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VITAL and HEALTH STATISTICS

DATA EVALUATION AND METHODS RESEARCH

Measurement of Personal Health Expenditures

Development and testing of a brief questionnaire on family medical and dental expenditures for use in the Health Interview Survey.

Washington, D.C.

June 1963

U.S. DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
Anthony J. Celebrezze
Secretary

Public Health Service Luther L. Terry Surgeon General



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Under legislation establishing the National Health Survey, the Public Health Service is authorized to use, insofar as possible, the services or facilities of other Federal, State, or private agencies. The methodological study in this report was performed under a contractual arrangement with the National Opinion Research Center, The University of Chicago.

Public Health Service Publication No. 1000-Series 2-No. 2

The Health Interview Survey of the National Health Survey (NHS) is designed to collect information on illness, accidental injuries, a variety of measures of disability, and hospitalization experience as well as the demographic and social characteristics of members of the families that come into the sample. The collection of data on personal health expenditures in a general purpose health interview such as this presents many problems.

One difficulty is that a detailed interview on family health expenditures could make the entire interview too long and detract from the reliability of many items since the interview sometimes takes up to an hour and ranges over a variety of topics-both the regular topics mentioned above and special topics that are added from time to time. Furthermore, the kind of data needed on health expenditures includes as an essential part statistics on the frequency distribution of annual expenditures for families and persons. This means that the questions must cover expenditures for the entire year before the date of interview. Recall of minor expenses for a period as long as a year is subject to much error. (Repeated visits to the same family would seem the obvious solution, but the Health Interview Survey plan at the present time calls for interviewing each family only once.)

Despite these problems, it was felt that the Health Interview Survey could make a contribution to statistics on this topic if the objective was limited to estimates of the total bill for all health expenditures for each person. Only major subitems such as hospital care would be shown separately, and these only if there was evidence indicating their validity. Emphasis in the analysis would be placed on families and individuals with large annual expenditures—the right-hand tail of

the frequency distribution. For this and for breakdowns of the population by age, sex, and residence, the Health Interview Survey sample would have an advantage due to its relatively large size—roughly 10,000 different households each quarter.

Consequently, the National Health Survey made a contract with the National Opinion Research Center (NORC) of the University of Chicago to develop a brief set of questions which could be used to classify families and individuals into broad classes according to the amount of their personal health expenditures. Working with the Bureau of the Census, which carries out the Health Interview Survey on behalf of the National Health Survey, NORC was then to test the questionnaire in the field. NORC had previously conducted two detailed cost studies in collaboration with the Health Information Foundation. 1 and the results from these studies suggested that the methods used could serve as a good basis for further developmental work.

The basic plan of the study was to use a criterion source of information with which to compare the yield of the abbreviated questions on expenditures. This was accomplished by a design in which the original health interview, which included the proposed new questions, was carried out in a sample of households, and a subsequent intensive interview was conducted in the same

¹Odin W. Anderson, Patricia Collette, and Jacob J. Feldman, 'Family Expenditure Patterns for Personal Health Services;' Health Information Foundation. Research Series 14, 1960.

households. This latter interview was essentially like that previously used by NORC and it provided a detailed study of expenditures against which the shorter interview would be matched.

An additional feature of the study was an investigation of the relative effectiveness of securing data by means of a direct interview and a self-enumeration questionnaire.

The questionnaire that was tested incorporated the proposals of NORC with certain modifications suggested by the staffs of the Bureau of the Census and the National Health Survey. The interview was carried out by Census interviewers

under the supervision of that agency. The second or criterion interview was administered by NORC staff, and the analysis of results including a detailed report on the study was also the responsibility of NORC.

For those methodological studies which the National Health Survey initiates but does not directly conduct, staff members are assigned to provide liaison with the research organization and to convey the viewpoint of the National Health Survey. For this study Mr. Elijah L. White provided the liaison, and he also edited the contractor's report for the present publication.

CONTENTS

Pre	face	
I.	Study De	esign
	Introd	luction
	Revie	w of Previous Research on Medical Care Costs
	Specif	ications for the Study
	Interv	riewing Design
	Brief	Description of Interviews
II.	_	S
		alues of Personal Health Expenses
		quency Distributions of Personal Health Expenses
		Health Expenses
	_	tal Overnight Expenses
		tal—Not Overnight Expenses
		r Expenses
		ine Expenses
		l Expenses
	Other	Health Expenses
		ifferences in Frequency Distributions of Personal
	Health	Expenses
	Reportin	ng of Personal Health Expenses in Relation to Personal
	Sex	***************************************
	Age	
	Educa	tion of Family Head
		of Major Discrepancies
		ight Hospitalizations
		vernight Hospitalization
		r Expenses
		ine Expenses
		Expenses
		her Health Expenses
III.	Conclusi	ons and Recommendations
App	endix I.	Questionnaires Used in Study
• •	Α.	Supplemental Questions Used in the National Health Survey
		NHS-4(a) Direct Interview
		NHS-4(b) Self-Enumeration Interview
	В.	Criterion Questionnaire Used by the National Opinion
	ν.	Research Center
		Main Criterion Questionnaire
		Hospital Supplement
		Major Condition Supplement
Appe	endix II.	Detailed Tables Showing Gross Differences in Reported
		Health Expenses

SYMBOLS	
Data not available	
Category not applicable	•••
Quantity zero	-
Quantity more than 0 but less than 0.05	0.0
Figure does not meet standards of reliability or precision	*

PERSONAL HEALTH EXPENDITURES

The following research report was prepared by the National Opinion Research Center of the University of Chicago under contract with the National Health Survey Division, National Center for Health Statistics. Paul N. Borsky, Senior Study Director, and Jacob J. Feldman, Director of Research, directed the project for NGRC and were responsible for the analysis and report presented here. Galen Glockel supervised the field work; J. Robert Banacki was in charge of data processing; and Harold Levy prepared the extensive tabulations.

I. STUDY DESIGN

INTRODUCTION

In contemplating the regular collection of reports on personal medical outlays, the Public Health Service decided that it would like to secure the necessary information by adding a number of supplementary questions to its continuing National Health Survey (NHS) questionnaire. The problem arose as to how many and what kinds of questions were required to achieve a reasonable level of validity. Presumably, the more detailed and precise the probing, the greater the accuracy of the expenditure estimates. For administrative reasons, however, and to avoid an overly lengthy and costly interview, it was necessary to try to minimize the number of different kinds of questions and still maintain an acceptable level of overall validity. The object of this study was to experiment with different approaches in order to test the feasibility of alternative methods.

REVIEW OF PREVIOUS RESEARCH ON MEDICAL CARE COSTS

The first phase in planning this study was to review prior, relevant research. The National Opinion Research Center (NORC) had conducted two national studies of medical care costs, and in collaboration with Columbia University had conducted a special area study of medical costs.

Other universities have conducted special studies, and their experiences and reports were also evaluated.

Special tabulations were prepared from the 1958 national study of NORC. As part of the 1958 sampling procedure, eight overall summary questions that made up the screening questionnaire were asked prior to the very detailed and lengthy personal interview. It was possible, thereby, to compare reports of total family medical care costs as revealed by the short-screening questionnaire with the totals consolidated from the detailed interview. Such a comparison might suggest the efficacy of using a relatively small number of questions in securing medical costs data.

When only three class intervals were used, over 84 percent of all family reports of total medical expenses were the same for summary as for detailed interviews (table 1). About 10 percent of the summary reports of total family expenses were understatements, about 6 percent were overstatements.

Even when as many as seven class intervals were used, about two-thirds of all summary and detailed interview reports were in agreement. The summary form resulted in understatement for about 23 percent of the families and in overstatement for about one-half that percent (table 2).

A detailed evaluation of the cases in which major discrepancies existed between the summary and criterion forms revealed the following major problems in the summary form:

Table 1. Comparison of summary and detailed interview reports of total family medical expenses, by three class intervals: NORC, 1958

	Intervals of expenditure									
Intervals of expenditure	Total		Under \$200		\$20	0-499	\$500+			
	Number	Percent	Number	Percent	Number	Percent	Number	Percent		
Summary interview	Detailed interview									
Tota1	2,207	100.0	1,214	55.0	622	28.2	371	16.8		
Under \$200	1,289	58.3	1,138	51.4	143	6.5	8	0.4		
\$200-499	562	25.5	61	2.8	432	19.6	69	3.1		
\$500+	356	16.2	15	0.8	47	2.1	294	13.3		
Total	2,207	100.0								
Same class interval	1,864	84.4								
Summary less	220	10.0								
Summary greater	123	5.6			,					

Table 2. Comparison of summary and detailed $\frac{1}{1000}$ interview reports of total family medical expenses, by seven class intervals: $\frac{1}{1000}$ NORC, 1958

						Intervals of expenditure										
Intervals of expenditure	Total		Under \$100		\$100-199		\$200-299		\$300-399		\$400-499		\$500-999		\$1,000+	
	Num- ber	Per- cent	Num- ber	Per- cent	Num- ber	Per- cent	Num- ber	Per- cent	Num- ber	Per- cent	Num- ber	Per- cent	Num- ber	Per- cent	Num- ber	Per- cent
Summary interview		Detailed interview														
Total	2,207	100.0	750	34.0	464	21.0	300	13.6	197	8.9	125	5.7	268	12.1	103	4.7
Under \$100	861	39.0	683	30.9	144	6.5	15	0.7	12	0.6	2	0.1	5	0.2	-	-
\$100-199	428 283	19.4 12.8	45 8	2.1 0.4	266	12.1	82 157	3.7 7.1	25 54	1.1 2.4	7 13	0.3	3 12	0.1	2	0,1
\$200-299 \$300-399	187	8.5	6	0.4	7	0.3	28	1.3	84	3.8	42	1.9	20	0.9	_	"
\$400-499	92	4.2	1	-	2	0.1	6	0.3	12	0.6	36	1.6	35	1.6	-	-
\$500-999	257	11.6	5	0.2	5	0.2	1.0	0.4	9	0.4	24	1.1	171	7.8	33	1.5
\$1,000+	99	4.5	2	0.1	3	0.1	2	0.1	1		1	0.1	22	1.0	68	3.1
Total	2,207	100.0														
Same class interval	1,465	66.4														
Summary less Summary greater	506 236	22.8 10.8														
	<u> </u>	L	<u> </u>													

- 1. Inclusion of charges incurred prior to period covered by survey
- 2. Inclusion of free medical care
- 3. Omission of secondor third hospitalization
- 4. Omission of pregnancy hospitalizations
- 5. Omission of anesthetist and surgeon fees
- 6. Omission of medical insurance payments
- 7. Omission of nonprescription drugs
- 8. Omission of routine medical examinations
- 9. Omission of nondoctor treatments and tests
- 10. Duplication of reported charges

Using the experiences from the above analysis and information secured from other studies, a short interview form was developed and pretested in several versions. After consultation with staffs of the Bureau of the Census and the National Health Survey, final forms were developed for the study.

SPECIFICATIONS FOR THE STUDY

After detailed discussions, the following administrative specifications were established for the survey:

- 1. The period covered would be 1 year prior to the short interview
- 2. The short interview should require about 10-15 minutes on the average
- 3. The basic unit for recording medical charges would be the individual member of the household
- 4. Every member regularly residing in the household at the time of the short interview would be enumerated
- 5. Any adult member of an immediate family may respond for other members of the family
- 6. In cases of subfamilies or nonfamily members residing in a household, separate interviews would be secured on the detailed interviews
- 7. Information on total personal health expenses (not payments) incurred during the past year would be secured from totaling major components of expense
- 8. Information on medical care charges would be grouped into four or five class intervals
- Persons covered by complete prepayment medical plans such as the Kaiser Health

- Plan in California and the Health Insurance Plan of Greater New York would be excluded from the study
- 10. To simulate eventual field conditions when the personal health expenditure questions would be incorporated in the National Health Survey, the regular health survey questions would be asked of all respondents participating in this special methodological study at the time of initial interview
- 11. To reduce costs and facilitate field work, a subsample from the urban part of the NHS sample would be selected in such a way that it overlapped NORC's national probability sample of areas

INTERVIEWING DESIGN

Since the Bureau of the Census was expected eventually to administer the medical care expenditure supplement, it was decided to have regular health interviewers conduct the current health interview survey and ask the short form questions. This would provide a realistic field test of the short questionnaire. NORC interviewers would then conduct the longer detailed interview which would be used as the criterion of validity when comparing the responses with the short interview. So that no special efforts would be exerted which might bias the comparisons, the initial interviewers would not be informed of the followup NORC interview.

Since self-enumeration has been found useful in other work of the National Health Survey, it was decided to split experimentally the sample of short interviews with half being directly interviewed and half being given a self-enumeration form. The actual field procedures were as follows:

1. A total of 442 households was selected from the regular NHS sample of primary sampling areas which overlapped with NORC areas. These health interviews were conducted during October 1960. It is important to note that the sample of households used in this study does not represent a national sample, and the population included (mostly urban) is small. Therefore, the data on expenditures should not be used as estimates of national levels of expenditure.

- 2. Half of the sample households were selected at random and given the self-enumeration form of the short interview—the form for this interview is included in Appendix I. The form included a letter to the respondent which briefly described the purposes of the personal health expenditure study and asked that the questionnaire be completed and mailed within 5 days to the Bureau of the Census. (A self-addressed envelope requiring no postage was furnished.) Prior to filling out the form. the respondent was urged to consult other members of the family and to check available records in order to make the report as accurate as possible. At the end of the regular health survey interview, the respondent was asked for his telephone number and told that a callback might be necessary if the information was incomplete.
- 3. The other half of the households was asked the same questions on personal health expenditures as part of the regular health interview survey. These respondents were not asked to check records or to consult with others in the family, and very few actually did. About a week following the health interview, each directly enumerated respondent was sent a letter stressing the importance of more detailed information and asking him to check records and to consult other family members on a suggested list of medical cost items prior to a second interview.
- 4. About 3-4 weeks following the initial interview, NORC interviewers got in touch with the respondents who originally provided the data for both halves of the sample and arranged for a followup criterion interview. The initial contact was with the original respondent, but if told another member of the household was more knowledgeable, the NORC interview was arranged with the better informed person. In many instances, several members of the household contributed information to the NORC interview.
- If the self-enumeration form was not returned within a week or if the form was incomplete and failed to pass a review in

the regional field office, a followup letter, telephone call, or personal contact was made.

Of the 442 assigned families, 402 were subsequently interviewed by NORC. In four cases, however, interviewer reports strongly questioned the validity of the NORC interviews. The respondents were reported as hostile and uncooperative, and a careful review of the answers revealed such discrepancies and conflicts in answers that it was decided to discard these cases from the analysis.

Of all the cases assigned, 91 percent were interviewed by NORC and 90 percent were found to be usable and complete. Only 4 percent were refused or terminated before completion and for the remaining 5 percent, followup contacts were cancelled because of the time and cost involved.

Approximately 10 percent of the families that belonged to the self-enumeration subsample and with which NORC had successfully conducted an interview had not, even after followup, returned their forms by mail. Instead, short-form data pertaining to their health expenses had been collected by phone or personal interview. However, because recourse to such nonresponse procedures would remain necessary in the event that self-enumeration was adopted by the National Health Survey for the collection of health expense information, in all the tabulations presented in this report the individuals in these anomalous families were treated as if their expenses had actually been reported initially through self-enumeration.

In a number of subsequent tables (3-10 and Appendix II), a category labeled "NHS self-enumeration-failed edit" appears. This category is composed of: (1) individuals from families whose mail-returned, self-enumeration forms originally failing edit because of missing or incomplete information were passed after followup; (2) families for which the editorial followup was unsuccessful; (3) families that failed to return the self-enumeration form but were subsequently interviewed by phone or personal visit; and (4) certain other cases shown in the table below. Thus, the "failed edit" rubric is somewhat of a misnomer. About two-fifths of the families in the category were not even subject to the normal editing procedure because the information was collected from them by direct interview rather than self-enumeration. The category in question might well be viewed as

"self-enumeration—problem cases," as can be seen from the detailed breakdown given below of response data for households originally interviewed by NHS and assigned for followup by NORC.

	Number	Percent
Total assigned	442	100
Total assigned		100
Total not completed	<u>44</u>	<u>10</u>
Refusals and breakoffs Too costly to followupNORC data questionable	16 24 4	4 5 1
Total completed	<u>398</u>	<u>90</u>
NHS direct interviewsNHS self-enumeration	193	43
Returned self-enumeration form by mail Passed edit without followup Passed edit after followup Fatled edit—no successful followup Did not return self-enumeration form	146 29 7	33 6 2
by mail Information obtained by phone	16	4
Information obtained by personal interview	4	1
Other Miscellaneous extraordinary cir- cumstances	3	1

In all, detailed reports were obtained by NORC for 1,203 persons, of which short self-enumeration forms were initially secured from 617 and direct interviews were held with 586.

BRIEF DESCRIPTION OF INTERVIEWS

Six questions were asked in both of the shortform questionnaires with the actual language modified to fit self-enumeration and direct interviewing.

A general definition of health expenditures was given on the self-enumeration form with emphasis on exclusion of free care. The exact dates for the year covered in the report were specified at the top of the form. The questions dealt with overnight hospitalizations (in this report overnight hospitalization refers to stays of 1 or more nights); not overnight hospitalizations (the great majority of these stays represents outpatient care); doctor charges; costs of medicine, prescriptions, and tonics; dental costs; and all

other health expenses. Both short forms are included in Appendix I.

