



ICPSR
Inter-university Consortium for
Political and Social Research

**National Medical Expenditure Survey, 1987:
Policyholders of Private Insurance:
Premiums, Payment Sources, and Types and
Source of Coverage [Public Use Tape 15]**

**Vol. 1: Questionnaires, Data Collection Methods,
and Other Attachments**

**U.S. Dept. of Health and Human Services
Agency for Health Care Policy and Research**

ICPSR 9901

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August 2001

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U.S. Dept. of Health and Human Services
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NATIONAL MEDICAL EXPENDITURE SURVEY, 1987:
POLICYHOLDERS OF PRIVATE INSURANCE: PREMIUMS, PAYMENT SOURCES,
AND TYPES AND SOURCE OF COVERAGE [PUBLIC USE TAPE 15]

(ICPSR 9901)

Principal Investigator

United States Department of Health and Human Services
Agency for Health Care Policy and Research

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DATA COLLECTION DESCRIPTION

United States Department of Health and Human Services. Agency for Health Care Policy and Research

NATIONAL MEDICAL EXPENDITURE SURVEY, 1987: POLICYHOLDERS OF PRIVATE INSURANCE: PREMIUMS, PAYMENT SOURCES, AND TYPES AND SOURCE OF COVERAGE [PUBLIC USE TAPE 15] (ICPSR 9901)

SUMMARY: The 1987 National Medical Expenditure Survey (NMES) provides information on health expenditures by or on behalf of families and individuals, the financing of these expenditures, and each person's use of services. Public Use Tape 15 is the first release of data from the Health Insurance Plans Survey (HIPS), a follow-up to the NMES Household Survey designed to verify health insurance status provided by the NMES Household Survey respondents as well as to provide supplementary information on private health insurance coverage. The Household Survey is one of the three major components of the 1987 NMES. (The other two components are the Survey of American Indians and Alaska Natives [SAIAN] and the Institutional Population Component.) The Household Survey was fielded over four rounds of personal and telephone interviews at four-month intervals. Baseline data on household composition, employment, and insurance characteristics were updated each quarter, and information on all uses of and expenditures for health care services and sources of payment was obtained. Public Use Tape 15 provides information on private health insurance in force at the end of calendar year 1987 for employment-related and other coverage of all policyholders in the United States noninstitutionalized civilian population. There are two data files, one for employment-related insurance and one for insurance that is purchased directly from insurance carriers or associations. Records on each data file contain selected person-level demographic information, such as age, sex, race, and religion of the respective policyholder, as well as characteristics of the policyholder's health insurance coverage and the provider of employment-related insurance. CLASS IV

UNIVERSE: Noninstitutionalized civilian population of the United States.

SAMPLING: The Household Survey sample is a stratified multistage area probability design with a total sample of roughly 35,000 individuals in 14,000 households who completed all rounds of data collection. Oversampling of population subgroups of special policy interest included poor and low-income families, the elderly, the functionally impaired, and Black and Hispanic minorities. The HIPS sample included (1) all employers associated with jobs held by individuals at least 16 years old in the fourth round of the

Household Survey, (2) the most recent employer of individuals not employed in Round 4 who were at least 21 years old, and (3) all sources of health insurance that were identified by sampled individuals as in force at the end of 1987.

NOTE: Records in these files enable linkage of policyholders to the personal and socioeconomic characteristics provided in the NATIONAL MEDICAL EXPENDITURE SURVEY, 1987: HOUSEHOLD SURVEY, POPULATION CHARACTERISTICS AND PERSON-LEVEL UTILIZATION, ROUNDS 1-4 [PUBLIC USE TAPE 13] (ICPSR 9695).

EXTENT OF COLLECTION: 2 data files + machine-readable documentation (text) + database dictionary + SAS Control Cards

EXTENT OF PROCESSING: NONNUM/ BLANKS/ MDATA/ FREQ.PI

DATA FORMAT: Logical Record Length with SAS Control Cards

Part 1: Employment-Related
Coverage
File Structure: rectangular
Cases: 6,549
Variables: 125
Record Length: 560
Records Per Case: 1

Part 2: Coverage Obtained
Directly From Insurers
File Structure: rectangular
Cases: 1,992
Variables: 49
Record Length: 175
Records Per Case: 1

Part 3: Technical and
Programming Information
and Data Dictionary
Record Length: 133

Part 4: SAS Control Cards
Record Length: 80

E. Attachments
(hard copy only)

Attachment 1

Questionnaires and
Data Collection Methods for the
Household Survey and the Survey
of American Indians and Alaska Natives

National Medical Expenditure Survey Methods, 2

Questionnaires and Data Collection Methods
for the
Household Survey
and
the Survey of American Indians
and Alaska Natives

Part 1

Westat, Inc.
1650 Research Boulevard
Rockville, Maryland 20850

August 1989

U.S. Department of Health and Human Services
Public Health Service
Office of the Assistant Secretary for Health
National Center for Health Services Research
and Health Care Technology Assessment

**National Medical Expenditure Survey
Methods, 2**

**Questionnaires and Data Collection Methods
for the
Household Survey
and
the Survey of American Indians
and Alaska Natives**

Part 1

**W. Sherman Edwards
Martha Berlin**

**Westat, Inc.
1650 Research Boulevard
Rockville, Maryland 20850**

August 1989

**U.S. Department of Health and Human Services
Public Health Service
Office of the Assistant Secretary for Health
National Center for Health Services Research
and Health Care Technology Assessment**

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PREFACE

This report accompanies the second of a series of public use tapes from the 1987 National Medical Expenditure Survey (NMES), which provides a new and extensive set of data on the use of health services and on health care expenditures in the United States.

The 1980s have seen major and far-reaching changes in the structure of health care financing and reimbursement. There have been substantial changes in both private health insurance coverage and benefits, and in Medicare, Medicaid and other public payment mechanisms at the federal and state level. The continued growth of private and public expenditures for health services reflects not only a rise in the cost of care but major and continuing shifts in the age distribution of the U.S. population. The new survey and its several complementary and follow-up components will provide the policy and research community at all levels of government and in academic institutions as well as public interest and user groups with detailed, comprehensive and timely estimates of the data underlying these trends.

NMES continues a series of national health care expenditure surveys, most recently the 1980 National Medical Care Utilization and Expenditures Survey (NMCUES) and the 1977 National Medical Care Expenditures Survey (NMCES). As these earlier surveys, NMES used a national probability sample of the civilian, noninstitutionalized population in a household survey; in view of the increasing volume and cost of long-term and institutional care, NMES included, as well, the population resident in or admitted to nursing homes and facilities for the mentally retarded over the course of the survey year. To provide more focused estimates of the provision of long-term care rendered in the community, the household survey oversampled population segments known to be at risk of needing or using services for chronic impairments or long-term illness, in particular the elderly and the functionally impaired. Because of continuing policy concern with populations with restricted access to the health care delivery system, oversampling was directed as well at poor and low-income families and the black and Hispanic minorities. In addition, the American Indian and Alaska Native population living on or near reservations and eligible for the Indian Health Service was included in NMES on the basis of a separate household sample.

Together, the major components of the National Medical Expenditure Survey provide measures of health status and estimates of insurance coverage and the use of services, expenditures, and sources of payment for the period from January 1 to December 31, 1987 for the civilian population of the United States. The reports of health care expenditures and insurance coverage obtained in the household surveys are supplemented by additional surveys; most important among these are the Health Insurance Plan Survey of employers and insurers of consenting household survey respondents, and the Medical Provider Survey of physicians, osteopaths, and inpatient and outpatient facilities, including home health care agencies, reported as providing services to any member of the noninstitutionalized population sample. A projected Medicare Records component will provide a record check on 1987 eligibility status and claims information of all Medicare beneficiaries, including those in the institutional population.

The survey of persons who were resident in or admitted to long-term care facilities (nursing homes and facilities for the mentally retarded) at any time in 1987 provides data on their health care use and expenditures, both within the institution and in the community for the entire survey year. This information, as well as extensive data on health and functional status, demographic characteristics, and living arrangements and insurance coverage at the time of admission, was obtained from two primary sources. The Surveys in Institutions (SII) collected data from facility administrators and designated staff; it was complemented by Surveys of Next-of-Kin (SNK) or other knowledgeable persons in the community to obtain additional personal history and information on insurance coverage and health services use and expenditures both within and outside the institution.

