back?

4 Yes01(A)
No.02(C BOX)

A & B	SOURCE	AMOUNT
		\$ %
		\$ %
		\$ %

C BOX	CODE ONE:	C BOX	Total Charge Paid01(6)
	TOTAL CHARGE PAID IN Q. 3		Partial or None Paid.02(5)
	PARTIAL OR NONE PAID IN Q. 3		

FLAT FEE SECTION

5. Did or will anyone else pay any part of the charge?

A. Who else paid or will pay any part of the charge? ENTER UNDER "SOURCE". Anyone else?

B. How much did or will (EACH SOURCE) pay?

Flat Fee Letter: _____

Person _____ # _____

5 Yes 01(A)
No. 02(6)

		A	B
A & B	SOURCE	AMOUNT	
		\$	%
		\$	%
		\$	%

IF FF FOR PRESCRIBED MEDICINES OR OTHER MEDICAL EXPENSE ITEMS ONLY, SKIP TO FR BOX

6. Did (PERSON) have any visits to the (Doctor/Dentist/MEDICAL PROVIDER) covered by this charge before January 1, 1980.

A. How many visits did (PERSON) have to the (Doctor/Dentist/MEDICAL PROVIDER) before January 1, 1980?

B. Was a hospital stay before January 1, 1980 covered by this flat fee?

6 Yes 01(A)
No. 02(B)

A Visits (B)

B Yes 01
No. 02

FR	RETURN TO THE SECTION OF THE QUESTIONNAIRE WHERE THIS FLAT FEE WAS REPORTED AND ASK NEXT APPROPRIATE QUESTION.
----	--

IN ROUNDS 2 THROUGH 5, AFTER REVIEWING THE SUMMARY, ADMINISTER Q's. 1 THROUGH 4 AS APPROPRIATE.

IF CALENDAR WAS NOT AVAILABLE DURING INTERVIEW, ASK Q. 1

1. Do you still have the calendar that was left during a previous interview? Yes 01 (A)
 No 02 (B)
 Don't Know 94 (B)
- A. It would be helpful if you would keep notes on the calendar and have it handy the next time we speak. (GO TO Q. 2)

CIRCLE ONE CODE FOR EACH NUMBERED ITEM

- B. Did you use any part of it--that is the calendar or the pocket for bills or receipts?
- | | (1)
CALENDAR | (2)
POCKET |
|------------|-----------------|---------------|
| Yes | 01 | 01 |
| No | 02 | 02 |
| Don't know | 94 | 94 |

IF ROUND 5, SKIP TO Q. 3

- C. Would you like to receive another copy of the calendar? Yes 01 (D)
 No 02 (2)
- D. [Here is/I will send you] another copy. If you find the old one, please keep it handy for the next interview.

REFER TO THE LOCATING INFORMATION THAT APPEARS ON THE CONTROL CARD. VERIFY THE NAME, ADDRESS, TELEPHONE NUMBER AND RELATIONSHIP TO RESPONDENT. MAKE ANY NECESSARY CORRECTIONS AND ADDITIONS.

2. Do you still have the change of address card that was left with you during a previous interview? Yes 01 (3)
 No 02 (A)
 Don't know 94 (A)
- A. [Here is/I will send you] another with a pre-paid envelope for mailing, in case you move.

3. On behalf of the National Center for Health Statistics, and the Health Care Financing Administration, I would like to thank you for your help.

IF ROUND 2 INTERVIEW:
 GIVE RESPONDENT \$5.00 AND HAVE RECEIPT SIGNED.

IF ROUND 5 INTERVIEW:
 GIVE RESPONDENT \$10.00 AND HAVE RECEIPT SIGNED.

4. TIME INTERVIEW ENDED: _____ am
 _____ pm

Department of Health and Human Services
Richard R. Schweiker, Secretary

Public Health Service

Edward N. Brandt, Jr., M.D., Assistant Secretary for Health

National Center for Health Statistics

Manning Feinleib, M.D., Dr. P.H., Director

Office of Interview and Examination Statistics Program

E. Earl Bryant, Associate Director

Division of Health Interview Statistics

Robert R. Fuchsberg, Director

Utilization and Expenditure Statistics Branch

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Health Care Financing Administration

Carolyne K. Davis, Administrator

Office of Research and Demonstrations

Bryan R. Luce, Director

Office of Research

Allen Dobson, Acting Director

Division of Beneficiary Studies

Marian Gornick, Acting Director

Larry Corder, Statistician