The NORC criterion interview was different from that used in most attitude or opinion studies. In most ordinary interviews directed toward understanding personal attitudes and opinions, care is taken to insure absolute privacy for individual interviews; sequences of questions are strictly maintained; questions are standardized; and conflicts in answers are never challenged. Since the goal in this study was to obtain as complete and accurate a record of costs as possible, the presence of and consultation with other family members was encouraged; conflicts in answers were questioned and eliminated; changes in order and language of questions were permitted; and probing was directed to clarifying any ambiguities and inaccuracies in response.

The NORC criterion interview started with questions about hospitalizations. If a person had been hospitalized during the past year, a special detailed supplement was filled out on hospital expenses for each hospitalization. Costs of room and board and other hospital charges were separated from doctor charges before, during, and after hospitalization for a given condition. Expenses for medicine, tests, X-rays, and special equipment were some of the other items separately probed. Then, a series of questions was asked about major illnesses, chronic conditions, and expensive illnesses and a special supplement was completed for each reported major condition. The detail of this supplement paralleled the hospital forms and separated free care from costs levied on the respondent. Expenses paid by the respondent's health insurance or billed to the respondent or his family were covered by the study. Free care was defined as that paid for by workmen's compensation, nonprofit organizations, charitable or welfare groups, government welfare, and military or veteran agencies.

Minor illnesses involving home and office visits were third among the items probed, followed by an enumeration of costs of medicine. A special question dealing with costs of eyeglasses was followed by detailed inquiries on costs of special appliances and equipment. Dental costs were covered by a series of six questions on types of possible treatment. A final question included charges of nondoctor personnel, such as chiropodists, chiropractors, or nurses.

II. FINDINGS

MEAN VALUES OF PERSONAL HEALTH EXPENSES

Overall, the total average personal health expense reported to NORC was \$102.14 per person. The comparable total reported on the short interview forms was \$105.13—only 3 percent more than the amount recorded on the detailed interview. The six separate components of personal health expenses, however, were not as accurately reported on the short questionnaires. Hospital expense not involving overnight stays, as will be discussed later, was a frequently misunderstood category and was generally overstated in the short interview reports. Doctor and dental expenses were also generally overreported in the short forms, offsetting somewhat under statements of overnight hospital stays, medicine, and all other health expenses. In evaluating percent differences, care must be taken to consider the average amounts of each category of expense. For example, since the average expenditure for outpatient care reported to NORC was under \$2.00. an average difference of a small amount would be computed as a sizeable percent difference.

Direct interviewing by NHS produced more accurate overall reporting of medical and dental expenditures. Offsetting differences in average component costs resulted in a chance reporting of identical average total costs on the short NHS interviews and NORC detailed interviews. The pattern of overstatements and understatements on component expenses, however, persisted with doctor, dental, and hospital-not-overnight expenses being overreported on NHS interviews and other health expenses being underreported.

In general, NHS self-enumeration reports showed almost 6 percent higher average total health expenditures. A closer inspection of the data, however, reveals that self-enumeration reports which passed field edit for completeness of reporting were almost 4 percent less than NORC reports, while those which failed field edit were greatly overstated by 23 percent on the average. Of the 617 persons included on self-enumeration reports, 437 passed field edit and 180 did not. Table 3 presents these findings on average expenditures.

NET FREQUENCY DISTRIBUTIONS OF PERSONAL HEALTH EXPENSES

Total Health Expenses

The offsetting of individual overstatements by other understatements produced a remarkable similarity of net frequency distributions in personal health expenses reported on both short forms used by NHS and the detailed interviews of NORC. On the average, NHS cost intervals were less than 1 percent different from NORC reports (table 4).

Direct enumeration by NHS again reflected greater accuracy, but the average differences reported by self-enumeration were only I percent greater than direct interviewing. As expected, the self-enumeration reports that passed edit were almost as accurate as direct interviewing with the fail edit reports accounting for most of the NHS discrepancies.

Hospital Overnight Expenses

With only 9 percent of all persons reporting hospitalizations involving overnight stays, it was not surprising that the average difference in net frequency distributions for these hospitalization expenses was less than half of 1 percent. NHS direct interviews and NHS self-enumeration forms which passed edit were about the same in average net differences. The fail edit forms as expected were the least accurate (table 5).

Hospital-Not-Overnight Expenses

Only about 3 percent of all persons reported care at a hospital not requiring overnight stays. This item was often confused with doctor expenses and will be discussed with other discrepancies more fully in another section. On the average, net frequency distributions differed by approximately 2 percent with the direct interview distribution coming somewhat closer to the criterion than did the self-enumeration. These data are presented in table 6.

Table 3. Reported mean values of personal health expenses reported to NHS and NORC, by type of expenditure: 1960

		_			·				
	Type of expenditure								
Source and type of interview	Hospital Total			Doctor	Medicine	Dental	All other		
	IOCAL	Overnight	Not overnight	Doctor	nearonic	Demoar	Other		
<u>Total</u>									
NORC	\$102.14	\$22.53	\$1.69	\$28.89	\$23.85	\$16.95	\$8.23		
NHS	105.13	20.46	4.74	33.41	20.66	18.30	7.56		
Difference	+\$2.99	-\$2.07	+\$3.05	+\$4.52	-\$3.19	+\$1.35	-\$0.67		
Percent difference	2.9	9.2	180.5	15.6	13.4	8.0	8.1		
NHS direct interview									
NORC	\$100.49	\$21.28	\$0 . 95	\$30.95	\$23.04	\$14.67	\$9.60		
NHS direct	100.49	19.10	2.91	32.36	20.58	17.65	7.90		
Difference	_	-\$2.18	+\$1.96	+\$1.41	-\$2.46	+\$2.98	-\$1.70		
Percent difference	-	10.2	206.3	4.6	10.7	20.3	17.7		
NHS self-enumeration									
NORG	\$103.71	\$23.73	\$2.39	\$26.94	\$24.62	\$19.11	\$6.92		
NHS self	109.53	21.75	6.47	34.41	20.74	18.93	7.23		
Difference	+\$5.82	-\$1.98	+\$4.08	+\$7.47	-\$3.88	-\$0.18	+\$0.31		
Percent difference	5.6	8.3	170.7	27.7	15.8	1.0	4.5		
NHS self-enumer- ation—passed edit									
NORC	\$95.37	\$17.72	\$2.28	\$24.21	\$21.50	\$21.91	\$7 . 75		
NHS	92.00	13.70	4.33	27.50	18.98		6.02		
Difference	-\$3.37	-\$4.02	+\$2.05	+\$3.29	-\$2.52	-\$0.44	-\$1.73		
Percent difference	3.5	22.7	90.0	13.6	11.7	2.0	22.3		
NHS self-enumer- ation—failed edit									
NORC	\$123.94	\$38.31	\$2.66	\$33.57	\$32.19	\$12.31	\$4.91		
NHS	152.09	41.29	11.67	51.18	25.02	12.76	10.17		
Difference	+\$28.15	+\$2.98	+\$9.01	+\$17.61	-\$7.17	+\$0.45	+\$5.26		
Percent difference	22.7	7.8	338.7	52.5	22.3	3.7	107.1		

Table 4. Net frequency distributions of total personal health expenses reported to NHS and NORC, by intervals of expenditure: 1960

NHS intervals of expenditure	NORC	NHS	Difference
All persons, 1,203 respondents			
Total	100.0	100.0	¹ 0.9
Under \$25	41.1 18.0 16.0 16.5 8.4	41.8 16.2 15.6 17.3 9.1	+0.7 -1.8 -0.4 +0.8 +0.7
Direct interview, 586 respondents			
Total	100.0	100.0	¹ 1.0
Under \$25	41.1 18.3 16.0 16.2 8.4	40.0 17.0 17.6 16.9 8.5	-1.1 -1.3 +1.6 +0.7 +0.1
Self-enumeration, 617 respondents Total	100.0	100.0	¹ 1.8
Under \$25	41.0 17.7 16.1 16.8 8.4	43.4 15.4 13.8 17.7 9.7	+2.4 -2.3 -2.3 +0.9 +1.3
Self-enumeration—passed edit, 437 respondents			
Total	100.0	100.0	¹ 1.2
Under \$25	39.6 16.9 17.8 18.1 7.6	40.7 17.8 14.7 19.0 7.8	+1.1 +0.9 -3.1 +0.9 +0.2
Self-enumeration—failed edit, 180 respondents			
Total	100.0	100.0	¹ 4.0
Under \$25	44.4 19.4 11.7	50.0 9.5 11.7	+5.6 -9.9
\$100-299 \$300+	13.9 10.6	14.4 14.4	+0.5 +3.8

¹Total average difference.

Table 5. Net frequency distributions of hospital overnight expenses reported to NHS and NORC, by intervals of expenditure: 1960

·			~
NHS intervals of expenditure	NORC	NHS	Difference
All persons, 1,203 respondents			
Total	100.0	100.0	10.4
No expense	91.0 2.0 2.7 2.0 2.3	90.4 2.6 3.2 1.5 2.3	-0.6 +0.6 +0.5 -0.5
Direct interview, 586 respondents			
Total	100.0	100.0	10.6
No expense	91.6 1.5 2.7 2.3 1.9	90.9 2.1 3.4 1.6 2.0	-0.7 +0.6 +0.7 -0.7 +0.1
Self-enumeration, 617 respondents			
Total	100.0	100.0	10.4
No expense	90.4 2.4 2.6 1.8 2.8	90.0 3.1 2.8 1.4 2.7	-0.4 +0.7 +0.2 -0.4 -0.1
Self-enumeration—passed edit, 437 respondents			
Total	100.0	100.0	¹ 0.6
No expense	91.1 2.5 2.7 1.6 2.1	91.7 3.0 3.0 0.9 1.4	+0.6 +0.5 +0.3 -0.7 -0.7
Self-enumeration—failed edit, 180 respondents			
Tota1	100.0	100.0	¹ 1.4
No expense	88.9 2.2 2.2 2.2 4.5	85.5 3.4 2.9 2.1 6.1	-3.4 +1.2 +0.7 -0.1 +1.6

¹Total average difference.

Table 6. Net frequency distributions of hospital—not overnight expenses reported to NHS and NORC, by intervals of expenditure: 1960

			
NHS intervals of expenditure	NORC	NHS	Difference
All persons, 1,203 respondents			
Total	100.0	100.0	¹ 1.9
No expense	96.7 1.4 0.7 0.6 0.6	91.9 4.0 1.8 1.2	-4.8 +2.6 +1.1 +0.6 +0.5
Direct interview, 586 respondents			
Total	100.0	100.0	¹ 1.6
No expense	96.3 2.4 0.8 0.5	92.8 4.6 1.6 - 1.0	-3.5 +2.2 +0.8 -0.5 +1.0
Self-enumeration, 617 respondents Total	100.0	100.0	¹ 2.5
No expense	97.3 0.5 0.5 0.6 1.1	91.0 3.4 2.1 2.4 1.1	-6.3 +2.9 +1.6 +1.8
Total	100.0	100.0	10 5
No expense	97.5 0.7 0.7 1.1	91.5 3.9 1.8 1.9 0.9	12.5 -6.0 +3.2 +1.8 +1.2 -0.2
Self-enumeration—failed edit, 180 respondents			
Total	100.0	100.0	¹ 2.8
No expense	96.6 1.7 0.6 1.1	89.5 2.2 2.8 3.9 1.6	-7.1 +2.2 +1.1 +3.3 +0.5

¹Total average difference.

Doctor Expenses

Over half of all persons reported some doctor expenses during the past year. On the average, total net frequency distributions varied only about 1 percent. It was interesting to note that the short interviews understated the small expenditures of less than \$25 and tended to overstate slightly the larger categories of expenses. Direct NHS interviews produced the greatest accuracy with the average net frequency difference amounting to less than one-half of 1 percent. Data from interviews which failed edit again showed the greatest variability as shown in table 7.

Medicine Expenses

Net frequency distributions reported on NHS interviews for medicine expenses were only a little over 1 percent different, on the average, from NORC interviews. Direct and self-enumeration interviews which passed edit were about the same, but those which failed edit were consistently less accurate. "Zero" expenditures were combined with those "under \$25" because of an artifact in NORC reporting. In many cases, a family total for nonprescription medicine had to be arbitrarily divided evenly among family members by NORC. On NHS self-enumeration interviews this was not so; thus many more "zero" expenditure discrepancies resulted (table 8).

Dental Expenses

Over one-third of all persons reported some dental expenses with the average net frequency interval difference between NHS and NORC interviews amounting to only 1 percent. Only minor differences are noted in table 9 for the different types of NHS interviews.

Other Health Expenses

Other health expenses included such items as eyeglasses, hearing aids, crutches, braces, and other medical appliances as well as costs for nurses, chiropractors, and other practitioners without a medical degree. On the average, net frequency distributions reported to NHS and NORC were within less than 2 percent of one another.

Direct interviewing was more accurate, but the differences were small as can be seen in table 10.

GROSS DIFFERENCES IN FREQUENCY DISTRIBUTIONS OF PERSONAL HEALTH EXPENSES

Almost two-thirds of all persons reported total medical expenditures in the same class interval in both the short NHS interview and the more detailed NORC interview. Differences, as shown in table 11, were not significant between NHS direct interviews and self-enumeration.

The precise magnitude of the discrepancy between the NHS and NORC interviews for a given category of expenses was quite arbitrary. This magnitude seemed to be a function of the number and size of the class intervals employed and the shape of the expenditures distribution. Since these factors varied, comparisons as to the relative accuracy of the reporting with regard to different types of expenses would not be fruitful.

The level of agreement was artificially high for relatively infrequent types of expenses, like those for hospital care. Hence, the percents of coincident classification exclusive of the "no expense" cell of the diagonal are presented in table 11.

It is interesting to note that in table 12 only 9 percent of all persons reported to NORC and NHS total expenses which were two or more class intervals different. About one-fourth of all persons reported only one class interval difference in total health expenses. Likewise, all categories except doctor expenses showed less than 9 percent of all persons reporting two or more class interval differences. Clearly, most of the discrepancies reported to NHS on the short interview were inaccuracies involving only one class interval difference.

Details on gross differences in reported health expenses for all six categories of expenses are shown in Appendix II.

REPORTING OF PERSONAL HEALTH EXPENSES IN RELATION TO PERSONAL CHARACTERISTICS

In the discussion on net and gross differences in reported frequency distributions of personal

Table 7. Net frequency distributions of doctor expenses reported to NHS and NORC, by intervals of expenditure: 1960

NHS intervals of expenditure	NORC	NHS	Difference
All persons, 1,203 respondents			
Total	100.0	100.0	11.1
No expense	44.3 31.3 9.3 6.8 5.6 2.7	44.5 28.1 10.7 7.3 5.7 3.7	+0.2 -3.2 +1.4 +0.5 +0.1 +1.0
Direct interview, 586 respondents Total	100.0	100.0	1 _{0.5}
	100.0	100.0	
No expense	40.8 32.4 10.5 7.0 6.6 2.7	40.0 32.1 10.2 7.9 6.6 3.2	-0.8 -0.3 -0.3 +0.9 -
Total	100.0	100.0	¹ 2.0
No expense	47.8 30.3 7.9 6.7 4.7 2.6	48.8 24.3 11.2 6.8 4.7 4.2	+1.0 -6.0 +3.3 +0.1 -
Self-enumeration—passed edit, 437 respondents			
Total	100.0	100.0	¹ 1.7
No expense	46.9 29.3 10.1 7.6 4.1 2.0	49.2 24.3 12.1 7.5 4.6 2.3	+2.3 -5.0 +2.0 -0.1 +0.5 +0.3
Self-enumeration—failed edit, 180 respondents			
Total	100.0	100.0	¹ 3.9
No expense	50.0 32.8 2.8 4.4 6.1 3.9	47.7 24.5 8.9 5.0 5.0 8.9	-2.3 -8.3 +6.1 +0.6 -1.1 +5.0

¹Total average difference.

Table 8. Net frequency distributions of medicine expenses reported to NHS and NORC, by intervals of expenditure: 1960

NHS intervals of expenditure	NORC	NHS	Difference
All persons, 1,203 respondents	100.0	100.0	¹ 1.4
Under \$25	73.8 14.4 7.6 4.2	76.5 11.8 7.5 4.2	+2.7 -2.6 -0.1
Direct interview, 586 respondents Total	100.0	100.0	¹ 1.3
Under \$25 \$25-49	73.7 15.0 6.5 4.8	75.4 12.8 7.4 4.4	+1.7 -2.2 +0.9 -0.4
Self-enumeration, 617 respondents	100.0	100.0	¹ 2.0
Under \$25\$25-49\$50-99\$100+	73.9 13.8 8.8 3.5	77.4 10.9 7.6 4.1	+3.5 -2.9 -1.2 +0.6
Self-enumeration—passed edit, 437 respondents Total	100.0	100.0	¹ 1.2
Under \$25 \$25-49 \$50-99 \$100+	75.3 13.3 8.9 2.5	77.1 11.5 8.2 3.2	+1.8 -1.8 -0.7 +0.7
Self-enumeration—failed edit, 180 respondents Total	100.0	100.0	¹ 3.8
Under \$25 \$25-49	70.6 15.0 8.3 6.1	78.3 9.5 6.1 6.1	+7.7 -5.5 -2.2

¹Total average difference.