The survey components were designed to provide national estimates for the civilian population of the United States in 1987. Taken in conjunction, these surveys will yield comprehensive, population-based estimates that will permit separate analyses of most groups of policy interest, including those presently outside of the scope of the various public and private financing mechanisms. In contrast to information limited to program or provider statistics, NMES will thus permit comprehensive analyses of data on all public and private sources of coverage for health care services and on out-of-pocket payments by individuals and families in the U.S. population. The data base will also enable assessment of the implications of recent and projected changes in public and private health care benefits, in methods of financing both health care and insurance coverage, and in various public and private subsidies, income tax exemptions, and employee compensation arrangements.

The NMES panel design of several rounds of household interviews and of following institutional residents over a full calendar year permits assessing the effects of changes in health status, income, employment, and eligibility for public and private insurance coverage on both the use of services and on public and private expenditures for care. Particular attention has been paid in survey and instrument design in maintaining comparability of household survey data to those of previous surveys of similar scope, in particular the 1977 NMCES, so as to provide a basis for relating changes over time to structural changes and modifications of public policy.

The 1987 National Medical Expenditure Survey was sponsored by the National Center for Health Services Research and Health Care Technology Assessment. The Indian Health Service cosponsored the Survey of American Indians and Alaska Natives. The Health Care Financing Administration provided consultation and technical assistance during the development of the survey instruments. The data were collected and are being edited and published in accordance with the confidentiality provisions of the Public Health Service Act and the Privacy Act. A series of further public use tapes is in preparation to ensure timely access to these data by the research and policy community.

Field work for the institutional population component and the household survey was conducted by Westat, Inc., Rockville, Maryland, as the primary contractor and by NORC, University of Chicago. Field work for the Survey of American Indians and Alaska Natives was conducted by the Council of Energy Resource Tribes and Stephen R. Braund Associates under subcontract to Westat. Data processing for the public use files is being provided by Social and Scientific Systems, Inc., Bethesda, Maryland.

Donald Goldstone, M.D.
Director, Division of Intramural Research
National Center for Health Services Research and Technology Assessment

July 1989

I. Introduction

This report is one in a series describing the survey instruments and data collection procedures of the 1987 National Medical Expenditure Survey (NMES). It describes the operational design and instruments used in two NMES Household Component surveys: the Household Survey (HHS) of approximately 14,000 households representing the civilian, noninstitutionalized population of the United States; and the Survey of American Indians and Alaska Natives (SAIAN) of approximately 2,000 households representing the population eligible for medical services from the Indian Health Service (IHS) and living on or near reservations. The surveys collected information about participants for all of calendar year 1987, including use of and expenses for health services, health insurance coverage, health and functional status, and employment and income. The goal of the Household Survey was to provide national estimates of the use of and expenditures for health services and of health insurance coverage. The goal of the SAIAN was to provide estimates of service use by persons eligible for care through the Indian Health Service that could be compared with the national estimates from the Household Survey. Data from both the Household Survey and SAIAN are being supplemented by information from the medical providers, and from employers and additional other sources of health insurance for survey participants. These surveys are the Medical Provider Survey and the Health Insurance Plans Survey.

NMES succeeds a series of medical expenditure surveys, notably the 1977 National Medical Care Expenditure Survey (NMCES) and the 1980 National Medical Care Utilization and Expenditure Survey (NMCUES). Like NMCES and NMCUES, the NMES surveyed a national probability sample of the civilian noninstitutionalized population. In view of the increasing importance of long-term care for the nation's health policy agenda, the NMES also focused on long-term care services and expenditures. To this end, the Household Survey included oversamples of the elderly and functionally impaired and asked in detail about health and functional status, the use of formal and informal home health care and other community-based services, and informal caregiving by survey participants. This information in the Household Survey is complemented by that obtained from the NMES Institutional Population Component, a set of surveys that collected information about persons residing in nursing and personal care homes and facilities for the mentally retarded at any time in 1987. (The first volume in this series describes the instruments and procedures of the NMES Institutional Population Component.)

The oversampling of elderly and functionally impaired in the Household Survey was accomplished through the use of a screening interview, completed with about 30,000 households in the fall of 1986. This screening interview also allowed the oversampling of other groups of particular policy interest, including Blacks, Hispanics, and the poor. The SALAN also included a screening interview, conducted in 15,000 households to identify those persons eligible for IHS services.

The design of the NMES Household Survey and the selection of question items were guided by the information needs of the NMES project of the Division of Intramural Research, National Center for Health Services Research and Health Care Technology Assessment (NCHSR), with consultation from other Federal agencies including the Health Care Financing Administration, the National Center for Health Statistics, the National Institute for Mental Health, and the Office of the Assistant Secretary for Planning and Evaluation, Department of Health and Human Services. The NMES SALAN was sponsored by the Indian Health Service and was designed and managed by NCHSR in consultation with IHS.

The next section provides a brief overview of the objectives for the NMES Household Survey and SALAN; the following section describes how these objectives were translated into designs for the two surveys. Finally, the bulk of the report presents the questions included in the two surveys and the rationale for their selection.

In each section, the Household Survey will be described first. Discussion of the SALAN will then focus on the differences between it and the Household Survey. Since the primary purposes of the SALAN are to estimate use of health care by persons eligible for IHS services and to compare these estimates with those for the civilian noninstitutionalized population of the United States, the SALAN instruments and procedures were designed to replicate those of the Household Survey as closely as possible. By and large, a single set of core instruments was used for the two surveys. To this end, a few SALAN-specific modifications such as asking whether care was received at an IHS facility were incorporated into the Household Survey questionnaires. The differences in instrumentation between the two surveys are mostly in the questions for enumerating and tracking eligible survey participants and in the inclusion or exclusion of sets of supplementary questions for relevant analytic purposes.

II. Analytical Objectives of the Household Survey and SAIAN

A. Household Survey

The primary goals of the NMES Household Survey are to provide national estimates of the use of and expenses for health care services and of health insurance coverage for the United States civilian noninstitutionalized population. These goals are unchanged from the 1977 NMES. The replication of much of the methodology of the 1977 survey will allow measurement of the trends in the type and distribution of health services utilization. The 1987 survey has expanded upon these primary goals with a view to the health policy agenda of the late 1980's.

National health expenditures. The 1987 NMES Household Survey data will support assessments of levels and trends in expenditures, the structure of services, and reimbursement patterns. The oversampling of Blacks, Hispanics, the elderly, the poor, and the functionally impaired or disabled will allow more varied and more precise estimates of use and expenses for population subgroups of particular policy interest.

Private health insurance coverage. Federal legislation in the 1980s has looked to strengthen the association between health benefits and employment. The core interview for the 1987 survey was designed to allow explicit linkages between employment and health insurance coverage for all of calendar year 1987. This association, together with new questions on changes in other life circumstances, will allow analysis of the patterns of coverage during the survey year -- in particular the extent to which coverage is maintained through periods of unemployment.

Data from the Household Survey and its follow-up, the Health Insurance Plans Survey, will allow person-based estimates of the number, characteristics, and benefits of those with group and individual private coverage, and coverage through traditional health insurance and HMO's or other alternative provider systems. It will also permit, for example, analysis of levels of coverage and coverage options available to employed persons at different income levels and in different occupational categories, trends in the structure of health benefit packages, and the effects of existing or proposed mandatory or minimum benefit requirements.

Public Programs. Analysis of the 1987 NMES will build on that of the previous surveys in examining the characteristics and utilization patterns of the population reporting public

coverage for health services. An important analytical focus will be on the inter-relationships of public coverage programs and private insurance. In particular, the oversamples of the poor and elderly will allow detailed evaluations of recent and proposed changes in Medicaid, Medicare, Veterans Administration coverage, and coverage under CHAMPUS and CHAMPVA. The NMES Medicare Records Component will supplement information on the use and costs of services for elderly and disabled Household Survey participants, allowing more detailed analyses for these groups of particular policy interest.

Long-term Care. A major new focus of the 1987 NMES is on the use of formal and informal long-term care services by the elderly and functionally impaired. The oversample of the elderly and functionally impaired in the Household Survey, and the incorporation of an Institutional Population Component into the 1987 NMES, will allow descriptions of the population receiving and at risk of requiring long-term care, estimates of the use of and expenditures for long-term care services by institutionalized and noninstitutionalized persons, and estimates of the contribution of different funding sources to this care.

Both the institutional and noninstitutional surveys provide detailed information on health and functional status at several points in time. In addition, the Household Survey provides information on the use of home health services, other community-based long-term care and support services, and on the use of informal caregivers. Analyses of this data will focus on, for example, the patterns of nursing home use and use of community-based services, the relation of social support networks to the kinds of services used, and differences between the institutionalized and noninstitutionalized populations with regard to use of acute-care services.