Table 9. Net frequency distributions of dental expenses reported to NHS and NORC, by intervals of expenditure: 1960

NHS intervals of expenditure	NORC	NHS	Difference
All persons, 1,203 respondents			
Total	100.0	100,0	¹ 1.3
No expense	64.3 20.5 6.3 4.2 4.7	64.3 17.8 8.7 3.7 5.5	-2.7 +2.4 -0.5 +0.8
Direct interview, 586 respondents			1
Total	100.0	100.0	¹ 1.7
No expense \$1-24	64.0 21.9 6.3 4.4 3.4	65.0 18.3 7.8 3.8 5.1	+1.0 -3.6 +1.5 -0.6 +1.7
Self enumeration, 617 respondents Total	100.0	100.0	¹ 1.3
No expense \$1-24	64.5 19.3 6.3 4.1 5.8	63.7 17.3 9.6 3.6 5.8	-0.8 -2.0 +3.3 -0.5
Self-enumeration—passed edit, 437 respondents			
Total	100.0	100.0	11.7
No expense	63.4 17.8 7.4 5.0 6.4	62.9 15.6 11.2 3.4 6.9	-0.5 -2.2 +3.8 -1.6 +0.5
Self-enumeration failed edit, 180 respondents			
Total	100.0	100.0	¹ 1.6
No expense	67.2 22.8 3.9 1.7 4.4	65.5 21.7 5.6 3.9 3.3	-1.7 -1.1 +1.7 +2.2 -1.1

¹Total average difference.

Table 10. Net frequency of other personal health expenses reported to NHS and NORC, by intervals of expenditure: 1960

•			
NHS intervals of expenditure	NORC	NHS	Difference
All persons, 1,203 respondents Total	100.0	100.0	¹ 1.6
No expense	78.0 9.5 8.5 3.1 0.9	81.6 6.3 7.8 3.3 1.0	+3.6 -3.2 -0.7 +0.2 +0.1
Direct interview, 586 respondents Total	100.0	100.0	¹ 1.2
No expense	78.8 8.7 7.7 3.4 1.4	81.7 6.5 7.5 3.1 1.2	+2.9 -2.2 -0.2 -0.3 -0.2
Self-enumeration, 617 respondents Total	100.0	100.0	12,0
No expense	77.3 10.2 9.2 2.8 0.5	81.5 6.2 8.1 3.4 0.8	+4.2 -4.0 -1.1 +0.6 +0.3
Self-enumeration—passed edit, 437 respondents			
Tota1	100.0	100.0	¹ 2.5
No expense \$1-24	75.9 10.3 9.6 3.7 0.5	82.2 5.9 8.7 2.7 0.5	+6.3 -4.4 -0.9 -1.0
Self-enumeration-failed edit, 180 respondents			
Total	100:0	100.0	¹ 2,2
No expense	80.6 10.0 8.3 0.6 0.5	80.0 6.7 6.7 5.0 1.6	-0.6 -3.3 -1.6 +4.4 +1.1

¹Total average difference.

Table 11. Comparison of personal health expenses reported to NORC and NHS according to type of NHS interview and level of agreement, by type of expenditure: 1960

			Type of	expendi	ture.			
Type of NHS interview and level of agreement		Hosp	ital		T			
	Total	Over- night	Not over- night	Doctor	Medi- cine	Dental	Other	
<u>Total</u>			Percent	distrib	ution	•		
Same class intervalNHS greaterNHS less	63.2 19.9 16.9	95.3 2.8 1.9	92.1 6.2 1.7	62.6 20.7 16.7	11.3	81.1 10.7 8.2		
NHS direct interview							:	
Same class intervalNHS greaterNHS less	63.8 20.1 16.1	95.9 2.4 1.7	92.9 5.2 1.9	62.8 20.2 17.0	75.5 11.6 12.9	80.6 10.9 8.5	85.3 4.7 10.0	
NHS self-enumeration								
Same class intervalNHS greaterNHS less	62.6 19.7 17.7	94.6 3.2 2.2	91.6 7.1 1.3	62.8 21.0 16.2	75.1 11.3 13.6	81.9 10.4 7.7	83.1 7.1 9.8	
Adjustment for no expense all persons	sons							
No expenses-NORC-NHSSame class interval with expenses	1 1 1	89.6 5.7 4.7	90.9 1.2 7.9	34.0 28.6 37.4	1 1 1	58.9 22.2 18.9	73.8 10.4 15.8	

Because of the combination of the "no expense" and "\$1-24" class intervals, a meaningful adjustment is not possible for the "total" and "medicine" categories.

Table 12. Percent of persons according to the number of class interval differences and level of agreement in personal health expenses reported to NHS and NORC, by type of expenditure: 1960

	Type of expenditure						
Class interval differences		Hosp	ital				:
and level of agreement	Total	Over- night	Not over- night	Doctor	Medi- cine	Dental	Other
Total One class interval difference from NORC		Percent					
Total	27.7	3.4	4.5	27,9	18.5	14.5	8,8
NHS greaterNHS less	15.5 12.2	2.2	3.3 1.2	15.4 12.5	8.5 10.0	8.0 6.5	2.7 6.1
Two or more class interval differences from NORC							
Total	9.1	1.3	3.4	9.5	6.1	4,4	7.0
NHS greaterNHS less	4.4 4.7	0,6 0,7	2.9 0.5	5.3 4.2	2.8 3.3	2.7 1.7	3.3 3.7

health expenditures, the offsetting of overstatements by understatements of expenses was noted. While this tendency to balance errors in reporting on the short interviews produced desirable overall accuracy, it is important in evaluating the expenses of different population groups to be certain that there are no systematic biases in reporting related characteristics to specific personal characteristics such as sex, age, or education. An analysis of these items which will be presented in this section, revealed no serious biases related to these factors. The class intervals employed for each of the expense categories in this analysis were the same as those which appear in the corresponding sections shown in Appendix II.

Sex

The degree of consistency between the class intervals of the personal health expenditures reported to NHS and those reported to NORC was generally about the same for males and females. For the NHS direct and self-enumeration interviews combined, a difference in the level of class interval coincidence of as much as 5 percent occurred only in the case of expenses for doctor care (table 13). This difference was to some extent an artifact of the lower proportion of females who reported zero expenditures for doctor care.

Age

As can be seen from table 14, there was, in general, little systematic variation between individuals of different ages in the degree of class interval coincidence of the expenses reported for them. A higher level of utilization of the particular type of service by one age group accounted for most exceptions. For instance, there was less agreement between the dental expenses reported to NORC and those reported to NHS for the 15-34 age group than for the other age groups. Thus in the 15-34 year age group, a lower proportion of persons reported zero dental expenses, and there was less probability of coincidence for the "zero-zero" category of reporting in the NHS and NORC interviews.

One result for which there was no ready explanation was the exceptionally low coincidence level of the doctor expenses reported for the oldest age group in the self-enumeration sample.

Since a disproportionate number of the discrepancies appeared to have come from the "problem families"-those who originally failed edit and those who failed to return the self-enumeration form and therefore had to be interviewed by telephone—the finding provided no basis for the improvement of the self-enumeration form itself. It was not clear whether the respondents were basically unreliable or whether questioning by the NHS supervisor of the original self-enumeration response led to an inflation of the expense figures (or greater accuracy than the NORC criterion interview figure). In any event, the discrepancy even for this deviant group did not appear to be so large as to present an insurmountable problem.

Because of the high level of interest in the health expenses for those persons 65 years of age or older, separate tabulations were made for the 55-64 year group and the 65 and over group. These two groups did not appear to differ appreciably in their coincidence level. They have been combined in table 14 because of the extremely small numbers of cases in each of these age-class intervals (112 persons, 55-64 years of age; 103 persons, 65 years and over).

Education of Family Head

Table 15 shows the comparisons between the personal health expenses reported to NHS and those reported to NORC, each individual being classified in terms of the educational attainment of the head of the family of which he was a member. The pattern of response coincidence was quite erratic—so much so that it defied a ready interpretation.

The differences in coincidence level between subgroups were considerably larger when the classification was on the basis of the educational attainment of the head of the family than when it was on the basis of the individual's sex and age. This may have been due to the fact that the sampling variance of the differences between subgroups was probably considerably greater when classified by a characteristic of the family head (or the family as a whole) than when classified by a characteristic of the individual. In the former case all the individuals in a given family, and therefore all the individuals for whom a given informant reported, appeared in the same sub-

Table 13. Comparison of NORC and NHS personal health expenses according to type of expenditure and level of agreement, by sex: 1960

Type of expenditure and level of agreement	Male	Female	
TOTAL EXPENDITURE	Percent di	etribution	
<u>Total</u>	rercent ar	SCIIDUCION	
Number of respondents ¹	573	630	
Same class interval NHS greater NHS less 1	62.0 19.7 18.3	64.1 20.2 15.7	
NHS direct interview			
Number of respondents1	272	312	
Same class intervalNHS greaterNHS lessNHS less	62.5 19.1 18.4	64.7 21.2 14.1	
NHS self-enumeration			
Number of respondents 1	301	318	
Same class intervalNHS greaterNHS less	61.5 20.2 18.3	63.5 19.2 17.3	
HOSPITAL OVERNIGHT			
<u>Total</u>			
Same class intervalNHS greaterNHS less	95.3 2.6 2.1	95.1 3.0 1.9	
NHS direct interview			
Same class intervalNHS greaterNHS less	96.3 1.8 1.9	95.5 2.9 1.6	
NHS self-enumeration			
Same class intervalNHS greaterNHS less	94.4 3.3 2.3	94.7 3.1 2.2	
HOSPITAL—NOT OVERNIGHT			
<u>Total</u>			
Same class intervalNHS greaterNHS less	91.6 6.5 1.9	92.7 5.9 1.4	
NHS direct interview			
Same class intervalNHS greaterNHS less	90.8 6.6 2.6	94.6 3.8 1.6	
NHS self-enumeration			
Same class intervalNHS greaterNHS less	92.4 6.3 1.3	90.9 7.9 1.2	

¹Percentages for each type of expenditure are based on the same number of respondents throughout this table.

Table 13. Comparison of NORC and NHS personal health expenses according to type of expenditure and level of agreement, by sex: 1960-Con.

Tree of amount town and lovel of account	W-1-	77-
Type of expenditure and level of agreement	Male	Female
DOCTOR EXPENSES	Percent di	stribution
<u>Total</u>	rercent ar	SCIIDACION
Same class intervalNHS greater	65.1 17.1	60.5 24.0
NHS less	17.8	15.5
NHS direct interview		
Same class interval NHS greater NHS less NHS less	64.7 15.1	61.2 24.7
NHS less	20.2	14.1
NHS self-enumeration		
Same class intervalNHS greater	65.5 18.9	59.7 23.3
NHS less	15.6	17.0
MEDICINE EXPENSES		
<u>Total</u>		
Same class intervalNHS greaterNHS less	75.6 10.5 13.9	74.9 12.7 12.4
NHS_direct_interview	13.7	12.4
Same class interval	76.9	74.7
NHS greaterNHS less	9.9 13.2	13.1 12.2
NHS self-enumeration		
Same class interval	75.1	75.2
NHS greaterNHS less	10.0 14.9	12.3 12.5
DENTAL EXPENSES		
<u>Total</u>		
Same class intervalNHS greater	80.6	81.6
NHS less	10.7 8.7	10.8 7.6
NHS direct interview		
Same class intervalNHS greater	77.6	83.3
NHS less	12.5 9.9	9.3 7.4
NHS self-enumeration		
Same class intervalNHS greater	83.4 9.0	80.2 11.9
NHS less	7.6	7.9

Table 13. Comparison of NORC and NHS personal health expenses according to type of expenditure and level of agreement, by sex: 1960-Con.

Type of expenditure and level of agreement	Male	Female
OTHER HEALTH EXPENSES Total	Percent di	stribution
Same class intervalNHS greaterNHS less	85.0 5.4 9.6	83.0 6.7 10.3
NHS direct interview Same class interval NHS greater NHS less	84.2 4.4 11.4	85.9 5.1 9.0
NHS self-enumeration Same class intervalNHS greaterNHS less	85.7 6.3 8.0	80.2 8.2 11.6

Table 14. Comparison of NORC and NHS personal health expenses according to type of expenditure and level of agreement, by age: 1960

Type of expenditure and level of agreement	Under 15	15-34	35-54	55+
TOTAL EXPENDITURE Total	P	Percent distribution		
Number of respondents ¹	385	268	335	215
Same class intervalNHS greaterNHS less	63.9 19.7 16.4	63.1 18.6 18.3	62.7 21.8 15.5	62.3 19.1 18.6
NHS direct interview				
Number of respondents1	194	128	162	100
Same class intervalNHS greaterNHS less	65.5 19.6 14.9	66.4 20.3 13.3	61.1 22.8 16.1	61.0 17.0 22.0
Number of respondents1	191	140	173	115
Same class interval NHS greaterNHS less	62.3 19.9 17.8	60.0 17.1 22.9	64.2 20.8 15.0	63.5 20.9 15.6
HOSPITAL OVERNIGHT				
<u>Total</u>		İ		
NHS greaterNHS less	93.5 4.9 1.6	95.9 2.2 1.9	96.4 0.9 2.7	95.3 2.8 1.9
NHS direct interview] . 			
Same class intervalNHS greaterNHS lessNHS less	92.8 5.7 1.5	96.9 1.5 1.6	98.1 0.0 1.9	97.0 1.0 2.0
NHS self-enumeration				
Same class intervalNHS greaterNHS less	94.2 4.2 1.6	95.0 2.9 2.1	94.8 1.7 3.5	93.9 4.3 1.8
HOSPITAL—NOT OVERNIGHT Total				
Same class intervalNHS greaterNHS less	94.3 4.2 1.5	88.8 9.3 1.9	91.3 6.9 1.8	94.0 4.6 1.4
NHS direct interview				
Same class interval NHS greaterNHS less	94.3 4.1 1.6	89.8 7.8 2.4	92.6 5.6 1.8	94.0 3.0 3.0
NHS self-enumeration				
Same class intervalNHS greaterNHS less	94.2 4.2 1.6	87.9 10.7 1.4	90.2 8.1 1.7	93.9 6.1

¹Percentages for each type of expenditure are based on the same number of respondents throughout this table.

Table 14. Comparison of NORC and NHS personal health expenses according to type of expenditure and level of agreement, by age: 1960—Con.

and level of agreement, by age. 1700 oon.							
Type of expenditure and level of agreement	Under 15	15-34	35-54	55+			
DOCTOR EXPENSES			-				
<u>Total</u>	Pe	ercent d	istributi	Lon			
Same class interval	63.1		64.2	59.5			
NHS greaterNHS less	21.8 15.1	22.0 15.7	18.2 17.6	21.9 18.6			
NHS direct interview							
Same class interval	61.9	61.7	63.0	66.0			
NHS greaterNHS less	24.7 13.4	22.7 15.6	16.7 20.3	14.0 20.0			
NHS self-enumeration							
Same class interval	64.4	63.6	65.3	53.9			
NHS greaterNHS less	18.8 16.8	20.0 16.4	19.7 15.0	28.7 17.4			
MEDICINE EXPENSES							
<u>Total</u>							
Same class intervalNHS greater	76.1 10.6	77.2 9.0	77.6 12.2	68.4 14.4			
NHS greaterNHS less	13.3	13.8	10.2	17.2			
NHS direct interview							
Same class intervalNHS greater	74.2 12.4	83.6 8.6	77.2 11.1	66.0			
NHS less	13.4	7.8	11:7	15.0 19.0			
NHS self-enumeration							
Same class intervalNHS greater	78.0 8.9	71.4 9.3	78.0 13.3	70.4 13.9			
NHS less	13.1	19.3	8.7	15.7			
DENTAL EXPENSES							
<u>Total</u>	,						
Same class intervalNHS greater	84.9	71.3	84.5	81.4			
NHS less	7.0 8.1	16.4 12.3	9.8 5.7	11.6 7.0			
NHS direct interview							
Same class intervalNHS greater	86.6	71.1	81.5	79.0			
NHS less	7.7 5.7	16.4 12.5	9.2 9.3	13.0 8.0			
NHS self-enumeration							
Same class intervalNHS greater	83.2	71.4	87.3	83.5			
NHS less	6.3 10.5	16.4 12.2	10.4 2.3	10.4 6.1			

Table 14. Comparison of NORC and NHS personal health expenses according to type of expenditure and level of agreement, by age: 1960-Con.

Type of expenditure and level of agreement	Under 15	15-34	35-54	55+
OTHER HEALTH EXPENSES Total	P€	ercent di	stributi	Lon
Same class interval	90.4 3.1 6.5	5.6		7.9
Same class interval	91.8 2.0 6.2	83.6 6.2 10.2	79.0 8.0 13.0	84.0 3.0 13.0
Same class intervalNHS greaterNHS less	89.0 4.2 6.8	86.4 5.0 8.6	78.1 9.2 12.7	75.7 12.2 12.1

Table 15. Comparison of NORC and NHS reports of personal health expenses according to type of expenditure and level of agreement, by education of family head: 1960

	·	<u> </u>	
Type of expenditure and level of agreement	Elementary	College	
TOTAL EXPENDITURE	Per	.on	
<u>Total</u>	Percent distribution		
Number of respondents ¹	426	516	229
Same class intervalNHS greaterNHS less	64.5 18.1 17.4	62.6 20.3 17.1	61.6 22.7 15.7
NHS direct interview			
Number of respondents ¹	206	252	110
Same class intervalNHS greaterNHS less	61.2 19.4 19.4	68.2 17.5 14.3	58.2 27.3 14.5
NHS self-enumeration			
Number of respondents1	220	264	119
Same class intervalNHS greaterNHS less	67.7 16.8 15.5	57.2 23.1 19.7	64.7 18.5 16.8
HOSPITAL OVERNIGHT			
<u>Total</u>			
Same class intervalNHS greaterNHS less	96.5 2.1 1.4	95.5 3.1 1.4	91.7 3.5 4.8
NHS direct interview	1.4		7.0
Same class interval NHS greaterNHS less	97.1 1.9 1.0	96.8 2.8 0.4	90.9 2.7 6.4
NHS_self_enumeration			
Same class interval NHS greaterNHS less	95.9 2.3 1.8	94.3 3.4 2.3	92.4 4.2 3.4
HOSPITAL—NOT OVERNIGHT			
<u>Total</u>			
Same class intervalNHS greaterNHS less	93.2 4.7 2.1	93.2 5.4 1.4	88.2 10.5 1.3
NHS direct interview			İ.
Same class intervalNHS greaterNHS less	93.7 3.9 2.4	92.9 5.5 1.6	91.8 6.4 1.8
NHS self-enumeration			
Same class intervalNHS greaterNHS less	92.7 5.5 1.8	93.6 5.3 1.1	84.9 14.3 0.8

¹Percentages for each type of expenditure are based on the same number of respondents throughout this table. Number of respondents in this table excludes those where education of head was unknown.

Table 15. Comparison of NORC and NHS reports of personal health expenses according to type of expenditure and level of agreement, by education of family head: 1960—Con.

Type of expenditure and level of agreement	Elementary	High school	College
DOCTOR EXPENSES			
<u>Total</u>	Percent distribution		
Same class interval	66.7		52.0
NHS greaterNHS less	17.6 15.7	21.5 14.5	24.4 23.6
NHS direct interview			
Same class interval	67.0	67.5	46.4
NHS greaterNHS less	16.5 16.5	19.0 13.5	30.0 23.6
NHS self-enumeration			
Same class intervalNHS greater	66.4 18.6	60.6 23.9	59.7 19.3
NHS less	15.0	15.5	21.0
MEDICINE EXPENSES			
<u>Total</u>			
Same class intervalNHS greater	76.3	73.0	77.7
NHS less	11.7 12.0	12.8 14.2	8.3 14.0
NHS direct interview			
Same class interval	70.4	79.8	77.3
NHS greaterNHS less	14.6 15.0	11.5 8.7	6.4 16.3
NHS self-enumeration			
Same class intervalNHS greater	81.8	66.7 14.0	78.2
NHS less	9.1 9.1	19.3	10.1 11.7
<u>DENIAL EXPENSES</u>			
<u>Total</u>			
Same class interval	81.9	82.6	74.2
NHS greaterNHS less	10.8 7.3	9.1 8.3	15.3 10.5
NHS direct interview			
Same class intervalNHS greater	78.6	86.5	68.2
NHS less	11.2 10.2	6.3 7.2	21.8 10.0
NHS self-enumeration			
Same class intervalNHS greater	85.0 10.5	78.8	79.8
NHS less	4.5	11.7	9.3 10.9

Table 15. Comparison of NORC and NHS reports of personal health expenses according to type of expenditure and level of agreement, by education of family head: 1960—Con.

Type of expenditure and level of agreement	Elementary	High school	College
OTHER HEALTH EXPENSES Total	Per	on	
Same class intervalNHS greaterNHS less	84.3 4.9 10.8	84.3 6.0 9.7	83.4 7.9 8.7
NHS direct interview			
Same class intervalNHS greaterNHS less	84.9 4.9 10.2	85.7 4.0 10.3	84.5 5.5 10.0
NHS self-enumeration			
Same class interval NHS greaterNHS less	83.6 5.0 11.4	83.0 8.0 9.0	82.4 10.1 7.5

group, while in the latter case they were likely to appear in several subgroups. This hypothesis, of course, suggests a substantial positive intraclass correlation of reporting discrepancies within families, a not too unlikely possibility.

Among the unexplainable results is the extreme unreliability of the NHS direct interview reports of doctor and dentist expenses for individuals in families headed by someone who has completed at least 1 year of college. While this was in part an artifact of the more widespread use of physician and dental services by persons in families headed by individuals with a college education than by persons in families headed by someone with less education, this factor could hardly account for the entire discrepancy. If it did, one would expect a similar pattern of deviation in the self-enumeration cases, however, this did not occur. As unsatisfying as such an explanation is, it would appear most prudent to view the poor performance of the college families on the NHS direct interview as a sampling anomaly rather than as a substantive finding which necessitates special modification of the direct interview form.

ANALYSIS OF MAJOR DISCREPANCIES

For the purposes of detailed analysis, it was desirable to isolate a subgroup of individuals for which the two sets of expense reports were particularly inconsistent. It was felt that an examination of such cases would provide leads as to how the short interview forms might be improved.

A "major discrepancy" in any particular category of expense was defined as a difference of two or more class intervals between the NHS and NORC interviews. In addition, differences of \$100 or more within the highest (open-ended) class interval were also treated as major discrepancies. Those individuals for whom there was at least one major discrepancy were drawn into the special analysis. Many individuals had several major discrepancies—one with respect to the grand total and one with respect to each of several different expense components. There were other individuals, of course, for whom there were major discrepancies with respect to two or more expense com-

ponents but no discrepancy with respect to total expenses due to the compensating character of the errors.

Table 16 presents a distribution of the 348 cases which involved at least one category with a major discrepancy. The 170 cases in table 17 are those whose total expenditures reported to NHS were higher than those reported to NORC by two intervals or \$100 more in the open-ended interval. Similarly, the 161 cases distributed in table 18 reported lower expenses to NHS than to NORC. Also shown in table 18 are 17 cases with total expenses reported in the same interval in both interviews but with a major discrepancy in at least two categories that counterbalanced each other in the total expense category.

Considering only the discrepancy cases reporting greater expenditures to NHS (table 17), the categories that contained the greater amount of overstatements were doctor expenses (67 percent), medicine costs (44 percent), and other health expenses (21 percent). The patterns were the same for direct interviewing and for self-enumeration.

Of the discrepancy cases reporting less expenditure to NHS (table 18), the leading categories were medicine costs (59 percent), doctor expenses (46 percent), and other health expenses (30 percent). As in the overstatement group above, no large differences were observed between the patterns of discrepancy in direct interview and self-enumeration reports.

A detailed examination of each category of expenditure provides some insight into the reason for these discrepancies. In general, however, the overstatements reflected exaggerated estimates given in response to the abbreviated questionnaire, while the understatements were attributable to omissions of items which were elicited in the more detailed questions. Each of the 348 discrepant cases was individually examined to determine the reasons for NHS-NORC differences, and each component of health expense is analyzed separately below.

Overnight Hospitalizations

Of the overstatements for overnight hospital expenses in the short interviews, exactly one-half of the major discrepant cases were apparently due to general exaggeration of charges. These in-

Table 16. Distribution of all major discrepancy cases according to type of expenditure and level of agreement, by type of interview: 1960

	Type of interview							
Type of expenditure and level of agreement	Total		NHS direct		NHS self- enumeration			
	Number	Percent	Number	Percent	Number	Percent		
Total expenditure								
Total ¹	348	100	155	100	193	100		
NHS greater NHS less	170 161 17	49 46 5	78 71 6	50 46 4	92 90 11	48 46 6		
<u>Hospital overnight</u>								
NHS greater NHS less Same class interval No expense	32 28 21 267	9 8 6 77	12 12 7 124	8 8 4 80	20 16 14 143	11 8 7 74		
Hospital-not overnight								
NHS greater	43 10 8 287	12 3 2 83	13 3 4 135	8 2 3 87	30 7 4 152	16 3 2 79		
<u>Doctor expenses</u>	_							
NHS greater NHS less Same class interval No expense	135 90 65 58	39 26 19 16	57 49 24 25	37 32 15 16	78 41 41 33	41 21 21 17		
Medicine expenses								
NHS greater	94 126 105 23	27 36 30 7	44 56 46 9	28 36 30 6	50 70 59 14	26 36 31 7		
<u>Dental expenses</u>								
NHS greater NHS less Same class interval No expense	56 34 89 169	16 10 26 48	26 12 39 78	17 8 25 50	30 22 50 91	16 11 26 47		
Other health expenses								
NHS greater NHS less Same class interval No expense	46 67 35 200	13 19 10 58	18 37 12 88	11 24 8 57	28 30 23 112	14 16 12 58		

 $^{^{1}\}mathrm{Percentages}$ for each type of expenditure are based on the same number of respondents throughout this table.

Table 17. Distribution of major discrepancy cases in which NHS was greater than NORC in total expenses according to type of expenditure and level of agreement, by type of interview: 1960

	Type of interview						
Type of expenditure and level of agreement	Total		NHS direct		NHS self- enumeration		
	Number	Percent	Number	Percent	Number	Percent	
Tota1 ¹	170	100	78	100	92	100	
Hospital overnight							
NHS greater	29 5 8 128	17 3 5 75	11 3 2 62	14 4 3 79	18 2 6 66	20 2 6 72	
Hospital—not overnight							
NHS greater	32 5 3 130	19 3 2 76	10 2 - 66	13 3 - 84	22 3 3 64	24 3 3 70	
<u>Doctor expenses</u>							
NHS greater	113 10 26 21	67 6 15 12	52 5 11 10	67 6 14 13	61 5 15 11	66 6 16 12	
<u>Medicine expenses</u>							
NHS greater NHS less Same class interval No expense	75 24 55 16	44 14 33 9	36 10 24 8	46 13 31 10	39 14 31 8	42 15 34 9	
Dental expenses		:					
NHS greater NHS less Same class interval No expense	42 3 48 77	25 2 28 45	21 - 25 32	27 - 32 41	21 3 23 45	23 3 25 49	
Other health expenses							
NHS greaterNHS less	35 17 14 104	21 10 8 61	14 8 6 50	18 10 8 64	21 9 8 54	23 10 9 58	

¹ Percentages for each type of expenditure are based on the same number of respondents throughout this table.

Table 18. Distribution of major discrepancy cases in which NHS was less than or the same as NORC in total expenses according to type of expenditure and level of agreement, by type of interview: 1960

	NHS interview less in total expense					NHS and NORC interview same in total expense 1				
Type of expenditure and level of agreement	Total		Direct		Self- enumeration		Total	Direct	Self-	
	Number	Percent	Number	Percent	Number	Percent	1000	311000	enumeration	
Total ²	161	100	71	100	90	100	17	6	11	
Hospital overnight					•					
NHS greater	2 21 12 126	1 13 8 78	1 9 5 56	1 13 7 79	12 7 70	13 · 8 78	1 2 1 13	- - - 6	1 2 1 7	
Hospital—not overnight										
NHS greater NHS less Same class interval No expense	10 4 5 142	6 3 3 88	3 1 4 63	4 1 6 89	7 3 1 79	8 3 1 88	1 1 15	- - - 6	1 1 - 9	
Doctor expenses										
NHS greater NHS less Same class interval No expense	13 74 37 37	8 46 23 23	3 42 11 15	59 16 21	10 32 26 22	11 36 29 24	9 6 2 -	2 2 2 -	7 4 -	
Medicine expenses										
NHS greater NHS less Same class interval No expense	13 94 47 7	8 59 29 4	6 43 21 1	8 60 30 2	7 51 26 6	8 57 29 6	6 8 3 -	2 3 1 -	4 5 2 -	
Dental expenses										
NHS greaterNHS lessSame class intervalNNO expense	10 27 39 85	6 17 24 53	11 14 42	6 15 20 59	6 16 25 43	6 18 28 48	4 4 2 7	1 1 - 4	3 3 2 3	
Other health expenses										
NHS greaterNHS lessSame class intervalNo expense	6 48 19 88	4 30 12 54	1 29 6 35	2 41 8 49	5 19 13 53	6 21 14 59	5 2 2 8	3 - - 3	2 2 2 2 5	

 $^{^{1}\}mathrm{No}$ percentages shown because totals are too small. $^{2}\mathrm{Percentages}$ for each type of expenditure are based on the same number of respondents throughout this table.

dividuals for whom charges were exaggerated are compensated for by an almost equal number for whom charges were underestimated (16 and 13 individuals, respectively). The two most frequent specific causes for overstatement were wrong data and duplication of charges, NORC screened for the reported date of last hospitalization and was able to find five cases where the hospitalization occurred prior to the survey year. In four cases, costs for hospital room and board and miscellaneous hospital charges were included more than once, resulting in the inflation of the total estimate of costs.

A study of the 28 understatements of hospital expense showed that 29 percent were found to have forgotten about a single hospitalization, 18 percent forgot the second or third hospitalization, and 7 percent included the overnight costs in the hospitalization not-overnight category (table 19).

Not-Overnight Hospitalization

This category was originally separated from overnight hospitalizations to avoid being overlooked if not specifically mentioned. Actual field experience, however, indicated that the respondents were often confused about the meaning of this item. As shown in table 20,28 percent of the overstatements erroneously included regular doctor visits, 7 percent included overnight hospitalization, 2 percent mistakenly included nondoctor care, and 21 percent included the wrong date for the expense.

The cost of not-overnight hospitalizations was included under other categories in 70 percent of the understatements—30 percent doctor expense, 20 percent medicine, and 20 percent overnight hospitalizations. Of course, the numbers of cases were small, and this must be considered in evaluating the percentages.

Doctor Expenses

Over 70 percent of all overstatements of doctor expenses could not be attributed to anything more than general overstatement. Of the remaining specific reasons, free care and wrong date were the most numerous.

The major reasons for understatements of doctor expenses were the omissions of serious illnesses. In 26 percent of the understatements a

major condition was forgotten; in 23 percent a chronic illness. Forgetting to report visits to hospitals and office visits each accounted for 17 percent of the understatements. Omission of minor illnesses and charges for anesthetists and surgeons each accounted for about 10 percent. These data are presented in table 21.

Medicine Expenses

Virtually all of the overstatement in medicine expense appeared to be general exaggeration. Free care and errors in allocating family costs were other reasons for overstatement.

Understatements, however, were due to more specific reasons. Almost one-third were due to omission of a major condition which also required special medication. About one-fifth of all understatements were due to forgetting general medicines and tonics or failing to allocate general medicines to all family members. Other reasons are presented in table 22.

Dental Experses

As in the case of doctor and medicine expenses, overstatements of dental expenses were largely general exaggerations of cost, accounting for 91 percent of the differences.

Understatements can be attributed to omissions of general examinations in 65 percent of the cases, to forgetting about fillings in 62 percent, and to omission of treatments, extraction, and bridgework in lesser numbers of cases. These details are listed in table 23.

All Other Health Expenses

The biggest single reason for both overstating and understating this category of expense was the mistake made in the cost of eyeglasses (15 and 72 percent, respectively). Omission of non-doctor care amounted to an additional 15 percent of the understatements and the omission of other medical appliances accounted for the remaining underreporting. These details are presented in table 24.

Table 19. Reasons for major discrepancies in overnight hospitalizations: 1960

Discrepancy	Number	Percent
Total overstatements	32	100
Wrong date Duplication of charges Included outpatient care Included surgeon fee Error in respondent Included doctor visits Included medicines General error in estimate	5 4 2 2 1 1 16	16 12 6 6 3 3 3 50
Total understatements	28	<u>100</u>
Omitted only hospitalization Omitted second or more hospitalizations Reported as not-overnight stay General error in estimate	8 5 2 13	29 18 7 46

Table 20. Reasons for major discrepancies in not-overnight hospitalizations: 1960

Discrepancy	Number	Percent
Total overstatements 1	43	100
Included doctor office visits	12 9 3	28 21 7
Included free care	3 2 1 13	7 5 2 30
Total understatements 1	10_	100
Included in doctors	3 2 2 1 1 1	30 20 20 10 10

¹Total refers to number of cases although more than one reason may be given for the discrepancy. Therefore, individual numbers and percentages may add to more than their totals.

Table 21. Reasons for major discrepancies in doctor expenses: 1960

Discrepancy	Number	Percent
Total overstatements1	135	100
Included free care	15 8 4 4 4 3 1 1 1 96	11 6 3 3 3 2 1 1 1 71
Total understatements ¹	90	100
Omitted major condition	23 21 15 15 9 8 8 5 3 2 2	26 23 17 17 10 9 6 3 2 2

¹Total refers to number of cases although more than one reason may be given for the discrepancy. Therefore, individual numbers and percentages may add to more than their totals.

Table 22. Reasons for major discrepancies in medicine expenses: 1960

Discrepancy	Number	Percent
Total overstatements1	94	100
Free care	2 1 1 1 90 119	2 1 1 1 96 100
Omitted major condition medicine	36 26 21 19 15 13 3 1 2	30 22 18 16 13 11 3 1

¹Total refers to number of cases although more than one reason may be given for the discrepancy. Therefore, individual numbers and percentages may add to more than their totals.