B. SAIAN

The primary goal of the SAIAN is to provide a data base on the utilization of medical care services in the American Indian and Alaska Native populations eligible for care through the Indian Health Service comparable to that for the general United States civilian noninstitutionalized population. To this end, analysis of the SAIAN will assess the kind and intensity of service use, health status, and access to care. The SAIAN data will be used to describe the extent to which persons eligible for IHS services seek care outside of that system, and whether such care is paid for by individuals or through public or private health insurance. It will also be used to explore the use of traditional American Indian and Alaska Native medicine.

III. Design of the NMES Household Survey and SAIAN

A. Sample Selection

Summaries of the sample designs for the Household Survey and SAIAN are presented in Appendices A and B, respectively. This section highlights aspects of the design to provide background for the discussion of data collection procedures and instruments that follow.

1. Household Survey

The Household Survey was intended to represent the civilian noninstitutionalized population of the United States living in households and noninstitutional group quarters. To this end, the Household Survey employed a sample design with four stages of selection: (1) the selection of geographic areas as Primary Sampling Units (PSU's); (2) the selection of smaller geographic areas, or segments, within PSU's; (3) the selection and screening of households within segments; and (4) the selection of individuals with particular demographic characteristics and all others within their housing units from the set of screened households.

The sample frame comprised 165 PSU's, representing 127 distinct geographic areas, drawn from the national sample frames of the Household Survey contractors, Westat and NORC. Within these PSU's, approximately 36,000 addresses from 2,300 segments were selected for screening.

Screening interviews were completed with 28,708 households. Disproportionate sampling rates were applied for households including members with characteristics of interest; households including Blacks, Hispanics, the elderly, the functionally impaired, and the poor were oversampled. A total of 15,130 addresses were selected for the panel survey. Complete information (for all of 1987) was obtained from approximately 80 percent of these households.

2. SAIAN

The SAIAN sample was intended to represent the population of American Indians and Alaska Natives living on or near reservations and eligible for services from or sponsored by the Indian Health Service.

The sample is a stratified area probability design with three stages of sample selection: (1) selection of primary sampling units (PSU's), which are counties, or groups of contiguous counties (in Alaska, the county equivalents developed by the state of Alaska and the Census Bureau for statistical purposes were employed); (2) selection of segments within PSU's; (3) selection and screening of dwelling units within segments. Based on the results of the screening, all dwelling units including persons eligible for IHS services were selected in the SAIAN.

The sample frame included all counties in the United States including or adjacent to reservations of Federally-recognized tribes or Alaska Native villages. For cost considerations, the sample frame was truncated to remove counties with the lowest concentrations of eligible persons, and disproportionate sampling was applied to remaining counties with low concentrations of American Indians.

The SAIAN sample included 20 PSU's in seven geographic regions corresponding to IHS service areas. Within these PSU's, 17,869 addresses were selected for screening in 251 segments. A screened household was deemed eligible for the survey if it included one or more American Indians or Alaska Natives eligible for IHS services. A total of 15,048 households were screened, yielding 2,018 eligible households.

B. Data Collection Procedures

1. Household Survey

Household Survey data collection began with the screening interview, conducted in person with occupied households in a national area probability sample. The screening interview asked for household characteristics used for disproportionate sampling of households including population groups of particular policy interest for the full panel survey. The screening interview thus allowed separate analyses of these groups at a lower cost than simply increasing the overall sample size of the full panel survey.

Addresses selected for the panel survey were contacted again, beginning in February, 1987. The initial step in the panel survey was to identify Reporting Units within each household.

The Primary Reporting Unit in a household included the (main) person who owned or rented the housing unit and all persons related to him or her who also lived at that address. Secondary Reporting Units consisted of persons living at the address who were unrelated to the Primary Reporting Unit members. Persons related to each other were included in the same Secondary Reporting Unit. Unmarried students aged 17-22 living away from home were included in Student Reporting Units. Following the initial breakdown of the household into Reporting Units, each Unit was interviewed separately.

Reporting Units thus identified and agreeing to participate were interviewed five times, one round of interviewing about every four months. The first four rounds each included a core interview (Table 1) that (re-)asked for household composition, use of and expenses for medical care services, health insurance coverage, employment, conditions associated with reported medical events, and days spent in bed or lost from work or school because of illness or injury. Following the first round interview, respondents were asked to record medical events in a calendar/diary that was reviewed as part of the interviews in Rounds 2-4. Finally, the core interview in Rounds 2-4 included review of and reference to a summary of responses from previous interviews.

In addition to the core interview, each interview round included one or more supplementary questionnaires (also shown in Table 1). Rounds 1 and 4 included a Long-term Care Supplement, Round 2 included a Caregiver and a Care Receiver Supplement, Supplement 3 in Round 3 focused on access to care, and Supplement 4 in Round 4 asked about income and assets. The Round 5 interview consisted solely of Supplement 5, covering a variety of topics. Between the Round 1 and Round 2 interviews, participating Reporting Units were mailed Self-administered Questionnaires, one for each family member, that asked about health status, attitudes, and habits.

In Rounds 2-4, interviewers asked about changes in Reporting Unit structure; new Reporting Units were created when one or more persons left (split from) an existing Reporting Unit; some split Units subsequently merged again. Students returning home (for the summer, for example) continued to be interviewed separately; new Student Reporting Units were created during the year as children previously living at home went off to school.

Cooperating persons living at sampled addresses at the time of the Round 1 interview were designated as "key" persons, and were followed (remained eligible for the survey) throughout 1987, so long as they remained in the civilian noninstitutionalized population within the 50 United States and the District of Columbia. Any person joining a Reporting Unit (that is, a person related to a Reporting Unit member who came to live in the same housing unit) after Round 1 was considered "non-key" unless he/she was (1) a baby born to a key person during 1987, or (2) residing outside of the United States civilian noninstitutionalized population on January 1, 1987. Non-key persons were included in the interview for the period of time during which they lived with key persons, but were not followed if they ceased living with key persons.

Field work for the NMES Household Survey largely followed the model of the 1977 NMES and 1980 NMCUES. Interviews in Rounds 1, 2, and 4 were conducted in person, with a few exceptions such as students living far from any interviewer. The Round 3 and 5 interviews were conducted over the telephone whenever possible, to help control survey costs. A sample of 10 percent of participating households was excluded from Round 3 for a methodological study. Research on the exclusion of a number of Reporting Units from a round of interviewing in the 1977 survey (Cohen and Burt, 1985) led to reducing the number of rounds of core interviews from 5 to 4.

Cooperating respondents were paid \$10 after the Round 1 and Round 2 interviews, and \$20 after the Round 4 interview. In addition, each person asked to complete a Self-administered Questionnaire was paid \$3.

2. SAIAN

The SAIAN data collection procedures were designed to resemble those used in the Household Survey as closely as possible. However, a number of features unique to the SAIAN required some adaptation of those procedures.

The SAIAN also included a screening interview, but its purpose and the associated procedures were different from those of the Household Survey. The SAIAN sample was based on an area probability frame of areas on or near reservations or Alaska Native villages. Selected areas were classified as "high-density" or "low-density," according to the expected rate of household

eligibility. Eligible households were those that included one or more American Indians or Alaska Natives eligible for IHS services. In low-density areas, the screening interview was conducted separately from the first round of interviewing, just as in the Household Survey. In high-density areas, the screening was conducted concurrently with the first round interview. The screening interview merely established whether a household was eligible for the survey; all eligible households were then asked to participate in the panel survey.

The SAIAN included only three rounds of interviewing, corresponding to Round 1, Rounds 2 and 3, and Round 4 of the Household Survey. To allow adaptation of the final Household Survey questionnaires and materials, Round 1 SAIAN interviewing began about two months after the Household Survey. Further, the extreme weather conditions (summer in Arizona, winter in Alaska), long distances between assignments, and seasonal migratory patterns of some participants required that the field period of each round be extended somewhat beyond that of the Household Survey. Because of the lesser number of interviewing rounds and the relatively low telephone coverage in many SAIAN areas, all interviews were conducted in person. Because telephone interviews were not feasible with a large percentage of the sample, the final Household Survey interview, on income taxes, prenatal care, and other topics, was not included in the SAIAN.

Several other differences in the questionnaires resulted from somewhat different objectives between the two surveys. The SAIAN sample was not expected to include enough functionally impaired persons for separate estimates of long-term care, so Household Survey supplements relating to long-term care (Long-term Care, Caregiver, and Care Receiver Supplements) were not included in the SAIAN. For each doctor visit or hospital stay, the SAIAN survey asked whether the event was at an IHS facility or not, and the SAIAN asked specifically about use of "traditional medicine." The Self-administered Questionnaire for adults, covering self-perceived health status and other topics, was revised from the Household Survey to reduce respondent burden and to include several items of particular interest to IHS.