Table 23. Reasons for major discrepancies in dental expenses: 1960

Discrepancy	Number	Percent
Total overstatements ¹	56	100
Wrong respondents	3 2 1 1 51 34	2. 2. 2. 91 100
Omitted examination	22 21 14 12 10 1 2	65: 62: 41. 35: 29: 3

¹Total refers to number of cases although more than one reason may be given for the discrepancy. Therefore, individual numbers and percent ages may add to more than their totals.

Table 24. Reasons for major discrepancies in other health expenses: 1960

Discrepancy	Number	Percent
Total overstatements1	46	100
Error in glasses	7 2 1 1 35	15, 4 2, 2, 76
Total understatements1	67	100
Omitted glasses Omitted nondoctor care Omitted elastic hose Wrong respondent Omitted wheel chair Omitted artificial leg Omitted special corset Omitted arch supports Wrong date	48 10 3 2 2 1 1	72 15 4 3 3 1. 1. 1.

¹Total refers to number of cases although more than one reason may be given for the discrepancy. Therefore, individual numbers and percentages may add to more than their totals.

III. CONCLUSIONS AND RECOMMENDATIONS

As compared with a detailed criterion interview, the short questionnaire provided reasonably accurate information on total personal health expenses and on major components of the expenses.

The quality of short-form reporting did not appear to vary from the detailed interview to such a degree as to indicate any serious bias in the estimates of expenditures by sex, age, or educational attainment of the head of the household.

Short direct interviews were slightly more accurate than self-enumerated reports. However, depending on the degree of accuracy desired, self-enumeration may be used as a reasonable substitute if direct interviewing time is limited.

In making overall estimates of health expenses, there was a general tendency for respondents to inflate estimates. Specific detailed probing reduced this general overstatement, but also added some costs which were overlooked.

Although there were substantial discrepancies in detailed comparisons, the overreporting tended to offset the underreporting so that the marginal frequency distributions and mean estimates of health expenses were not substantially different in NORC and NHS interviews.

Study of cases in which there were major discrepancies between expenses reported on the short NHS questionnaire and the detailed NORC interview indicate that NHS estimates could be improved by the measures listed below.

Consolidate not-overnight hospital outpatient and emergency care in doctor expenses.

Stress actual dates of period covered by survey.

Screen for actual date of last hospitalization to avoid errors in dates.

Probe for second and third hospitalizations during the survey year.

Use reminder probes on major conditions and chronic illnesses in connection with doctor and medicine expenses.

Use other specific reminder probes on hospital, office, anesthetist, and surgeon charges in aggregating doctor expenses.

Allocate general medicine, tonics, and vitamin costs among all family members.

Use reminder probes on dental cost question to assist recall of types of treatment.

Use a separate question on costs of eyeglasses, including any charges for examinations.

Use appropriate reminder probes for medical appliances.

The extent to which suggested additional probes are appropriate depends, again, on the degree of refinement desired relative to the problems of maintaining a short form questionnaire that is administratively practical. Although the short form tested in this study yielded reasonably accurate overall estimates, any of the above measures that could be incorporated would further refine the data.

APPENDIX I

OUESTIONNAIRES USED IN STUDY

A. Supplemental Questions Used in the National Health Survey

Two methods were used to collect the data on personal health expenditures in the initial interview of the National Health Survey in order to investigate the relative merits of data collection. In half of the households the questions were asked as a part of the direct interview while a self-enumeration questionnaire was left in the remaining half of the households.

NHS-4(a), reproduced below, was the questionnaire used in direct interview. NHS-4(b) is a reproduction of the letter and form left in each of the self-enumeration households. A separate page of questions was left for each person in the latter households in a booklet form.

B. Criterion Questionnaire Used by the National Opinion Research Center

This questionnaire was composed of three parts: the main criterion questionnaire, a hospital supplement, and a major condition supplement. Supplements were to be completed for each separate hospitalization episode and each major condition. The latter was defined as any condition which met one of the following criteria:

a current pregnancy which did not involve hospitalization;

surgery, bone setting, or other operations which did not involve hospitalization;

conditions which involved expenditure of \$50 or more which did not involve hospitalization; and

chronic illness determined on original household interview survey.

DIRECT INTERVIEW QUESTIONNAIRE

FORM NH5-4(a) (9-17-60)	COSTS FOR MEDICAL AND DENT	TAL CARE FOR PAST 12 MONT	нѕ	
Ask question 1 only for pe longer during the past 12 n Ask questions 2 - 6 for EV		ome, sanitarium) overnight or	(Check one box): In hospital Not in hosp	
the hospital this pas	ospital bills come to for the (one time, st year? ow the exact amount of the bills, give t		No bills (Free care)	\$
of the room, does it X-rays, tests, specia	ver ALL of the hospital charges—for exinclude charges for the operating (or deal treatments, etc? iginally in 1(a), correct amount in 1(a)	ample, in addition to the cost livery) room, anesthesia,	Not from bills o	included d - Now Corrected or records:
(c) Was any part of the or paid to you or you If "Yes" to I(c), as		ther paid directly to the hospital	No part paid by included in	y insurance and
	insurance included in the amount (in light riginally in I(a), correct amount in I(a)	Part paid by insurance, no originally in 1(a) - Now Corrected		
	tal bills you have already told me abou at the hospital come to?	t, how much did the bills for	No other bills for special nurses	\$
2. (a) During the past 12 m treatment, outpatien did not stay overnig If "Yes" to 2(a), a		ninor operations, emergency ling like that for which you	Yes	☐ µ°
(b) How much altogethe	r did these kinds of hospital bills come	to?		\$
the hospital, the do	e hospital bills paid for by any insuran stor or to you or your family? sk: Insurance included in the amount (in 2		No part paid by included in	y insurance and
If not included or	riginally in 2(b), correct amount in 2(b)		originally in Now Correc	n 2(b) -
	your doctors' and osteopaths' bills con include all doctors' bills for home and s.		No doctors' bills	\$
	ver all doctors' billsfor example, ope , X-rays, tests, etc?	rations or treatments, check-	From bills or re All charges Some misse	
If not included, o	correct amount in 3(a)		Not from bills of All charges Some misse	
(c) Was any part of thes doctor or to you or y	se doctors' bills paid for by insurance, vour family?	whether paid directly to the	No part paid	
	k: Insurance Included in the amount (in 3 correct amount in 3(a)	(a)) you gave me?	included in	y insurance, not n 3(a)-
	ths, about how much did you spend (for mins, pills and things like that?	yourself) for prescriptions,	No ex- penses for medicines, etc.	3
5. (a) How much did all o	f your dentists' bills come to for the pas	st 12 months?	□ No dental bills	\$
cleanings, X-rays, 1	over all dental expenses—for example, a bridgework, dental plates, straightening correct amount in 5(a)		Not from bills All charges	included d - Now Corrected or records:
6. We are interested in OT we don't want to includ	THER medical expenses you may have h le any insurance premiums you may have	ad during the past 12 months but	No other	
for example, things like	OTHER medical expenses come to for e eye glasses, hearing alds, braces, chi counting those you have already told me	ropractors' fees, home nursing	medical expenses	\$

FORM NHS-4(b)

Form Approved Budget Bureau No. 68-6013

U. S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS WASHINGTON 25. D. C.

Dear Friend:

The Bureau of the Census is conducting a special survey on the cost of medical care as collecting agent for the U.S. Public Health Service. This study, when combined with other information, will serve to answer important questions about health and medical care costs in our Nation.

The Census interviewer who called at your household was asked to leave this form in order that all of the family members could take part in answering these questions, and that bills, receipts, and other records can be consulted.

Please mail the completed form within five days. A self-addressed envelope which requires no postage has been provided for your convenience.

Your cooperation in answering these questions will be a definite public service. The information will be given confidential treatment by the Bureau of the Census and the U.S. Public Health Service. Nothing will be published except statistical summaries.

Thank you.

Sincerely yours,

Robert W. Burgess

Robert W. Burgess
Director
Bureau of the Census

CONFIDENTIAL - This information is collected for the U.S. Public Health Service under authority of Public Law 652 of the 84th Congress (70 Stat 489; 42 U.S.C. 305). All information which would permit identification of the individual will be held strictly confidential, will be used only by persons engaged in and for the purposes of the survey, and will not be disclosed or released to others for any other purposes (22 FR 1687).

COSTS FOR MEDICAL AND DENTAL CARE DURING THE PAST 12 MONTHS								
From:		To:						
PLEASE ANSWER THE QUESTIONS BELOW FOR:								
Name of person								
	GEN	ERAL INSTRUCTIONS						
1. IF YOU DO NOT HAVE EXACT AMOUNTS	FR	OM BILLS OR RECORDS	, GIVE THE BEST ESTI	MATE YOÙ CAN.				
2. COUNT: All bills paid (or to be paid) by the person himself, his family or friends and any part paid by insurance whether paid directly to the hospital or doctor, or paid to the person or his family. If you do not know the exact amount paid by the insurance, estimate it.								
3. DO <u>NOT</u> Any amounts paid (or to be paid) COUNT: Workmen's compensation	•	<u></u>						
Non-profit organizations such Charitable or Welfare Organiz Military Services or Veterans Federal, State, City, or Coun	atio Ad	ns ministration						
1 (a) Was this person in a hospital, (nursing home, s	anito	· · · · · · · · · · · · · · · · · · ·	during the past 12 month Go to Question 2)	s?				
(b) How much did all of the hospital bills come to	for t							
Count all bills for all hospital stays during the	-							
Be sure to include all hospital charges and not charges for the operating or delivery room, ane	jusi sthe	t the cost of the room and sia, X-rays, tests, specia	board, for example, al treatments, etc.	\$				
(c) IN ADDITION TO the amount given above, how or other doctors' visits at the hospital?	muc	ch were the bills for the su	urgeons, anesthetists,					
		□] No d	loctors' bills for pital services.	\$				
(d) Besides these hospital bills, how much did the	bill	s for any special nurses of	at the hospital come to?					
			ther bills for ial nurses.	\$				
2 (a) During the past 12 months did this person go to X-rays, tests or any things like that for which	a H	IOSPITAL for any operation id not stay overnight?	ons, emergency treatment	out-patient clinics,				
☐ Yes		☐ No (Go to Question 3)					
(b) How much altogether did these kinds of hospita	ıl bil	lls come to for this person	1?	\$				
(c) IN ADDITION TO the amount given above, how	тис	th were the bills for the st	urgeons, anesthetists,					
or other doctors' visits at the hospital for this	kind	☐ No d	octors' bills for					
		this	kind of care	\$				
ANSWER QUESTIONS 3, 4, 5 and 6 FOR THIS PERS THE PAST 12 MONTHS.	ON '	WHETHER OR NOT HE (C	OR SHE) HAS BEEN IN T	HE HOSPITAL DURING				
3. IN ADDITION TO any amounts that you may have doctors' or osteopaths' bills for this person come	liste to fo	d in Questions 1 and 2, her the past 12 months for h	ow much did all of the ome, office, or clinic					
visits? Be sure to include all doctors' bills for all treatme	ents,	, check-ups, X-rays, shots	, tests, and the like.					
		☐ No d	octors' bills	\$				
4. About how much was spent for this person for pres things like that during the past 12 months?	cript	tions, medicine, tonics, vi	itamins, pills, and					
		☐ No c	osts for medicine, etc.	\$				
5. How much did all of the dentists' bills for this pe	rşon	come to for the past 12 m	onths?					
Be sure to include all dental costs for fillings, ex	tract	ions, cleanings, X-rays, b	ridgework, dental					
plates, straightening of teeth, etc.		☐ No d	entists' bills	\$				
6. About how much did all other medical expenses fo	r this	s person come to for the p	ast 12months?					
Include the costs of all such items as eye glasses nursing care, and the like, not included above.	, hea	aring aids, braces, chiropr	ractors' fees, home					
and the the the the the the the the the the		No o	ther medical expenses	<u> </u>				
PSU No.		Segment No.	Serial No.	Column No.				
FOR OFFICE USE ONLY		1						

MAIN CRITERION QUESTIONNAIRE

FAMILY NO	•				
RESPONDEN	T'S NAME:				PHONE NO.:
		•			SUGGESTED TIME TO CALL:
······					
			מפטטשם	OF CALLS	
			TOTOTO	N. CHIND	
	Date	Time		Res	ults
lst					
2nd					
3rd					
4th					
			·		
Notes:					
========					
This Main	Questionnaire has:			Hospital Supplements	·
mis min	questionnaire nas.		(number)	nosproar Supprements	
			(number)	Major Condition Suppl	ements
Time inte	rview began:		I	Date of interview:	
Maria disabat			S.	Signature of	
lime inte	rview ended:			Interviewer:	
For this	family, year ago me	ans t	o		
Relation	to Head:				
Sex.					

and I'm working on the health survey for the Public Health Ser-INTRODUCTION. Hello. I'm vice. We talked to you a short time ago about your health and medical care and arranged to see you again today. ASK QUESTION 1 FOR EACH MEMBER SEPARATELY, BEGINNING WITH FIRST MEMBER. 1. Let's start by talking about hospital, sanatorium, convalescent or nursing home care. When was the last time (NAME OF MEMBER) was a patient in a hospital, sanatorium, convalescent or nursing home--even if (he) (she) didn't stay overnight? (What year and month was it?) FOR EACH MEMBER REPORTING HOSPITALIZATION, ETC., YEAR AGO OR LESS, FILL IN A HOSPITAL SUPPLEMENT BEFORE YOU ASK Q. 2. 2. ASK ONLY IF THERE IS A MARRIED WOMAN UNDER 45 IN THE HOUSEHOLD: A. And can you tell me if (MARRIED WOMAN UNDER 45) has Yes 9 - 1* been pregnant (at any other time) during the past 12 months--I mean from _____ to __ *B. IF "YES": Is that a current pregnancy, was the baby born already, or did it end in a miscarriage? **C. IF BABY ALREADY BORN, OR IF MISCARRIAGE: Did

#IF CURRENT PREGNANCY OR BIRTH OR MISCARRIAGE WAS NOT HOSPITALIZED, ENTER CONDITION ON MAJOR CONDITION SUP-PLEMENT AND FILL OUT AFTER ASKING QUESTION 5.

###IF WOMAN HOSPITALIZED, FILL OUT HOSPITALIZATION SUPPLEMENT BEFORE ASKING QUESTION 3.

(WOMAN) go to hospital in connection with this (birth) (miscarriage)?

3.	ASK	FOR EACH MEMBER SEPARATELY, BEGINNING WITH FIRST MEMBER.	
	Α.	In the past twelve months, I mean since, has (NAME OF MEMBER) had any surgerylike a boil lanced or tonsils removedor any broken bones or fractures set, <u>outside</u> of a hospital?	Yes
	*B•	<u>IF "YES"</u> : What was the condition?	
4.	And	now about any (other) expensive illness (in addition to w	hat you've already told me):
	Α.	In these past twelve monthsthat is, since have you (has PERSON) had any (other) illness, accident or condition for which the charges were as much as \$50 altogether for doctor's care, medicine, treatments and tests, and so on? Please combine what you had to pay and what any insurance paid in figuring the \$50 cost.	Yes
	*B•	<u>IF "YES"</u> : What (was) (were) the condition(s)?	
HAI	ID WE	TTE CARD TO RESPONDENT AND READ Q. 5, INSERTING EACH CONDI- AND MAKE CORRECTIONS BY PUTTING LINE THROUGH CONDITION WE WHICH SHOULD BE INC	TICH SHOULD BE LEFT OUT AND BY WRITING IN CONDITIONS
5.	had dur I'd	ring the first interview, you mentioned that (PERSON) (CONDITIONS LISTED) (none of the following conditions) ring the past 12 monthsthat is, since	All correct first interview? Yes
	RTIN Up	BEFORE ASKING Q. 6, PREPARE A MAJOR CONDITION SUPPLEMENT I FOR EACH MEMBER G WITH FIRST MEMBER, ASK Q's. 6 - 8 BEFORE PROCEEDING TO T to now we've been talking about illnesses or conditions the	HE NEXT MEMBER. Lat may have involved quite a bit of expense during
	the	past twelve months. Now I'd like to find out about any c	ther minor medical expenses.
	Α.	Aside from what we've talked about, (have you) (has PERSON) seen a doctor or osteopath at your home for any (other) illness or condition, even minor ones during the past yearthat is, since?	Yes
	*IF	"YES" TO A, ASK B - D:	
	в.	What were the illnesses or conditions requiring these home visits?	
	c.	How many times altogether (have you) (did PERSON) see a doctor at your home ?	times
	D.	And how much did all these doctor's calls to (you) (PERSON) at home cost you, including both what you had to pay and what insurance paid?	\$
7.	Α.	you) (has PERSON) seen a doctor or osteopath at his office or at a clinic for any (other) illness or condition, even minor ones, during the past year-since?	Yes
	*IF	"YES" TO A, ASK B - D: What were the illnesses or conditions?	
42	C.	How many times altogether (did you) (did PERSON) see the clinic for these conditions? And how much, altogether, did these office or clinic visi	times
		what you paid and what insurance paid?	Ψ

٠	PAR	ES B AND C. Now just to be sure we haven't left anything out	LN PAI	KT A, BEI	ORE ASKLING
	Α.	In addition to the visits we've already counted in other questions, did (you) (PERSON) see a doctor, osteopath, nurse, or doctor's assistant during the past year for any of the following conditions which you may have forgotten to tell me about?	<u>Y</u> 6	<u>es</u>	<u>No</u>
		(1) A routine check-up or examination?		1*	2
	•	(2) Any shots, inoculations, vaccinations, X-rays or tests?		1*	2
	·	(3) Any chest or throat conditions like a cold, flu, virus, sinusitis, tonsilitis, bronchitis or pneumonia?	:	1*	2
		(4) Measles, whooping cough, or chicken pox?		1*	2
		(5) Any injuries like cuts, sprains, burns, bruises, broken arms or legs?	:	1*	2
	•	(6) Digestive flu or other stomach trouble?		1*	2
	•	(7) Any ear, eye or skin infections?		1*	2
	•	(8) Any serious headaches or backaches?		1*	2
	•	(9) Any kidney or bladder infections?		1*	2
3	·IF	"Yes" TO ANY ITEM, ASK B AND C AFTER ASKING ALL NINE ITEMS FOR THAT PERSON.			
	в.	Now, not counting any visits you've already mentioned in other questions, about how many times did (you) (PERSON) see the doctor for these conditions?			times
	c.	And how much did he charge you for these additional visits?		\$	**
*D	יי מכ	FORGET TO GO BACK TO QUESTION 6, AND ASK Q's. 6 - 8 FOR THE NEXT PERSON.	İ		
٠.	ASK	PART A - D FOR EACH MEMBER SEPARATELY, BEGINNING WITH FIRST MEMBER.			
	Now	α few questions about the cost of medicines, drugs and vitamins and things like that			
	Α.	In the past 12 months, since, in <u>addition</u> to the cost of medicines and dru you may already have told me about for (PERSON), how much were you charged for any prescription medicines for any of the other illnesses or conditions (PERSON) had?	gs	\$ <u>.</u>	
	в.	What about other medicines, drugs or vitamins that some doctor may have told (PERSO to use last yearhow much were you charged altogether for them?	и)	\$_	
	c.	ME	, I E THI: DICIN	ES WHICH	R COSTS OF CANNOT BE INDIVIDUALS
	D.	Then the total cost of medicines and drugs you've told me about for (PERSON) comes to \$ Does that sound about right? (IF NOT, MAKE THE NECESSARY CORRECTION	s.)	\$ <u></u>	
٥.	Α.	ASK FOR EACH PERSON: Have you (has PERSON) had glasses made or replaced, or had (your) (his) (her) eyes examined in the past 12 months (other than that we've talked about)?	Y N		2
	*IF			_	
	В.	How much were you charged for the glasses?	\$	To	otal B + C
	c.	And (aside from the charges that you've already told me about), how much was the (additional) charge, if any, for the eye examinations and treatments?	\$		\$
	/ 5	NTER AMOUNT OR CHECK ONE OF TWO BOXES, AS APPROPRIATE.)	_	uded in 1 ses 🗌	oill for
	*	MALIN ARROWAL ON CHECK ONE OF THE DOLLD, IN ALLIVERANCE,		uded in o	

11.	ASK	EVERYBODY:		
	Α.	And during the 12 months since, did you have to buy or rent the following for anyone in the family? (ASK FOR EACH ITEM. IF ANYONE HAD ITEM, CIRCLE "YES" OR "NO" CODE FOR EACH PERSON. IF NO ONE HAD ITEM, CHECK "NO ONE" BOX BELOW.) (Who?) (For whom?)	Yes	<u>No</u>
		(1) A hearing aid? NO ONE	1*	2
		(2) Crutches? NO ONE	1*	2
		(3) A truss? NO ONE	1*	s
		(4) Braces? NO ONE []	1*	2
		(5) A wheel chair? NO ONE	1*	2
		(6) Anything else we haven't already included? (SPECIFY)	1*	2
	*B.	IF "YES" TO ANY ITEM ABOVE: About how much did (this) (these items) for (PERSON) cost during the past year-including what you paid and what insurance may have covered? (Not counting the glasses.)	\$	
12.	Α.	a few questions about some other kinds of health expenses and we'll be through. Has (PERSON) and any dental care during the past 12 months, that is since? "YES," ASK B - H:	No	
	В.	Did (PERSON) have an examination of teeth or cleaning	Yes 1	<u>No</u> 2
	c.	Did (he) (she) have any fillings or in-lay work?	1.	2
	D.	Did (he) (she) have any teeth pulled or other mouth surgery?	1	2
	E.	Did (he) (she) have any teeth straightening work?	1,	2
	F.	Did (he) (she) have any bridgework or replacement of teeth?	i	2
	G.	Did (he) (she) have any other dental work, like gum treatments, X-rays and things like that?	1	2
	н.	About how much altogether did all this cost you during the past 12 months including what you paid and what any insurance may have covered?	- \$	
13.		ides what you've already told me about, (have you) (has PERSON) seen any of the foling the past year?	lowing Yes	No
	A.	A chiropodist or foot doctor?	20- 1*	2
	в.	A physiotherapist?	21- 1*	2
	C.	A chiropractor?	22- 1*	2
	D.	A visiting nurse?	23- 1*	2
	E.	Or some other medical person, other than those you've already told me about?	24- 1*	2
	*F.	IF "YES" TO ANY ITEM: About how much did it cost you for these visits?	\$	
14.		would you check to see if I have this all right? cost (NAME) For hospital care (Q. 13 of Hospital Supplement)	\$	
	В.	For operations or bone settings outside a hospital and for other major conditions (Q. 6, Major Condition)	\$	
	c.	For doctor calls at home (Q. 6-D)	\$	
	D.	For doctor office calls (Q. 7-D)	\$	
	E.	For other doctor charges (Q. 8-C)	\$	
	F.	For other medicines and drugs not included already (Q. 9-D)	\$	
	G.	For glasses (Q. 10-B+C)	\$	
	H.	For other special items (Q. 11-B)	\$	
	ī.	For dental expenses (Q. 12-H)	\$	
	J.	For other medical services (Q. 13-F)	\$	
44	K.	That makes a total of \$ Does that sound right? (IF NO, MAKE NECESSARY CO	RRECTIONS.)	\$

INTERVIEWER SUMMARY SHEET

(To be filled out immediately after you have left respondent's home)

1.	Is *II	there any information in this interview about which your "YES," ANSWER A AND B:	u feel dubious?	Yes 🗌 * No 🗀	
	Α.	Which information do you question?			
	в.	Why are you doubtful about it?			
2.	In	general, how accurate would you say the cost data are?	Inaccurate	Fairly accurate	Completely accurate
3.	*IF	this family completed a self-administered questionnaing "YES": What was respondent's reaction to your asking vided data on the self-administered form? (PLEASE DESCRIPTION WHAT MADE YOU THINK THERE WAS RESENTMENT, WHY RESI	for a personal CRIBE IN DETAIL.	IF ANY PROBLEMS OF	RESENTMENT AROSE.
4.	ret	WER IF RESPONDENT DID NOT FILL OUT SELF-ADMINISTERED QU ourn self-administered questionnaires received a letter ond interviewer was coming and asked them to check their	from Public Hea	lth Service. The le	tter said that a
	Α.	When you called for an appointment interview, did this Health Service? Seemed to remember getting letter		ember receiving this remember getting le	
	в.	Was there any indication that respondent had checked records Tes, Seems to have checked records			
5.	Was Bef	there any indication that respondent had discussed any ORE YOU INTERVIEWED HIM? Yes, had obviously discussed	of the medical	cost items with oth on of discussion □	er household members
6.	Α.	Which person was your respondent? That is, who gave m	nost of the info	rmation?	
	в.	Did anyone else help provide information for the inter *IF "YES," ANSWER (1) AND (2):	rview?	Yes 🗌 * No 🗀	
		(1) Who helped? (2) On which parts of the interview did someone else	help?		
7.	Was som	there any evidence that you could have gotten more acce other member of the family?	curate information	on in any area if yo Yes [] * No []	u had interviewed
	*IF	"YES," ANSWER A AND B:			
	Α.	To get what information?			
	В.	Who should have been interviewed and why?			
8.	Did	respondent refer to or check bills or records during a	ny part of inter	rview? Yes * No	
	*IF	"YES": Which bills or records did respondents check t	o give you info		SCRIBE IN DETAIL.)
9.	Plea	ase attach an extra page (including family number) to go us to understand the interview or to get a clearer pi	ive us any addit cture of this fa	tional information wamily's medical expe	nich you think would riences and expenses.
10.	Dat	e Interview Completed:			
11.	Int	erviewer's Signature:			45

HOSPITAL SUPPLEMENT

Family No.:	Respondent's Name:			 							
Name of Hospitalized Memb	er:	Hospitalized Member No.:									
250555555555555555555555555555555555555			=======================================								
1. What made it necessar	y for (PATIENT) to go to the hospi	tal? (ENTER K	IND OF ILLNESS	, ACCIDENT OR (CONDITION.)						
	the hospital for (this condition)			ne occasion sir	nce last						
01 Hab (110) (1110)	under tet untp contament en mere			One occasion	30- 1						
				Two occasions	2						
				Three or more	occasions 3						
*USE ANOTHER HOSP	TTAL SUPPLEMENT TO RECORD SEPARATE	DATA ON 3rd,	4th, ETC. HOSP	TALIZATIONS.							
room did he have- DAYS PATIENT STAY	About how many days did (PATIENT) stay in the hospital (the first time) (the groom did he haveprivate, semi-private or ward? (ENTER, IN THE APPROPRIATE SDAYS PATIENT STAYED IN EACH TYPE OF ROOM. IF "EMERGENCY ROOM ONLY" OR IF "OTE CHECK APPROPRIATE BOX.)										
First Ho	spitalization	_ 	Second Ho	spitalization							
Kind of Room	Enter No. Days	Kind o	of Room	Enter 1	lo. Days						
Private		Private									
Semi-private		Semi-private									
Ward.	,	Ward									
Emergency room only		Emergency ro	om only								
Other out-patient only .			-								
SKIP TO Q. 14 AND ENTER	NED A BED, BUT RECEIVED ONLY <u>NON-E</u> CONDITION LISTED IN Q. 1 ON MAJOR	CONDITION SUPP	LEMENT FOR LAT	ER QUESTIONING	· · · · · · · · · · · · · · · · · · ·						
A. Now I'd like to a or surgeon's fees to the hospital b pany, an employer	TELY FOR EACH HOSPITAL STAY (Q. 2- SUPPLEMENT FOR ANSWERS ON THE THIRD LSK you a few questions about the h i (On the first, second hospitaliz- by any of the following groupsby r of someone in the family, Workmen "NO" CODE FOR EACH ITEM IN PART A.	o, FOURTH, EIC. ospital expens ation) Were a Blue Cross, so 's Compensation	HOSPITALIZATI es not countin ny of the hosp me other hospi	IONS. ng any separate pital expenses p tal plan or ins	doctor bills paid directly surance com-						
		1st Hosp	italization B.	2nd Hospi	talization B.						
			Amount		Amount						
(1) Blue Cross .			\$	3* 4	\$						
	oital plan or insurance company		\$	3* 4	\$						
			\$	3* 4	\$						
	mpensation		\$	3* 4	\$						
(5) Non-profit a	gency (SPECIFY)		\$	3 * 4	\$						
(6) Government a	gency (SPECIFY)		Υ		т						
(a) (mm) marin		36_1* 2	Ф	3* 4	φ						
(7) (ENTER TOTAL	FOR EACH HOSPITALIZATION)	• • • • •			φ						
*B. FOR EACH "YES" IN PRIATE SPACE UNDE	I A ABOVE: And how much altogether \overline{B} ABOVE.)	did (GROUP OR	AGENCY) pay th	ne hospital? (ENTER IN APPRO						

pitalincluding anything you ma	y have collected directly from any insurance	now much did you have to pay the hose group on the (first) (second) hose
pa octange, on our		First \$
		Second \$
Then the total hospital bill for	the (first) (second) stay amounted to	First Second
Is that right?	(Q. 3-B + Q. 4)	\$
		Yes 1 IF NO, MAKE NECESSARY CORRECTIONS
	IF TWO HOSPITAL STAYS, BE SURE TO INCLUDE BOTH ON THIS SUPPLEMENT. IF MORE THAN TWO HOSPITAL STAYS,	
	DON'T FORGET TO FILL OUT ANOTHER HOSPITAL SUPPLEMENT!!	
A. Did (PATTENT) have any kind (that time) (either time)?	of operation or have any broken or dislocat	ed bones set while in the hospital
		Yes 37-1*
		No 2
·		
B. Was there more than one kind	of operation (bone setting) or only one?	
		More than one 38-1 Only one 2
C. What kind of operation(s) or	bone setting(s) was (it) (the first one) (the second one, etc.)?
First		
Second		
	Then the total hospital bill for Is that right? A. Did (PATIENT) have any kind of (that time) (either time)? *IF "YES," ASK B AND C: B. Was there more than one kind C. What kind of operation(s) or	Then the total hospital bill for the (first) (second) stay amounted to (Q. 3-B + Q. 4) Is that right? (Q. 3-B + Q. 4) If TWO HOSPITAL STAYS, BE SURE TO INCLUDE ROTE ON THIS SUPPLEMENT. If DON'T FORCET TO THIS SUPPLEMENT. If NO HOSPITAL STAYS, DON'T FORCET TO FILL OUT ANOTHER HOSPITAL SUPPLEMENT!! A. Did (PATIENT) have any kind of operation or have any broken or dislocat (that time) (either time)? *IF "YES," ASK B AND C: B. Was there more than one kind of operation (bone setting) or only one? C. What kind of operation(s) or bone setting(s) was (it) (the first one) (First

Nov	w I'd like to ask you a few econd) operation.	questions about any doctor	bills you may ha	ve had in conr	nection with	the (first
Α.	Who was the doctor who di	id the (first) (second) oper		•		
	NAME:					
в.		L in addition to the hospita	l bill for the (f	irst) (second)	operation?	
					First	Second
				Yes	39- 1**	40- 1**
				No	2*-	2*
1	"NO," ASK C. THEN SKIP TO) Q. 8.				
c.	Why not?					41-
+XIF	"YES," ASK D - G:					
D.	another surgical or medic	bill paid directly to the d cal plan or insurance compan fit or government agency?	octor by any of t y, an employer of	he following g someone in th	roups: Blu e family, W	e Shield, orkmen's
			<u>lst Opera</u>	tion E.	2nd Op	eration
				Amount	Yes No	E. <u>Amount</u>
	(1) Blue Shield		42-1# 2 \$		4# 5	\$
	(2) Other surgical, medi	cal plan or insurance	43-1# 2 \$		4 # 5	\$
	(3) Employer		44-1# 2 \$		4 # 5	\$
	(4) Workmen's Compensati	on	45 - 1#2\$		4 # 5	\$
	(5) Non-profit agency (S	SPECIFY)	46-l+ 2 \$		4+ 5	\$
	(6) Correspond agency (6)	SPECIFY)				
	(o) government agency (c	PEROLFI)	47-1# 2 \$		4 # 5	\$
E.	FOR EACH "VES" IN D ABOVE	: And how much did they pa	ייט (המווווים באו עםם	BODDIAMA GDAGI	מו או מו מו מו או די	OTT 1
				ROPRIATE SPACE		
F.	ASK EVERYBODY WHO SAID "Y (the first time) (the sec group?	ES" TO Q. 7-B: (In additional time) including anything	n to this) How m g you may have co	uch did you ha Llected direct	ve to pay to Ly from any	he surgeon insurance
			First \$		Second \$	
G.	Then the total charge for	surgery (the first time) (the second time)	amounted to (A	MOUNT IN E -	+ F)
						·
			First \$		Second \$	····
	Is that right?			Yes		
	<u>-</u> ·				NECESSARY (
					MINORDOMINE (OUTTOUD
		out how many doctors and os g and after (he) (she) was :	in the hospital?	IENT) seen in	the past yes	ar about thi
		NUMBER OF DOCTORS AND O	STEOPATHS:			
		IF NONE, SKIP TO Q. 11				
Α.	How many times did doctor approximately?	s and osteopaths visit (PAT	EENT) while (he)	(she) was actu	ally <u>in the</u>	hospital,
		HOSPITAL VISITS:				
В.	Since last year at this t about this condition?	ime, how many times did a do	octor or osteopath	come to the	nome to see	(PATIENT)
		HOME VISITS:				
c.	During the last 12 months at the doctor's office?	, how many times did (PATIE	T) see a doctor o	r osteopath a	oout this co	ondition
		DOCTOR'S OFFICE VISITS:				
D.	(Besides this) And how m kind of test or treatment DIDN'T SEE THE DOCTOR AT	any times did (PATIENT) go t for this condition from a r ALL?	o a doctor's offi urse, technician	ce for shots, or another as	X-rays, or sistant when	some other 1 (he) (she)
		OTHER DOCTOR VISITS:				
E.	dustrial clinic, or some	ATIENT) go to an out-patient other clinic for examination	clinic or emerge	ency room at a in connection	hospital, o	or to an in- condition
	this past year?	CLINIC VISITS:				