Rules for defining Reporting Units were the same for the SAIAN as for the Household Survey, except that every Reporting Unit had to include one or more American Indians or Alaska Natives eligible for IHS services. Splits and merges of Reporting Units were handled the same way as in the Household Survey. However, the definition of "key" persons was somewhat different for SAIAN: only American Indians and Alaska Natives eligible for IHS services were

designated as key; persons not of American Indian or Alaska Native descent or not eligible for IHS services but related to and living with key persons, whether at the Round 1 interview or at any other time during the survey, were included as non-key.

Several operational aspects of the SALAN were quite different from those of the Household Survey as well. Most of the interviewers were themselves American Indians or Alaska Natives; they were recruited and supervised by the Council of Energy Resource Tribes (CERT) and Stephen R. Braund and Associates, under subcontract to Westat. About 20 percent of the interviews were not conducted entirely in English; of these, about 40 percent were conducted entirely in the native languages of the local tribe or village. Interviewers translated the questions for these interviews and converted the responses into the English precodes. Translation was most common with older respondents and in areas where other traditional customs are followed.

As in the Household Survey, respondents were paid for their participation: \$10 for the Round 1 interview, and \$15 for each of Rounds 2 and 3, which included the Self-administered Questionnaires.

Table 1. Questionnaires of the five interview rounds of the Household Survey and three interview rounds of the SALAN

	<u>Core Interview</u>	<u>Supplementary Questionnaires</u>
Round 1 (2/87 - 6/87, Household Survey) (4/87-7/87, SALAN)	Enumeration Booklet Control Card Central Questionnaire Disability Days Provider Probes Dental Visits Emergency Room Visits Hospital Outpatient Department Visits Hospital (Inpatient) Stays Home Health Visits Medical Provider Visits Traditional Medicine ² Prescribed Medicines Other Medical Expenses Conditions Employment Health Insurance	Long-term Care Supplement ¹ Developmental Disabilities
Between Rounds 1 and 2	-	Self-administered Questionnaires ¹
Round 2 (6/87-9/87, Household Survey) (8/87-12/87, SALAN)	Enumeration Booklet Control Card Central Questionnaire Summary Review	Caregiver Supplement ¹ Caregiver Probes ¹ , Care Receiver Supplement ¹ Supplement 3 ² (access) Adult Self-administered Questionnaire ²
Round 3 ¹ (9/87-12/87, Household Survey)	Enumeration Booklet Control Card Central Questionnaire Summary Review	Supplement 3 ¹ (access)
Round 4 (1/88-5/88, Household Survey and SALAN)	Enumeration Booklet Control Card Central Questionnaire Summary Review	Supplement 4 (Income/assets) Long-term Care Supplement ¹ Permission Forms Child Self-administered Questionnaire ²
Round 5 ¹ (5/88-7/88, Household Survey)	-	Supplement 5 (taxes, other) Caregiver Supplement

¹Household Survey only.

²SALAN only.

IV. Screening Interviews

A. Household Survey

The screening interview for the Household Survey was conducted from October through December of 1986 in all 165 Primary Sampling Units selected for the Household Survey sampling frame. Addresses subsequently selected for the panel survey were then contacted again beginning in February 1987.

For the screening interview, interviewers were assigned addresses selected from the listing conducted over the summer of 1986. Their first task was to confirm that the selected addresses were occupied dwelling units, and systematically to determine whether any adjacent dwelling units had been omitted from the sample listing procedure. For each sampled and occupied address, the interviewers then attempted to complete a screening interview with a knowledgeable member of the household. The data elements of the screening interview and the corresponding question numbers are presented in Table 2.

The screening interview first asked the respondent to identify a reference person for the household (the person or one of the persons owning or renting the dwelling unit) and then asked for an enumeration of persons related to the reference person also living in the household. The reference person and related household members were referred to as the Primary Reporting Unit (RU). The enumeration continued by asking for the names of unmarried persons aged 17 to 22 who usually lived at the sample address, but who were away at school. Such persons comprised Student Reporting Units. Finally, individuals or groups of related persons living in the dwelling unit but not related to the reference person were enumerated as Secondary Reporting Units.

The household respondent was then asked further questions, using the "Primary RU Screener" about members of the Primary Reporting Unit and any Student Reporting Units enumerated. Separate interviews were conducted for Secondary Reporting Units, using "Secondary RU Screeners." Table 2 shows the content of both the Primary RU and Secondary RU Screeners. Only the Primary RU Screener is reproduced in this volume, as Exhibit 1.

The remainder of the screening interview consisted of questions eliciting demographic information about each RU member, questions asking about Activities of Daily Living (ADL) and

Instrumental Activities of Daily Living (IADL), and a question asking for the combined income of all RU members in 1986. The primary purpose of these questions was to obtain information required for oversampling households for the panel survey that included persons in population groups of particular policy interest: Blacks, Hispanics, the elderly, the poor and near poor, and functionally impaired persons.

The ADL and IADL items were a subset of those selected for the Long-term Care Supplement (see Chapter VI) and for the NMES Institutional Population Component questionnaires. A subset of items was used to limit the length of the screening interview; the items were selected so as to identify as many functionally impaired persons as possible. For purposes of oversampling households including a functionally impaired person, anyone who had difficulty with one or more ADL or IADL items (except walking) and who reported having had the problem or expecting to have the problem for three months or more was considered "functionally impaired."

For the screener income question, one of a series of income cards was shown to the respondent, depending upon the RU size and whether the RU included a person 65 years of age or older. Each card listed three income categories, corresponding to "poor," "near poor," and "other" classifications for the respective family size as adopted from the 1986 poverty line specifications of the Bureau of the Census. (In practice, this question yielded an appropriate proportion of poor households, but an overabundance of near-poor households when compared with other surveys. Therefore, the near-poor distinction was dropped as an oversampling criterion.)

Table 2. Content and question numbers of the screening interviews, Household Survey

	Primary RU Screener ⁺	Secondary RU Screener
Household-level items		
Introduction	A1-A2	-
Address verification	A3	-
Identification of reference person	A4	-
Enumeration of Primary RU	A5, A8	-
Enumeration of Student RU's	A6-A7	-
Armed Forces status	A9-A10	B6-B7
Enumeration of Secondary RU's	A11-A12	-
Income	A55	B45
Recontact information	A56-A58	B46-B47
Person-level items		
Relationship to reference person	A13	B1
Date of birth	A14	B2
Marital status	A15	B3
Student status	A16-A17	B4-B5
Veteran status	A18-A23	B8-B13
Race, ethnicity	A24-A26	B14-B16
Activities of Daily Living, Instrumental Activities of Daily Living	A27-A54	B17-B44

⁺ Reproduced in Exhibit 1.

Exhibit 1. Household Survey Primary RU Screener

A1. VERIFY THAT YOU HAVE AN ELIGIBLE SCREENER RESPONDENT.

Hello, I am (NAME) with (NAME OF CONTRACTOR). (SHOW ID BADGE). We are conducting a survey for two Government agencies - the U.S. Public Health Service and the Health Care Financing Administration - to gather information on the health of people in this country and the cost of medical care. We mailed a letter to this address that explains how important your participation is to this study. Do you recall receiving the letter?

Yes. 1 (A3)
No 2 (A2)

A2. HAND RESPONDENT A COPY OF THE LETTER AND REVIEW CONTENTS.

A3. I need to make sure I have the correct address. Is this (ADDRESS FROM LABEL)?

Yes. 1 (A4)
No 2 (THANK R. END INTERVIEW)

A4. Before we begin, I want to assure you that all of your responses will be kept confidential. First, I would like to know who lives here. What is the name of the person or one of the persons who owns or rents this home (or apartment)?
ENTER NAME ON TOP LINE OF PRIMARY RU ROSTER (ON FOLDOUT). THIS IS THE REFERENCE PERSON (REF).

A5. What are the names of all persons related to (REF) who live here? Please tell me their names in order of age beginning with the oldest first.
ENTER NAMES AND SEX IN PRIMARY ROSTER. IF SEX NOT OBVIOUS, ASK: Is (PERSON) male or female?

A6. Is there anyone who is unmarried, related to (REF), and between the ages of 17 and 22 who usually lives here but who is now a full-time student living away from home?

Yes. 1 (A7)
No 2 (A8)

A7. What is the name of this student? Anyone else?
ENTER NAME(S) AND SEX IN STUDENT RU ROSTER. IF SEX NOT OBVIOUS, ASK: Is (PERSON) male or female?

A8. Have we missed anyone who is related to (REF)? Children or babies? Children away at boarding school or anyone who usually lives here but who has been away traveling, or in a hospital, or away on business?