₽.	Α.	Now could you tell me if any of these doctor visits were paid for directly to the lowing groups.—Blue Shield, another medical plan or insurance company, an employer Workmen's Compensation, a non-profit or government agency? (CIRCLE "YES" OR "NO"	of someone i	n the family.
			A.	в.
			<u>Yes No</u>	Amount
		(1) Blue Shield	48 ⊶1* 2	\$
		(2) Another medical plan or an insurance company	49-1* 2	\$
		(3) Employer	50-1* 2	\$
		(4) Workmen's Compensation	51-1* 2	\$
		(5) Non-profit agency (SPECIFY)	52_1* 2	\$
		(6) Government agency (SPECIFY)	53-1* 2	\$
		(7) ENTER TOTAL		\$
	*в.	FOR EACH "YES" IN A ABOVE: And how much did (EACH) pay the doctor? (ENTER IN APP.	ROPRIATE SPAC	E IN B ABOVE)
١٥.		addition to what you've already told me about, how much did you have to pay the doc	tor for:	
	ASK	A - E AS THEY APPLY:		
	Α.	IF ANY HOSPITAL VISITS: His hospital visits?		\$
	в.	IF ANY HOME VISITS: His home visits?		\$
	c.	IF ANY OFFICE CARE BY DOCTORS OR NURSES: The office visits, including all charges aminations, shots, tests, X-rays, and things like that which either the doctor, his or assistant did?		\$
	D.	IF ANY CLINIC VISITS: And how much did you pay the clinic for the clinic visits?		\$
	Е.	So that the total amount you had to pay for these visits was (ADD A - D), including thing you got directly from any insurance	g any.	\$
		Voc		1
			e necessary c	
		II NO, DAK	INECESSARI C	ORRECTIONS
11.	Α.	Did (PATIENT) have any other expenses in the hospital you haven't already told me covered on the hospital bill, but were billed separatelythings like (READ THROU OR "NO" CODE FOR EACH ITEM.)	about that w	ere <u>not</u> LING "YES"
			Α.	В.
	/-	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Yes No	Amount
	(1	· • • • • • • • • • • • • • • • • • • •	54_1* 2	Р
	(2		55_1* 2	\$
	(3		56-1* 2	\$
	(4	· •	57_1* 2	\$
	(5		58-1* 2	\$
	(6) An ambulance?	59-1* 2	\$
	(7) Anything else? (SPECIFY)	60-1* 2	\$
			ENTER TOTAL	\$
	*B	• FOR EACH "XES" IN A ABOVE: And how much was (ITFM) including anything insurance paid? (ENTER ABOVE)	paid as well	as what you

12.	ASK	EVERYBODY:			
	Α.	During the last twelve months since, did (PATTENT) have any other experthat is, not counting what you've already told me about? Expenses for things like CIRCLING "YES" OR "NO" CODE FOR EACH ITEM.)	nses for e: (REA)	this D THRO	condition OUGH LIST,
			Α.		в.
	(1)	Medicines the doctors or hospital <u>prescribed</u> for this condition?	<u>Yes</u> • 61-1*		Amount \$
	(2)	· · · · · · · · · · · · · · · · · · ·			£
	(3)				\$
	(4)	•			т
	(5)			4	Ψ
	(0)	and so on?	, . 65_1*	2	\$
	(6)				\$
	(7)			_	т
	(,,	or anything like that?	. 67 - 1*	2	\$
	(8)	Anything else? (SPECIFY)	68-1*		\$
			ENTER TO	OTAL	\$
	*B.	FOR EACH "YES" IN A ABOVE: And what was the cost of (ITEM)including anything the well as what you paid? (ENTER ABOVE.)	nat insu	rance	covered, t.s
13.	ASK	EVERYBODY:			· · · · · · · · · · · · · · · · · · ·
		let's check over these expenses for this condition again to make sure I have them	011 000	no.et	(enter
	AMO	UNIS BELOW AND INCLUDE EXTRA SUPPLEMENTS IF THREE OR MORE HOSPITALIZATIONS FOR THIS	3 CONDITI	CON.)	(EMTER)
	The	total bill was	\$		Q. 5
	The	total bill for surgery was	\$		Q. 7-(
		total for doctor visits paid directly by insurance was	\$		
		total doctor visits you paid were	4		· ·
			Ψ		Q. 10_E
		total for other expenses in the hospital you had to pay was	P		Q. 11
	And	the total for all other expenses you just mentioned was	\$		Q. 12
	Tha	t makes a grand total of	\$		
	Doe	s that sound right? Yes			1
		IF NO, MAKI	e necessa	ARY CO	DRRECTIONS
Ī		IMPORTANT!			
	*ENT	ER GROSS TOTAL FROM Q. 13 IN APPROPRIATE LINE ON Q. 14 OF THE MAIN CRITERION QUESTI	ONNATRE	BEFOR	RE GOING ON
		ANOTHER SUPPLEMENT OR BACK TO MAIN QUESTIONNAIRE. Q. 2 OR Q. 3. DON'T FORGET TO AS			
		PLEMENT.			
L					
14.	ASK	EVERYBODY:			
	Now	was (PATIENT) in the hospital for any other illness, accident, or condition during	these p	est 1	L2 months?
		IF YES: Fill out another Hospital Supplement for this person.			

Return to Q. 2 or to Q. 3 in the Main Questionnaire, depending on where you left off.

IF NO:

MAJOR CONDITION SUPPLEMENT

Family No.:		No.:	Respondent's N	Respondent's Name:									
==:						,							
Pat	tient	's Name:	Patient's	Condition:									
			No .:										
1.				TIENT) get in connection with (CONDITION)? (Fornts, a bone set, etc.)	example, a	boil lanced,							
2.	con	ogether, how many <u>do</u> ditionthat is, sir 'NONE, SKIP TO Q. 4.	ace	aths has (PATIENT) seen in the past year for th	is	*							
3.	thi *IF	ce last year, how ma s condition? ANY VISITS, ASK Q. NO VISITS, SKIP TO	3-A.	octor or osteopath come to the $\underline{\mathtt{home}}$ to see (PAI	IENT) about	*							
	Α.			r these home visits including anything that in	, -								
		surance may have pa	aid you or your d	octor:	\$								
4.	Α.	During the last year, since, how many times did (PATIENT) see a doctor or osteopath about this condition at his office, at a clinic, or a hospital out-patient department?											
	в.	(Besides this) And tor at all but got technician or anot	t shots, X-rays,	did (PATIENT) go to a doctor's office when (he) or some other kind of test or treatment for thi	(she) didn's condition	t see the doc- from a nurse,							
	C.	(office) (clinic)?	Let's include al	much did the doctor(s) charge for all the care l bills for examinations, shots, tests, X-rays include anything insurance may have paid you or	and so on gi	ven by the							
	Activ	. MANDAD VDA.											
5.	A.		D EACH ITEM ON FO	es for this condition in the past yearfor MIOWING LIST AND CIRCLE "YES" OR "NO" CODE K B AND C.)	A. Any expense? Yes No	B. Amcunt of expense							
		(1) Medicines the	doctor(s) prescr	ribed for this condition?	1* 2	\$							
		(2) Other non-pres	scribed medicines	?	1* 2	\$							
		(3) X-ray tests?			1* 2	\$							
		(4) Other special and so on?	tests like blood	tests, electrocardiograms, urine analyses	1* 2	\$							
		(5) Special treatm		treatments, massages, heat or diathermy	7.11	ф.							
				f treatment?	1* 2	\$							
		- : :	•	ou were charged?)	1* 2	Φ							
				ances like braces, crutches, wheel chair, a t?	1* 2	\$							
		(8) Any other medi	ical expense for	this condition not already covered? (SPECIFY)	1* 2	\$							
	*B.			S INCURRED: What were (PATIENT'S) total expens	es for (ITEM	()including							
		anything that insur	rance may have pa	id? (ENTER AMOUNT ON APPROPRIATE LINE UNDER B	ABOVE.)								
	c.	IF EXPENSES INCURRI		VE ITEMS, ENTER TOTAL HERE AND CHECK: for other expenses. Right?		\$							
6.	Tha	t makes:											
	Α.	For home visits .			\$	Q. 3-A							
	В.	For office or clin	ic visits		\$	Q. 4-C							
	c.	For other expenses			\$	Q. 5-C							
	D.	paid in connection	with this conditi	UM OF 6-A, 6-B and 6-C ABOVE) that had to be ion during the past year, since	\$	51							
		TF NO: Make necess	ary corrections b	efore asking Q. 7.									

7.	Α.		as any of the care (PERSON) received in connection with this condition paid for by any of (READ EACH OF THE FOUR ITEMS BELOW AND CIRCLE "YES" OR "NO" CODE FOR EACH. IF "YES" TO A	
			Any payr this so	•
			<u>Yes</u>	<u>No</u>
		(1) An	n employer of someone in the family?	2
		(2) By	y Workmen's Compensation?	2
		(3) By	y a non-profit agency? (SPECIFY)1*	2
		(4) Or	r by a government agency? (SPECIFY) 1*	2
			(these groups) paid? Yes, payment included in item 6-D No such payment included in item 6-D NY OF ABOVE GROUPS PAID PART OF TOTAL REPORTED IN 6-D, ASK (1) AND (2):	
		(1)		
		(1)	·	se groups):
			Above group(s) paid \$ of total	
		(2)	And what was that payment supposed to cover I mean, how much of it was for doctor bill home, office or hospital calls) and how much of it was for other expenses?	ls (either
			\$ was for doctors' bills	
			\$ was for other expenses	
		1		

DON'T FORGET TO COMPLETE A
SEPARATE MAJOR CONDITION
SUPPLEMENT FOR EACH
DIFFERENT CONDITION.
(SEE Q's. 2-5 IN
MAIN CRITERION QUESTIONNAIRE)

APPENDIX II

DETAILED TABLES SHOWING GROSS DIFFERENCES IN REPORTED HEALTH EXPENSES

Table I. Comparison of NHS and NORC reports of total health expenses, by interval of expenditures: 1960

		NHS interval of expenditures											
NORC interval of expenditures	To	tal	Unde	r \$25 ¹	\$25	-49	\$50	-99	\$100	- 299	\$3	00+	
-	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	
						Tota	1						
Total	1,203	100.0	502	41.8	195	16.2	188	15.6	208	17.3	110	9.1	
v. 1 005	494	41.1	394	32.8	63	5.3	26	2.1	7	0.6	4	0.3	
Under \$25	216	18.0	63	5.3	88	7.3	49	4.1	16	1.3	-	-	
\$50-99	193	16.0	33	2.7	33	2.7	79	6.6	47	3.9	1	0.1	
\$100-299	199	16.5	11	0.9	10	0.8	32	2.7	120	10.0	26	2.2	
\$300+	101	8,4	1	0.1	1	0.1	_		18	1.5	79	6.5	
\$300+	101	0.4	II + 1	0.1	-	•	•		•	•		•	
					_	Direct i							
Total	586	100.0	234	40.0	100	17.0	103	17.6	99	16.9	50	8.5	
							13	2.2	4	0.7	2	0.3	
Under \$25	241	41.1	186	31.8	36	6.1 7.7	24	4.1	8	1.4	_	0.5	
\$25-49	107	18.3	30	5.1	45		47	8.0	20	3.4	1	0.2	
\$50-99	94	16.0	11	1.9	15	2.5	17	2.9	59	10.0	10	1.7	
\$100-299	95	16.2	6	1.0	3	0.5	1	1	1	1.4	1		
\$300+	49	8.4	1	0.2	1	0.2	1 2	1 0.4	1 0	1 1.4] 3/	, 0.3	
						Self-enu	meration	ı					
Total	617	100.0	268	43.4	95	15.4	85	13.8	109	17.7	60	9.7	
10001													
Under \$25	253	41.0	208	33.7	27	4.4	13	2.1	3	0.5	2	0.3	
\$25-49	109	17.7	33	5.3	43	7.0	25	4.1	8	1.3	-	i -	
\$50-99	99	16.1	22	3.6	18	2,9	32	5,2	27	4.4	-	-	
\$100-299	104	16.8	5	0.8	7	1.1	15	2.4	61	9.9	16	2.6	
\$300+	52	8.4	∦ -	-	-	-	-	-	10	1.6	42	6.8	
•	1	•	•	•	Self-	-enumerati	ion—pas	sed edit					
									83	19.0	1 34	7.8	
Total	437	100.0	178	40.7	78	17.8	64	14.7	83	19.0	34		
Under \$25	173	39.6	139	31.8	24	5.5	9	2.1	-	-	1	0.2	
\$25-49	74	16.9	20	4.6	33	7.5	16	3.7	5	1.2	-	-	
\$50-99	78	17.8	1.5	3.4	14	3.2	27	6.2	22	5.0	-	-	
\$100-299	79	18.1	4	0.9	7	1.6	12	2.7	49	11.2	7	1.6	
\$300+	33	7.6	-	-	-	-	-	-	7	1.6	26	6.0	
	ŀ	•	.,	•	Self-	-enumerat:	ion—fai	led edit					
	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2										1 26	14,4	
Total	180	100.0	90	50.0	17	9.5	21	11.7	1 26	14.4	- 20	14.4	
			69	38.4	3	1.7	4	2.2	3	1.6	1	0.5	
Under \$25	80	44.4	11	4	10	5.6	9	1	3	1] -		
\$25-49	35	19.4	13 7	7.2	4	2.2	5		5	1	1 -	_	
\$50-99	21	11.7	1 1	0.5	4	2.2	3	1	l .	i .	9	5.0	
\$100-199	25	13.9	-	0.3]] []	1	3	1	16	8.9	
\$300+	19	10.6					<u> </u>						

 $^{^{1}}$ No expense included in this category. See explanation under medicine expenses on page 11.

Table II. Comparison of NHS and NORC reports of hospital overnight expenses, by interval of expenditures: 1960

		NHS interval of expenditures										
NORC interval of expenditures	To	tal	\$0	\$ 0		\$1-99		\$100-199		\$200-299		0+
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Perment
						Total						
Total	1,203	100.0	1,088	90.4	31	2.6	38	3.2	1.8	1.5	28	2.3
\$0	1,095	91.0	1,078	89.6	12	1.0	5	0.4	-	_	_	-
\$1-99	24	2.0	4	0.3	15	1.3	4	0.3	1	0.1	_	-
\$100-199	32	2.7	1	0.1	3	0.2	22	1.9	5	0.4	1	0.1
\$200-299	24	2.0	1	0.1	1	0.1	6	0.5	10	0.8	6	(+.5
\$300+	28	2.3	4	0.3	-	-	1	0.1	. 2	0.2	21	1.7
		Direct interview										
Total	586	100.0	533	90.9	12	2.1	20	3.4	10	1.6	11	2.0
\$0	537	91.6	529	90.2	7	1.2	1	0.2	_		-	
\$1-99	9	1.5	2	0.3	5	0.9	2	0.3	-	_		_
\$100-199	16	2.7	1	0.2	-	_	1.3	2.2	2	0.3	-	-
\$200-299	13	2.3	1	0.2	-	-	4	0.7	6	1.0	2	0.4
\$300 +	11	1.9	-	-1	-	-	-	-	2	0.3	9	1.6
	•	Self-enumeration										
Total	617	100.0	555	90.0	19	3.1	18	2,8	8	1,4	17	2, ′
\$0	558	90.4	549	89.0	5	0.8	4	0.6	-		_	
\$1-99	15	2.4	2	0.3	10	1.6	2	0.3	1	0.2	-	
\$100-199	16	2.6	-	-	3	0.5	9.	1.4	3	0.5	1	0.2
\$200-299	11	1.8	-	-	1	0.2	2	0.3	4	0.7	4	0.6
\$300+	17	2.8	4	0.7	-1	-	1	0.2	-	-	12	1.9
					Self-e	numeratio	n—passe	d edit				
Total	437	100.0	401	91.7	13	3.0	13	3.0	41	0.9		
\$0	398	91.1	395	90.4	2	0.5	1	0.2		- 0.3	6	1.4
\$1-99	11	2.5	2	0.4	7	1.6	2	0.2	-	-	-	-
\$100-199	12	2.7	-	_	3	0.7	8	1.8	1	-	-	-
\$200-299	7	1.6	-	-	1	0.2	2	0.5	3	0.2		
\$300+	9	2.1	4	0.9	-	-	_]	٠.5	-	0.7	1 5	0.2 1.2
					Self-en	umeration	-failed	•	'	~]	اد	1.2
Total	180	100.0	154	85.5	6	3.4	5	2.9	4	2.1	7.1	
\$0	160	88.9	154	85.5	3					2.1	11	6.1
\$1-99	4	2.2	1.54	03.3	3	1.7	3	1.7	-	-	-	
\$100-199	4	2.2	_ [[]		1.7	-	-	1	0.5	-	-
\$200-299	4	2.2		_[-	-	1	0.6	2	1.1	1	0.5
\$300+	8	4.5	_]	-		1	0.6	1	0.5	3	1.7
			L <u> </u>					0.0	-	-	7	3.9

Table III. Comparison of NHS and NORC reports of hospital—not overnight expenses, by interval of expenditures: 1960