YES. 1 (ENTER NAMES IN
PRIMARY RU ROSTER; A9)
NO 2 (A9)

Exhibit 1. Household Survey Primary RU Screener (continued)

A9. Are any of these persons, that is (NAMES IN PRIMARY RU ROSTER), on full-time active duty with the Armed Forces of the United States?

YES. 1 (A10)
NO 2 (A11)

A10. Who is on full-time duty with the Armed Forces?

CHANGE STATUS CODE FOR MEMBERS OF ARMED FORCES IN PRIMARY RU ROSTER TO "12".

A11. I have listed (NAMES IN PRIMARY AND STUDENT RU ROSTER). Is there anyone else living here now, such as friends, roomers, or other persons not related to (REF)? Do not include anyone only staying here temporarily who has a usual residence somewhere else.

YES. 1 (A12)
NO 2 (A13)

A12. What are the names of the other persons living here now?

ENTER NAME(S) AND SEX IN SECONDARY RU ROSTER. IF SEX NOT OBVIOUS, ASK: Is (PERSON) male or female?

BOX A1	NOTE: IF MORE THAN ONE PERSON IS LISTED IN THE SECONDARY RU ROSTER ASK: How are these people related to each other? BRACKET NAMES OF PERSONS RELATED TO EACH OTHER. THEY ARE MEMBERS OF SAME SECONDARY RU.
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BOX A2	<p>a. IS THE STATUS CODE FOR ALL PRIMARY RU MEMBERS "12", "MEMBER OF ARMED FORCES"?</p> <p>YES. 1 (A57, pg.26) NO 2 (b)</p> <p>b. ENTER NAME OF REFERENCE PERSON (REF) IN FIRST PERSON COLUMN. ENTER NAMES OF ALL OTHER PERSONS FROM PRIMARY RU ROSTER AND STUDENT RU ROSTER IN REMAINING COLUMNS. ENTER PERSON ID NUMBERS (A01, A02, ETC.). CONTINUE WITH C.</p> <p>c. DOES PRIMARY RU CONTAIN ONLY ONE MEMBER?</p> <p>YES, ONE PERSON RU 1 (A14) NO, MORE THAN ONE PERSON IN RU . . 2 (A13)</p>
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Exhibit 1. Household Survey Primary RU Screener (continued)

<p>A13. How is (PERSON) related to (REF)? ENTER RELATIONSHIP. →</p>	<p><u>REFERENCE PERSON</u></p>
<div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 10%;">BOX A3</div> <div style="width: 80%;"> <p>a. IS (PERSON'S) FATHER A MEMBER OF RU?</p> <p>YES (ENTER FATHER'S ID) NO</p> <p>b. IS (PERSON'S) MOTHER A MEMBER OF RU?</p> <p>YES (ENTER MOTHER'S ID) NO</p> <p>PROBE, IF UNSURE: "Are any of the people living here (PERSON'S) parents?" ENTER IN COLUMN AS APPROPRIATE.</p> </div> <div style="width: 10%;"></div> </div> </div>	<p>..... DAD ID: _____ 0</p> <p>..... MOM ID: _____ 0</p>
<p>A14. What is (PERSON'S) date of birth? VERIFY AGE USING CARD A AND RECORD.</p>	<p>_____/_____/_____ MONTH DAY YEAR</p> <p>_____ AGE</p>
<p>A15. FOR EACH PERSON UNDER AGE 17, CODE -1; FOR EACH PERSON AGE 17 OR OLDER, ASK: Is (PERSON) now married, widowed, divorced, separated or never married?</p> <p>MARRIED 1 WIDOWED 2 DIVORCED 3 SEPARATED 4 NEVER MARRIED 5 UNDER AGE 17 -1</p>	<p>..... 1 MAR 2 WID 3 DIV 4 SEP 5 NM -1 INAP</p>
<div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 10%;">BOX A4</div> <div style="width: 80%;"> <p>IS (PERSON) CURRENTLY MARRIED <u>AND</u> IS SPOUSE A MEMBER OF RU?</p> <p>YES, ENTER SPOUSE'S ID NO</p> <p>PROBE IF UNSURE: Is (PERSON'S) (husband/wife) living here? ENTER IN COLUMN.</p> </div> <div style="width: 10%;"></div> </div> </div>	<p>..... SPOUSE ID: _____ 0</p>

Exhibit 1. Household Survey Primary RU Screener (continued)

BOX A5	<p>COMPLETE BOX A5 THROUGH BOX A6 AS APPROPRIATE FOR EACH PERSON:</p> <p>a. IS (PERSON) UNMARRIED AND BETWEEN 17 AND 22 YEARS OLD?</p> <p>YES NO</p> <p>b. ARE ONE OR BOTH PARENTS A MEMBER OF RU?</p> <p>YES NO</p>	↓	<p>..... 1 (b) 2 (NP/ BOX A7)</p> <p>..... 1 (NP: BOX A7) 2 (A16)</p>
<p>A16. Is (PERSON) a full-time student?</p> <p>Yes 1 No 2</p>			<p>..... 1 (A17) 2 (NP: BOX A5 / BOX A7)</p>
<p>A17. Does (PERSON) have parents who live elsewhere?</p> <p>Yes 1 No 2</p>			<p>..... 1 BOX A6 2 (NP: BOX A5 / BOX A7)</p>
BOX A6	<p>a. CROSS OUT THIS PERSON ON PRIMARY RU ROSTER AND MARK AN "X" THROUGH PERSON COLUMN. DO NOT ASK REMAINING QUESTIONS FOR THIS PERSON. GO TO BOX A5 FOR NEXT PERSON. IF NO OTHER PERSONS CONTINUE WITH b, BELOW.</p> <p>b. ARE ALL RU MEMBERS CROSSED OUT?</p> <p>YES 1 (A57, pg.26) NO 2 BOX A7</p>		

Exhibit 1. Household Survey Primary RU Screener (continued)

<table border="1"> <tr> <td data-bbox="232 336 330 555"> BDX A7 </td> <td data-bbox="330 336 954 555"> <p>a. IS (PERSON) UNDER AGE 17:</p> <p>YES, PERSON UNDER 17 1</p> <p>NO, PERSON 17 OR OVER 2</p> <p>b. ASK A18 - A23 AS APPROPRIATE.</p> </td> </tr> </table>	BDX A7	<p>a. IS (PERSON) UNDER AGE 17:</p> <p>YES, PERSON UNDER 17 1</p> <p>NO, PERSON 17 OR OVER 2</p> <p>b. ASK A18 - A23 AS APPROPRIATE.</p>	↓ 1 (NP/A24) 2 (b)
BDX A7	<p>a. IS (PERSON) UNDER AGE 17:</p> <p>YES, PERSON UNDER 17 1</p> <p>NO, PERSON 17 OR OVER 2</p> <p>b. ASK A18 - A23 AS APPROPRIATE.</p>			
A18. Did (PERSON) ever serve on active duty in the Armed Forces of the United States?	Yes 1 No 2 DK -8 1 (A19) 2 (A20) -8 (A20)		
A19. When did (PERSON) serve? CODE ALL THAT APPLY.	World War I (April, 1917 - Nov., 1918)..... 1 World War II (Sept., 1940 - July, 1947).... 2 Korean War (June, 1950 - Jan., 1955)..... 3 Vietnam Era (Aug., 1964 - April, 1975)..... 4 Post-Vietnam (May, 1975 - Present)..... 5 Other service (all other periods)..... 6 DON'T KNOW..... -8 1 WWI 2 WWII 3 KOREA 4 VIETNAM 5 POST 6 OTHER -8 DK		
A20. Was (PERSON) ever an active member of a National Guard or military reserve unit?	Yes 1 No 2 DK -8 1 (A21) 2 BOX AB -8 BOX AB		
A21. Was all of (PERSON'S) active duty service related to National Guard or military reserve training?	Yes 1 No 2 1 2		

Exhibit 1. Household Survey Primary RU Screener (continued)