	NHS interval of expenditures											
NORG interval of expenditures	Total		\$	\$0		\$1-24		\$25-49		\$50-99		+
-	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
						Tot	al		-	_		_
Total	1,203	100.0	1,105	91.9	48	4.0	22	1.8	1.5	1.2	13	1.1
\$0===========	1,164	96.7	1,094	90.9	38	3.2	14	1.2	8	0.6	10	0.8
\$1-24	17	1.4	6	0.5	8	0.6	1	0.1	2	0.2		"-
\$25-49	8	0.7	2	0.2	2	0.2	3	0.2	-	_	1	0.1
\$50-99	7	0.6	1	0.1	-	_	4	0.3	2	0.2	-	_
\$100+	7	0.6	2	0.2	-	-	-	-	3	0.2	2	0.2
		Direct interview										
Tota1	586	100.0	544	92.8	27	4.6	9	1.6		_	6	1.0
\$0	564	96.3	536	91.5	18	3.1	5	0.9	_	_	5	0.8
\$1-24	14	2.4	6	1.0	7	1.2	1	0.2	-	_	-	-
\$25-49	5	0.8	1	0.1	2	0.3	1	0.2	-	-	1	0.2
\$50-99	3	0.5	1	0.2	- '	-	2	0.3	-	_	-	-
\$100+	-	-	-	-		-	-	-	-	-	-	-
						Self-enum	eration					
Total	617	100.0	561	91.0	21	3.4	13	2.1	15	2.4	7	1.1
\$0	600	97.3	558	90.5	20	3.2	9	1.5	8	1.3	5	0.8
\$1-24	Ø ³	0.5	-	-	1	0.2	-	-	2	0.3	-	-
\$25-49	3	0.5	1	0.2	-	-	2	0.3	-	-	-	-
\$50-99	4	0.6	-	-	-	-	2	0.3	2	0.3	-	-
\$100+	7	1.1	2	0.3	- 1	-	-	-	3	0.5	2	0.3
					Self-	enumerati	on—pass	ed edit				
Total	437	100.0	400	91.5	17	3.9	8	1.8	8	1.9	4	0.9
\$0	426	97.5	399	91.3	16	3.7	6	1.4	3	0.7	2	0.4
\$1-24	3	0.7	-	-	1	0.2	-	-	2	0.5	-	-
\$25-49	_	-	-	-	-	-	-	-	-	-	-	
\$50-99	3	0.7	- 1	-	-	- 1	2	0.4	1	0.3	- 2	0.5
\$100+	5	1.1	1	0.2	-	-	- 1	-	2	0.4	. 41	0.5
					Self-	enumerati.	on—fail	ed edit			_	
Total	180	100.0	161	89.5	4	2.2	5	2.8	. 7	3.9	3	1.6
\$0	174	96.6	159	88.3	4	2.2	3	1.7	5	2.8	3	1.6
\$1-24	-	-	-	-	-	-	- 1	- 1	-	- 1	-	-
\$25-49	3	1.7	1	0.6	-	-	2	1.1		-	-	-
\$50-99	1	0.6	-		-	-	-	-	1	0.6 0.5	_ [-
\$100+	2	1.1	1	0.6	-		-			0.3		

Table IV. Comparison of NHS and NORC reports of doctor expenses, by interval of expenditures: 1960

	NHS interval of expenditures													
NORC interval of expenditures	Total		\$()	\$1-2	24	\$ 25	-49	\$ 50	-99	\$100	-199	\$20	0+
	Num- ber	Per- cent	Num- ber	Per- cent	Num- ber	Per- cent	Num- ber	Per- cent	Num- ber	Per- cent	Num- ber	Per- cent	Num- ber	Per- cent
							Total	ı.						
Total	1,203	100.0	535	44.5	338	28.1	129	10.7	88_	7.3	68	5.7	45	3.7
\$0	533	44.3	409	34.0	90	7.5	17	1.4	12	1.0	5	0.4	_	_
\$1-24	377	31.3	97	8.0	208	17.3	42	3.5	23	1.9	5	0.4	2	0.2
\$25-49	111	9.3	16	1,4	27	2.2	52	4.3	13	1.1	2	0.2	1	0.1
\$50-99	82	6.8	7	0.6	10	0.8	11	0.9	33	2.7	16	1.4	5	0.4
\$100-199	68	5.6	5	0.4	3	0.3	7	0.6	7	0.6	31	2.5	15	1.2
\$200+	32	2.7	1	0.1	l <u>-</u>	_		_		_	9	0.8	22	1.8
42001	1			1.	ı	٠ _			1	•	, -	,	,	1 210
	1)irect :	intervi	₩					
Total	586	100.0	234	40.0	188	32.1	60	10.2	46	7.9	39	6.6	19	3.2
\$0	239	40.8	179	30.6	49	8.4	2	0.4	5	0.9	3	0.5	١ ـ	١ ـ
\$1-24	190	32.4	42	7.2	113	19.3	19	3.2	14	2.4	2	0.3	_	l _
\$25-49	62	10.5	7	1.2	16	2.7	30	5.1	6	1.0	2	0.4	1	0.1
\$50-99	41	7.0	3	0.5	7	1.2	6	1.0	17	2.9	7	1.2	1	0.2
\$100-199	39	6.6	3	0.5	3	0.5	3	0.5	4	0.7	19	3.2	7	ı
\$200+	16	2.7	_	"-	_	"-	_	"	-	· · ·	6	1.0	10	1.7
42001		,,	Ч	1	•	•	0-16 -			•	, ,	,	1 -0	,
		1.00 0	11	1				numerati	_					
Total	617	100.0	301	48.8	150	24.3	69	11.2	42	6.8	29	4.7	26	4.2
\$0	295	47.8	230	37.3	41	6.6	1.5	2.5	7	1.1	2	0.3	_	_
\$1-24	187	30.3	55	8.9	95	15.4	23	3.7	9	1.5	3	0.5	2	0.3
\$25-49	49	7.9	9	1.4	11	1.8	22	3.6	7	1.1	_	_	_	
\$50-99	41	6.7	4	0.7	3	0.5	5	0.8	16	2.6	وا	1.5	4	0.6
\$100-199	29	4.7	2	0.3	_	_	4	0.6	3	0.5	12	1.9	8	1.3
\$200+	16	2.6	1	0.2	-	-	-	-	-	-	3	0.5	12	2.0
						Self-e	numerat	ion—pa	ssed ed	lit				
Total	437	100.0	215	49.2	106	24.3	53	12.1	33	7.5	20	4.6	10	2.3
\$0	205	46.9	163	37.3	27	6.2	9	2.1	5	1.1	1	0.2	1	
\$1-24	128	29.3	39	8.9	67	15.3	16	3.6	4	0.9	2	0.2		_
\$25-49	44	10.1	7	1.6	9	2.1	21	4.8	7	1.6		0.5	-	_
\$50-99	33	7.6	3	0.7	3	0.7	4	0.9	14	3.2	7	1.6	2	, -
\$100-199	18	4.1	2	0.5	-	"	3	0.7	3	1	8			0.5
\$200+	9	2.0	1	0.2		[]	"] _	0.7	2	1.8	6	0.4
·				•	•	Self-e	' enumerat	ion—fa	iled ed	ı lit		, 0.5	, ,	,
Total	180	100.0	86	47.7	44	24.5	16	8.9	9	5.0	9	5.0	16	8.9
\$0	90	50.0	67	37.2	14	7.8	6	3.4	2	1.1	1	0.5	T	
\$1-24	59	32.8	16	8.8	28	15.6	7	3.9	5	2.8	1	0.6	-	, ;
\$25-49	5	2.8	2	1.2	20	1.1	1	0.5	-	2.0	-	J	2	1.1
\$50-99	8	4.4	1	0.5		~:-	1	0.6	2	1.1	2	1.1	2	1.1
\$100-199	11	6.1] ["-			1	0.5	_	-:-	4	2.2	6	3.3
\$200+	7	3.9	- 1	-	-	_	_	""	l -	-	1 1	0.6	6	3.4
	<u> </u>	1	<u> </u>		<u></u>				<u> </u>		, .		"	۰۰٬

Table V. Comparison of NHS and NORC reports of medicine expenses, by interval of expenditures: 1960

	NHS interval of expenditures										
NORC interval of expenditures	Total		Under \$25 ¹		\$25	i-49	\$5	0-99	\$100+		
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	
		•			Tot	a1					
Total	1,203	100.0	920	76.5	142	11.8	90	7.5	51	4.2	
Under \$25	888	73.8	794	66.0	67	5.5	26	2.2	1	0.1	
\$25-49	173	14.4	91	7.6	53	4.4	23	1.9	6	0.5	
\$50-99	92	7.6	30	2.5	18	1.5	30	2.5	14	1.1	
\$100+	50	4.2	5	0.4	4	0.4	11	0.9	30	2.5	
	Direct interview										
Total	586	100.0	442	75.4	75	12.8	43	7.4	26	4.4	
Under \$25	432	73.7	382	65.1	36	6.2	14	2.4	-	-	
\$25-49	88	15.0	48	8.2	30	5.1	10	1.7	-	-	
\$50-99	38	6.5	10	1.8	7	1.2	13	2.2	8	1.3	
\$100+	28	4.8	2	0.3	2	0.3	6	1.1	18	3.1	
				S	elf-enum	eration					
Total	617	100.0	478	77.4	67	10.9	47	7.6	25	4.1	
Under \$25	456	73.9	412	66.7	31	5.1	12	1.9	1	0.2	
\$25-49	85	13.8	43	7.0	23	3.7	13	2.1	6	1.0	
\$50-99	54	8.8	20	3.2	11	1.8	17	2.8	6	1.0	
\$100+	22	3.5	3	0.5	2	0.3	5	0.8	1.2	1.9	
				Self-en	umeratio	n—passed	edit				
Total	437	100.0	337	77.1	50	11.5	36	8.2	14	3.2	
Under \$25	329	75.3	302	69.1	19	4.4	8	1.8	-	-	
\$25-49	58	13.3	22	5.1	21	4.8	11	2.5	4	0.9	
\$50-99	39	8.9	13	2.9	9	2.1	14	3,2	3	0.7	
\$100+	11	2.5	-	-	1	0.2	3	0.7	7	1.6	
				Self-er	umeratio	n—failed	l edit				
Tota1	180	100.0	141	78.3	17	9.5	11	6.1	11	6.1	
Under \$25	127	70.6	110	61.1	1.2	6.7	4	2.2	1	0.6	
\$25-49	27	15.0	21	11.7	2	1.1	2	1.1	2	1.1	
\$50-99	1.5	8.3	7	3.9	2	1.1	3	1.7	3	1.6	
\$100+	11	6.1	3	1.6	1	0.6	2	1.1	5	2.8	

 $¹_{
m No}$ expense included in this category. See explanation under medicine expenses on page 11.

Table VI. Comparison of NHS and NORC reports of dental expenses, by interval of expenditures: 1960

	NHS interval of expenditures											
NORC interval of expenditures	To	Total		0	\$1	24	\$25	-49	\$50-	99	\$100	+
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
	Total											
Total	1,203	100.0	774	64.3	214	17.8	105	8.7	44	3.7	66	5.5
\$0	773	64.3	709	58.9	41	3.4	14	1.2	3.	0.3	6	0.5
\$1-24	247	20.5	52	4.3	156	13.0	33	2.7	5	0.4	1	0.1
\$25-49	76	6.3	6	0.5	13	1.1	45	3.7	10	0.8	2	0.2
\$50-99	51	4.2	2	0.2	3	0.2	10	0.8	23	1.9	13	1.1
\$100+	56	4.7	5	0.4	1	0.1	3	0.3	3	0.3	44	3.6
						Direct i	nterview	7				
Total	586	100.0	381	65.0	107	18.3	46	7.8	22	3.8	30	5.1
\$0	375	64.0	345	58.9	20	3.4	5	0.8	2	0.4	3	0.5
\$1-24	128	21.9	31	5.3	79	13.5	14	2.4	3	0.5	1	0.2
\$25-49	37	6.3	2	0.3	6	1.0	21	3.6	7	1,2	1	0.2
\$50-99	26	4.4	1	0.2	2	0.4	5	0.8	10	1.7	8	1.3
\$100+	20	3.4	2	0.3	-	-	1	0.2	-	-	17	2.9
						Self-enu	meration	ι				
Total	617	100.0	393	63.7	107	17.3	59	9.6	22	3.6	36	5.8
\$0	398	64.5	364	59.0	21	3.4	9	1.5	1	0.2	3	0.4
\$1-24	119	19.3	21	3.4	77	12.5	19	3.1	2	0.3	-	_
\$25-49	39	6.3	4	0.6	7	1.1	24	3.9	3	0.5	1	0.2
\$50-99	25	4.1	1	0.2	1	0.2	5	0.8	13	2.1	5	0.8
\$100+	36	5.8	3	0.5	1	0.1	2	0.3	3	0.5	27	4.4
					Self-	enumerati	on—pass	ed edit				
Total	437	100.0	275	62.9	68	15.6	49	11.2	1.5	3.4	30	6.9
\$0	277	63.4	256	58.6	12	2.8	7	1.6	1	0.2	1	0.2
\$1-24	78	17.8	14	3.1	49	11.2	15	3.5	_	_	_]	-
\$25-49	32	7.4	2	0.5	5	1.2	21	4.8	3	0.7	1	0.2
\$50-99	22	5.0	1	0.2	1	0.2	5	1.1	11	2.5	4	1.0
\$100+	28	6.4	2	0.5	1	0.2	1	0.2	_	_	24	5.5
					Self-	enumerati	on⊶fail	ed edit				
Total	180	100.0	118	65.5	39	21.7	10	5.6	7	3.9	[6]	3.3
\$0	121	67.2	108	60.0	9	5.0	2	1.1		_	2	1.1
\$1-24	41	22.8	7	3.9	28	15.6	4	2.2	2	1.1	-	1.1
\$25-49	7	3.9	2	1.1	20	1.1	3	1.7	_	1.1	-	-
\$50-99	3	1.7			-	1.1	3	1./	2	1.1	1	0.6
\$100+	8	4.4	1	0.5	-	_	1	0.6	3	1.7	3	1.6
				•••						/		

Table VII. Comparison of NHS and NORC reports of other health expenses, by interval of expenditures: 1960

	NHS interval of expenditures											
NORC interval of expenditures	To	otal	\$0		\$1	\$1-24		j - 49	\$50-99		\$100	+
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
						Tot	:al					
Total	1,203	100.0	982	81.6	76	6.3	94	7.8	39	3.3	12	1.0
\$0	939	78.0	888	73.8	18	1.5	20	1.6	10	0.9	3	0.2
\$1-24	114	9.5	52	4.3	49	4.1	7	0.6	5	0.4	1	0.1
\$25-49	102	8.5	32	2.7	8	0.6	54	4.5	7	0.6	1	0.1
\$50-99	37	3.1	10	0.8	1	0.1	12	1.0	14	1.2	-	-
\$100+	11	0.9	-	-	-	- '	1	0.1	3	0.2	7	0.6
						Direct i	.nterview	7				
Total	586	100.0	479	81.7	38	6.5	44	7.5	18	3.1	7	1.2
\$0	462	78.8	439	74.9	6	1.0	10	1.7	5	0.9	2	0.3
\$1-24	51	8.7	23	3.9	25	4.3	2	0.3	1	0.2	_	-
\$25-49	45	7.7	1.5	2.6	6	1.0	22	3.8	2	0.3	_	_
\$50-99	20	3.4	2	0.3	1	0.2	9	1.5	8	1.4	-	-
\$100+	8	1.4	-	-	-	-	1	0.2	2	0.3	5	0.9
						Self-enu	meration	ı				
Total	617	100.0	503	81.5	38	6.2	50	8.1	21	3.4	5_	0.8
\$0	477	77.3	449	72.7	12	2.0	10	1.6	5	0.8	1	0.2
\$1-24	63	10.2	29	4.7	24	3.9	5	0.8	4	0.7	1	0.1
\$25-49	57	9,2	17	2.8	2	0.3	32	5.2	5	0.7	1	0.2
\$50-99	17	2.8	8	1.3	-	-	3	0.5	6	1.0	-	-
\$100+	3 .	0.5	-	-	-	-	-	-	1	0.2	2	0.3
					Self~	enumerati	on—pass	ed edit				
Total	437	100.0	359	82.2	26	5.9	38	8.7	12	2.7	2	0.5
\$0	332	75.9	314	71.8	7	1.6	8	1.8	3	0.7	- 1	-
\$1-24	45	10.3	23	5.3	18	4.1	4	0.9	-	-	- 1	-
\$25-49	42	9.6	1.4	3.2	1	0.2	23	5.3	4	0.9	-	-
\$50-99	16	3.7	8	1.9	-	_	3	0.7	5	1.1		-
\$100+	2	0.5	-	-	-	-	-		-	-	2	0.5
					Self-	enumerati	on—fail	ed edit				
Tota1	180	100.0	144	80.0	12	6.7	12	6.7	9	5.0	3	1.6
\$0	145	80.6	135	75.1	5	2.8	2	1.1	2	1.1	1	0.5
\$1-24	18	10.0	6	3.3	6	3.3	1	0.6	4	2.2	1	0.6
\$25-49	1.5	8.3	3	1.6	1	0.6	9	5.0	1	0.6	1	0.5
\$50-99	1	0.6	-	-		-	-	-	1	0.6	-	-
\$100+	1	0.5	-		-	-	-		1	0.5	-	

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