<div style="border: 1px solid black; padding: 2px; text-align: center;">BOX A8</div>	<p>IS EITHER A18 OR A20 ANSWERED "YES", "SERVED IN ARMED FORCES/NATIONAL GUARD/MILITARY RESERVE"?</p> <p style="text-align: right;">YES 1</p> <p style="text-align: right;">NO 2</p>	<p>..... 1 (A22)</p> <p>..... 2 <div style="border: 1px solid black; padding: 1px;">BOX A9</div></p>
<p>A22. Does (PERSON) have a disability related to (his/her) service in the Armed Forces of the United States?</p> <p style="text-align: right;">Yes 1</p> <p style="text-align: right;">No 2</p> <p style="text-align: right;">DK -8</p>		<p>..... 1 (A23)</p> <p>..... 2 <div style="border: 1px solid black; padding: 1px;">BOX A9</div></p> <p>..... -8 <div style="border: 1px solid black; padding: 1px;">BOX A9</div></p>
<p>A23. What is (PERSON'S) current VA disability rating?</p> <p style="text-align: right;">Rating</p> <p style="text-align: right;">DON'T KNOW</p>		<p style="text-align: right;">_____ %</p> <p>..... -8</p>
<div style="border: 1px solid black; padding: 2px; text-align: center;">BOX A9</div>	<p>GO BACK TO <div style="border: 1px solid black; padding: 1px;">BOX A7</div> FOR NEXT PERSON. IF NO OTHER PERSON, GO TO A24.</p>	
<p>A24. Please look at this card and tell me the group which best describes (PERSON'S) racial background.</p>		<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 10px;">SHOW CARD B</div> <div style="flex-grow: 1;"> <p>American Indian 1</p> <p>Alaska Native 2</p> <p>Asian or Pacific Islander..... 3</p> <p>Black..... 4</p> <p>White..... 5</p> <p>Other..... 91</p> </div> <div style="margin-left: 10px;"> <p>..... 1</p> <p>..... 2</p> <p>..... 3</p> <p>..... 4</p> <p>..... 5</p> <p>..... 91</p> <div style="font-size: 3em; line-height: 1; margin: 0 5px;">}</div> <p>(NP)</p> </div> </div>

Exhibit 1. Household Survey Primary RU Screener (continued)

<p>A25. Do any of the groups on this card represent (PERSON'S) main national origin or ancestry?</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;"> SHOW CARD C </div> <p>Yes 1 No 2 DK -8</p>	<p>..... 1 (A26) 2 (NP/A27) -8 (NP/A27)</p>
<p>A26. Could you please give me the group?</p> <p>Puerto Rican..... 1 Cuban..... 2 Mexican, Mexicano, Mexican-American, Chicano..... 3 Other Latin American..... 4 Other Spanish..... 5</p>	<p>..... 1 2 3 } (NP:A25/A27) 4 5</p>
<p>A27. The next questions are about whether you (and members of your family) have any difficulty doing everyday activities without help. By help, I mean either the help of another person, including people who live with you, or the help of special equipment.</p> <p>Because of a physical or mental health problem does anyone in the family have any difficulty <u>bathing</u> or <u>showering</u> without help? IF SOMEONE "DOESN'T DO AT ALL" OR "DOESN'T DO WITHOUT HELP," PROBE: Is this because of a mental or physical health problem?</p> <p>Yes..... 1 (A28) No..... 2 (A30)</p>	
<p>A28. Who is that? Anyone else? CODE IN EACH PERSON COLUMN AND CHECK ADL CHECKBOX FOR EACH PERSON WITH DIFFICULTY.</p> <p>HAS DIFFICULTY..... 1 DOES NOT HAVE DIFFICULTY..... 2</p>	<p>..... 1 2</p>
<p>A29. FOR EACH PERSON CODED "HAS DIFFICULTY" IN A28: Does (PERSON) receive help from another person in <u>bathing</u> or <u>showering</u>?</p> <p>Yes..... 1 No..... 2</p>	<p>..... 1 2</p>

Exhibit 1. Household Survey Primary RU Screener (continued)

<p>A30. Because of a physical or mental health problem does anyone in the family have any difficulty <u>dressing</u> without help, including getting clothes? IF SOMEONE "DOESN'T DO AT ALL" OR "DOESN'T DO WITHOUT HELP," PROBE: Is this because of a mental or physical health problem?</p> <p>Yes 1 (A31) No 2 (A33)</p>	
<p>A31. Who is that? Anyone else? CODE EACH PERSON COLUMN AND CHECK ADL CHECKBOX FOR EACH PERSON WITH DIFFICULTY.</p> <p>HAS DIFFICULTY..... 1 DOES NOT HAVE DIFFICULTY..... 2</p>	<p>..... 1 2</p>
<p>A32. FOR EACH PERSON CODED "HAS DIFFICULTY" IN A31: Does (PERSON) receive help from another person in getting dressed?</p> <p>Yes 1 No 2</p>	<p>..... 1 2</p>
<p>A33. Because of a physical or mental health problem does anyone in the family have any difficulty feeding (yourself/himself/herself) without help? IF SOMEONE "DOESN'T DO AT ALL" OR "DOESN'T DO WITHOUT HELP," PROBE: Is this because of a mental or physical health problem?</p> <p>Yes 1 (A34) No 2 (A37)</p>	
<p>A34. Who is that? Anyone else? CODE IN EACH PERSON COLUMN AND CHECK ADL CHECKBOX FOR EACH PERSON WITH DIFFICULTY.</p> <p>HAS DIFFICULTY..... 1 DOES NOT HAVE DIFFICULTY..... 2</p>	<p>..... 1 2</p>
<p>A35. FOR EACH PERSON CODED "HAS DIFFICULTY" IN A34, ASK: Does (PERSON) feed (yourself/himself/herself) at all, either with or without help of any kind?</p> <p>YES, FEEDS SELF 1 NO, DOESN'T FEED SELF 2</p>	<p>..... 1 2</p>

Exhibit 1. Household Survey Primary RU Screener (continued)

<p>A36. FOR EACH PERSON CODED "FEEDS SELF" IN A35, ASK: Does (PERSON) receive help from another person in feeding (yourself/himself/herself)?</p> <p>Yes 1 No 2</p>	<p>..... 1 2</p>
<p>A37. Does anyone in the family have any difficulty <u>getting in and out of bed or chairs</u> without help? IF SOMEONE "DOESN'T DO AT ALL" OR "DOESN'T DO WITHOUT HELP," PROBE: Is this because of a mental or physical health problem?</p> <p>Yes 1 (A38) No 2 (A41)</p>	
<p>A38. Who is that? Anyone else? CODE IN EACH PERSON COLUMN AND CHECK ADL CHECKBOX FOR EACH PERSON WITH DIFFICULTY.</p> <p>HAS DIFFICULTY..... 1 DOES NOT HAVE DIFFICULTY..... 2</p>	<p>..... 1 2</p>
<p>A39. FOR EACH PERSON CODED "HAS DIFFICULTY" IN A38, ASK: Does (PERSON) get in and out of bed at all, either with or without help of any kind?</p> <p>YES, GETS IN/OUT OF BED 1 NO, DOESN'T GET IN/OUT OF BED 2</p>	<p>..... 1 2</p>
<p>A40. FOR EACH PERSON CODED "GETS IN/OUT OF BED" IN A39, ASK: Does (PERSON) receive help from another person in getting in and out of bed or chairs?</p> <p>Yes 1 No 2</p>	<p>..... 1 2</p>
<p>A41. Does anyone in the family have any difficulty <u>shopping for personal items</u> such as toilet items or medicines, without help? IF SOMEONE "DOESN'T DO AT ALL" OR "DOESN'T DO WITHOUT HELP," PROBE: Is this because of a mental or physical health problem?</p> <p>Yes 1 (A42) No 2 (A45)</p>	

Exhibit 1. Household Survey Primary RU Screener (continued)

<p>A42. Who is that? Anyone else? CODE IN EACH PERSON COLUMN AND CHECK ADL CHECKBOX FOR EACH PERSON WITH DIFFICULTY.</p> <p>HAS DIFFICULTY..... 1 DOES NOT HAVE DIFFICULTY..... 2</p>	<p>..... 1 2</p>
<p>A43. FOR EACH PERSON CODED "HAS DIFFICULTY" IN A42, ASK: Does (PERSON) shop for personal items at all, either with or without help?</p> <p>YES, SHOPS FOR ITEMS 1 NO, DOESN'T SHOP FOR ITEMS 2</p>	<p>..... 1 2</p>
<p>A44. FOR EACH PERSON CODED "SHOPS" IN A43, ASK: Does (PERSON) receive help from another person in shopping for personal items?</p> <p>Yes 1 No 2</p>	<p>..... 1 2</p>
<p>A45. Does anyone in the family have any difficulty <u>walking across a room</u> without help? IF SOMEONE "DOESN'T DO AT ALL" OR "DOESN'T DO WITHOUT HELP," PROBE: Is this because of a mental or physical health problem?</p> <p>Yes 1 (A46) No 2 (A49)</p>	
<p>A46. Who is that? Anyone else? CODE IN EACH PERSON COLUMN AND CHECK ADL CHECKBOX FOR EACH PERSON WITH DIFFICULTY.</p> <p>HAS DIFFICULTY..... 1 DOES NOT HAVE DIFFICULTY..... 2</p>	<p>..... 1 2</p>
<p>A47. FOR EACH PERSON CODED "HAS DIFFICULTY" IN A46, ASK: Does (PERSON) walk across a room at all, either with or without help?</p> <p>YES, WALKS ACROSS ROOM 1 NO, DOESN'T WALK ACROSS ROOM..... 2</p>	<p>..... 1 2</p>
<p>A48. FOR EACH PERSON CODED "WALKS" IN A47, ASK: Does (PERSON) receive help from another person in walking across a room?</p> <p>Yes 1 No 2</p>	<p>..... 1 2</p>

Exhibit 1. Household Survey Primary RU Screener (continued)

<p>A49. Because of a physical or mental health problem does anyone in the family have any difficulty <u>getting around the community</u> without help? For example, driving a car or using public transportation. IF SOMEONE "DOESN'T DO AT ALL" OR "DOESN'T DO WITHOUT HELP," PROBE: Is this because of a mental or physical health problem?</p> <p>Yes 1 (A50) No 2 BOX A10</p>	
<p>A50. Who is that? Anyone else? CODE IN EACH PERSON COLUMN AND CHECK ADL CHECKBOX FOR EACH PERSON WITH DIFFICULTY.</p> <p>HAS DIFFICULTY..... 1 DOES NOT HAVE DIFFICULTY..... 2</p>	<p>..... 1 2</p>
<p>A51. FOR EACH PERSON CODED "HAS DIFFICULTY" IN A50, ASK: Does (PERSON) get around the community at all, either with or without help?</p> <p>YES, GETS AROUND 1 NO, DOESN'T GET AROUND 2</p>	<p>..... 1 2</p>
<p>A52. FOR EACH PERSON CODED "GETS AROUND" IN A51, ASK: Does (PERSON) receive help from another person in getting around the community?</p> <p>Yes 1 No 2</p>	<p>..... 1 2</p>

Exhibit 1. Household Survey Primary RU Screener (continued)

<p>BOX A10</p>	<p>REVIEW ADL CHECKBOXES.</p> <p>ARE ANY OF THE BOXES FOR (PERSON) CHECKED?</p> <p>Yes 1</p> <p>No 2</p>	<p>..... 1 (A53)</p> <p>..... 2 (NP/A55)</p>
<p>A53. (REVIEW ADL CHECKBOXES). You said that (PERSON) has difficulty (MARKED ITEMS IN CHECKBOXES). Has (PERSON) had (this problem/ any of these problems) for more than three months?</p> <p>Yes 1</p> <p>No 2</p>		<p>..... 1</p> <p>..... 2</p>
<p>A54. Do you expect (PERSON) will have (this problem/any of these problems) three months from now?</p> <p>Yes..... 1</p> <p>No..... 2</p>		<p>..... 1 (NP: BOX A10 / A55)</p> <p>..... 2 (NP: BOX A10 / A55)</p>

Exhibit 1. Household Survey Primary RU Screener (continued)

A55. (REVIEW NUMBER OF PEOPLE IN RU. HAND R APPROPRIATE CARD)

Which of these income groups represents your total (combined family) income for the past twelve months? Please include income from all sources such as wages, salaries, social security or retirement benefits, interest on dividends, rent from property and so forth. Just tell me the letter. CIRCLE APPROPRIATE RESPONSE LETTER.

SHOW
CARD
D

RECORD CARD NUMBER: D

A
B
C

A56. In a few months, we will be recontacting some families for another interview to find out about their illnesses, medical care, visits to doctors and dentists, and the cost of health care.

IF MORE THAN ONE ADULT IN RU, ASK: Who would be the best person to provide the information for your family?

NAME

ID NUMBER

A57. In case we would need to contact your family again, could I have the telephone number here? IF NO TELEPHONE, ASK: Is there a number at which you can be reached?

____-____-____

A58. What is the current mailing address for your residence? ☐ SAME AS ADDRESS LABEL.

STREET/RFD

APT. #

CITY

STATE

ZIP

BOX A11	REVIEW SECONDARY RU ROSTER.
	IS ANYONE LISTED IN SECONDARY RU ROSTER?
	YES CONTINUE WITH SECONDARY RU SCREENER.
	NO THANK RESPONDENT.

END TIME: _____ AM
PM

B. SAIAN

The purpose of the SAIAN screening interview was solely to identify eligible households, that is, households including at least one American Indian or Alaska Native eligible for IHS services. In "low-density" areas, that is, areas in which the expected eligible population was relatively small compared with the overall population, a separate screening effort was undertaken, beginning in January 1987. For "high-density" areas, the screener was conducted concurrently with the Round 1 interviewing; for eligible households, interviewers simply continued with the core interview after the screener was completed. The separate screening procedure in low-density areas was adopted as a way to control the costs of field work in these areas. Since the screening interview was relatively brief, interviewers required much less training than for the main survey. Since the low-density areas were, by definition, predominantly non-Indian, experienced non-Indian interviewers could be used effectively for the screening.

Since all screening for the SAIAN was done after January 1, 1987, the screening interviews included a more detailed enumeration than that of the screening interviews for the Household Survey. The SAIAN enumeration included items asking about persons who may have lived in the RU on January 1 who had since died or become institutionalized. These items were included in the Round 1 Enumeration Booklets.

Questions comprising the SAIAN screener are presented as Exhibit 2. These questions were bound with the Control Card Enumeration Booklet, since many of the screeners were conducted concurrently with the Round 1 interview. Table 3 lists the data elements for the screener with their question numbers. Since the SAIAN design included no oversampling comparable to the Household Survey, items such as ADL and IADL limitations and family income were not necessary in the SAIAN screener.

Since the screening interview was very brief for ineligible families, several questions about usual source of health care and health insurance coverage asked only of ineligible households were added to the screening interview. The purpose of these questions was to make the end of the interview less abrupt.

Exhibit 2. SAIAN Primary RU Screener

START TIME _____ AM
PM

SA1.	<p>VERIFY THAT YOU HAVE AN APPROPRIATE SCREENER RESPONDENT.</p> <p>Hello, my name is _____ with (NAME OF CONTRACTOR) (SHOW ID BADGE). We are conducting a survey for the U.S. Department of Health and Human Services to gather information on the health of people in this country and the cost of medical care.</p>
SA2.	<p>HAND RESPONDENT A COPY OF LETTER AND REVIEW CONTENTS.</p> <p>Here's a letter explaining more about this study and how important your participation is.</p> <p>[Because we are including American Indians/Alaska Natives in this study, we want them to know that this study has the approval of the (tribal/Alaska Native) governments.]</p>
SA3.	<p>I need to make sure I have the correct address. Is this (ADDRESS FROM LABEL)?</p> <p>Yes. 1 (SA4)</p> <p>No 2 (THANK R. END INTERVIEW)</p>
SA4.	<p>Before we begin, I want to assure you that all of your responses will be kept confidential. First, how many people related to you are living here?</p> <p>RECORD NUMBER <input type="text"/> <input type="text"/> + R = <input type="text"/> <input type="text"/> PERSONS</p>
SA5.	<p>Is there anyone else living here who is not related to you?</p> <p>Yes. 1 (SA6)</p> <p>No 2 (SA7)</p>
SA6.	<p>How many people not related to you live here?</p> <p>RECORD NUMBER <input type="text"/> <input type="text"/></p>
SA7.	<p>So, altogether that makes (NUMBER) who live here.</p> <p>RECORD NUMBER <input type="text"/> <input type="text"/> (SA4 + SA6)</p>
SA8.	<p>Are any of these (NUMBER) people of (American Indian/Alaska Native) background?</p> <p>Yes. 1 (SA9)</p> <p>No 2 (SA56, pg.28)</p>

Exhibit 2. SAIAN Primary RU Screener (continued)

<p>SA9. Are any of these (NUMBER) people eligible to receive health services provided by or paid for by the Indian Health Service (IHS)?</p> <p style="text-align: right;">Yes. 1 (SA11) No 2 (SA10)</p>
<p>SA10. Are any of these (NUMBER) people eligible to receive health services provided by or paid for by an (Indian Tribe/NAME OF ALASKA REGIONAL/NATIVE CORPORATION)?</p> <p style="text-align: right;">Yes. 1 (SA11) No 2 (SA56, pg.28)</p>
<p>SA11. You told me that (NUMBER) people live here. What is the name of the person or one of the persons who lives here and owns or rents this home? ENTER OWNER/RENTER NAME ON TOP LINE OF THE PRIMARY SECTION OF PRIMARY RU ROSTER (ON FOLDOUT). THIS PERSON IS THE REFERENCE PERSON FOR ALL QUESTIONS.</p>
<p>SA12. What are the names of all persons related to (REF) by blood, marriage or adoption who live here? Please tell me their names in order of age beginning with the oldest first. ENTER NAMES AND SEX IN PRIMARY ROSTER. IF SEX NOT OBVIOUS, ASK: Is (PERSON) male or female?</p>
<p>SA13. Is there anyone who has never been married, related to (REF), and between the age of 17 and 22 who usually lives here but is now a full-time student living away from home?</p> <p style="text-align: right;">Yes. 1 (S14) No 2 (S15)</p>
<p>SA14. What is the name of this student? Anyone else? ENTER NAME(S) AND SEX IN STUDENT RU ROSTER. IF SEX NOT OBVIOUS, ASK: Is this (PERSON) male or female?</p>
<p>SA15. Have we missed anyone who is related to (REF)? Babies, children under 17 who are away at school or visiting relatives or anyone else who usually lives here but who has been away traveling, in a hospital, away on business (away at work)?</p> <p style="text-align: right;">Yes. 1 (ENTER NAMES IN PRIMARY RU ROSTER; SA16) No 2 (SA16)</p>

Exhibit 2. SAIAN Primary RU Screener (continued)

PRIMARY RU ROSTER

FIRST NAME	LAST NAME	SEX	STATUS CODE	END DATE
1. (REF)			11	
2.			11	
3.			11	
4.			11	
5.			11	
6.			11	

STUDENT RU ROSTER (RELATED TO REF)

FIRST NAME	LAST NAME	SEX	STATUS CODE
1.			13
2.			13
3.			13

SECONDARY RU ROSTER

FIRST NAME	LAST NAME	SEX	STATUS CODE	END DATE
1.			21	
2.			21	
3.			21	
4.			21	
5.			21	
6.			21	

Exhibit 2. SAIAN Primary RU Screener (continued)

SA16.	Are any of these people, that is, (NAMES LISTED IN PRIMARY RU ROSTER) on full-time active duty with the Armed Forces of the United States?	Yes. 1 (SA17) No 2 (SA18)
SA17.	Who is on full-time duty with the Armed Forces? CHANGE STATUS CODE IN PRIMARY RU ROSTER TO "12". PROBE: Anyone else?	
SA18.	Was there anyone living here at any time since (REFERENCE DATE) who was related to (REF) and who has since died?	Yes. 1 (SA19) No 2 (SA21)
SA19.	What was that person's name? Anyone else? ENTER NAME(S) IN PRIMARY RU ROSTER AND CHANGE STATUS CODE TO "31". GO TO SA20.	
SA20.	What was the date of (PERSON'S) death? RECORD IN END DATE ON PRIMARY RU ROSTER. GO TO SA21.	
SA21.	Was there anyone living here at any time since (REFERENCE DATE) who is related to (REF) and who is now living in a nursing home, home for the mentally retarded, or psychiatric hospital?	Yes. 1 (SA22) No 2 (SA24)
SA22.	What is this person's name? Anyone else? ENTER NAME(S) IN PRIMARY RU ROSTER AND CHANGE STATUS CODE TO "32". GO TO SA23.	
SA23.	On what date did (PERSON) enter an institution? RECORD IN END DATE ON PRIMARY RU ROSTER. GO TO SA24.	

Exhibit 2. SAIAN Primary RU Screener (continued)

<p>SA24. I have listed (NAMES IN PRIMARY RU ROSTER). Is there anyone else living here now, such as friends, roomers, or other persons not related to (REF)? Do not include anyone only staying here temporarily whose usual place of residence is elsewhere.</p>	
<p>Yes. 1 (SA25)</p> <p>No 2 BOX SA2</p>	
<p>SA25. What are the names of the other persons living here now? Anyone else? ENTER NAME(S) AND SEX IN SECONDARY RU ROSTER. IF SEX NOT OBVIOUS, ASK: Is (PERSON) male or female?</p>	

<p>BOX SA1</p>	<p>NOTE: IF MORE THAN ONE PERSON IS LISTED IN THE SECONDARY RU ROSTER ASK: How are these people related to each other? BRACKET NAMES OF PERSONS RELATED TO EACH OTHER. THEY ARE MEMBERS OF SAME SECONDARY RU.</p>
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<p>BOX SA2</p>	<p>a. IS THE STATUS CODE FOR ALL PRIMARY RU MEMBERS "12", "MEMBER OF ARMED FORCES"?</p> <p>YES. 1 BOX SA15, pg.27</p> <p>NO 2 (b)</p> <p>b. ENTER NAME OF REFERENCE PERSON (REF) IN FIRST PERSON COLUMN OF <u>CONTROL CARD</u> AND <u>SCREENER</u>. ENTER NAMES OF ALL OTHER PERSONS FROM PRIMARY RU ROSTER IN REMAINING COLUMNS. ENTER PERSON ID NUMBERS. RECORD STATUS CODES, SEX AND END DATES. GO TO SA26.</p>
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Exhibit 2. SAIAN Primary RU Screener (continued)

<p>SA26. Please look at this card and tell me the number of the group which <u>best</u> describes (PERSON'S) racial background. READ IF NECESSARY.</p>		
<div style="border: 1px solid black; padding: 2px; display: inline-block;"> SHOW CARD A </div>	American Indian	①
	Alaska Native	②
	Asian or Pacific Islander	③
	Black	④
	White	⑤
	Other	⑥
 1 (SA27) 2 3 4 } (SA28) 5 6	
<p>SA27. What is the principal Indian tribe which (PERSON) is a member of, or are/is eligible to be enrolled in?</p>		
<p>DON'T KNOW..... -8</p>		NAME OF TRIBE (SA28) -8 (SA28)
<p>SA28. Is (PERSON) eligible to receive health services provided by or paid for by the Indian Health Service (IHS)?</p>		
<p>Yes, eligible ① No, not eligible ② DON'T KNOW ③</p>	 1 2 } (SA29) -8
<p>SA29. Is (PERSON) eligible to receive health services provided by or paid for by a [tribe/inter-tribal council/(ALASKA REGIONAL CORPORATION)]?</p>		
<p>Yes, eligible ① No, not eligible ② DON'T KNOW ③</p>	 1 2 } (NP:SA26/ -8 } BOX SA3

BOX SA3	IS ANYONE IN THE RU ELIGIBLE FOR HEALTH SERVICES FROM IHS, FROM A TRIBE OR INTER-TRIBAL COUNCIL OR FROM AN ALASKA REGIONAL CORPORATION (IS SA28 OR SA29 CODED "1")?	
	YES, AT LEAST ONE PERSON ELIGIBLE. 1	BOX SA4
	NO, NO ONE ELIGIBLE. 2	BOX SA15, pg.27

BOX SA4	a. IS THIS A SCREENER ONLY?	
	YES.	1 (SA54, pg.27)
	NO	2 (b)
	b. DOES PRIMARY RU CONTAIN ONLY ONE MEMBER?	
	YES, ONE PERSON RU	1 (SA31)
	NO, MORE THAN ONE PERSON IN RU	2 (SA30)

Exhibit 2. SAIAN Primary RU Screener (continued)

<p>SA54. In a few weeks, we will be recontacting some families for another interview to find out about their illnesses, medical care, visits to doctors and dentists, and the cost of health care.</p> <p>IF MORE THAN ONE ADULT IN RU, ASK: Who would be the best person to provide the information for your family?</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <p>NAME (BEST PERSON)</p> </div> <div style="width: 35%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <p>PERSON #</p> </div> </div>
<p>SA55. What is the telephone number here?</p> <p>IF NO TELEPHONE, ASK: Is there a number at which you can be reached?</p> <p style="text-align: center; margin-top: 10px;">RESP. PHONE - </p>

BOX SA15	<p>a. RECORD END TIME: _____ AM PM</p> <p>b. IS ENTIRE RU INELIGIBLE (ALL STUDENTS OR ALL MEMBERS OF ARMED FORCES OR NOT ELIGIBLE FOR IHS SERVICES)?</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 40%;"> <p>YES.</p> <p>NO</p> </div> <div style="width: 55%;"> <p>1 (THANK R AND TERMINATE INTERVIEW. CONTINUE WITH c.)</p> <p>2 (MAKE APPOINTMENT. TERMINATE INTERVIEW WITH PRIMARY RU. GO TO c.)</p> </div> </div> <p>c. ARE THERE ANY SECONDARY RU'S AT THIS DU?</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 40%;"> <p>YES.</p> <p>NO</p> </div> <div style="width: 55%;"> <p>1 (CONTINUE WITH SECONDARY SCREENER.)</p> <p>2 (END OF INTERVIEW.)</p> </div> </div>
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Exhibit 2. SAJAN Primary RU Screener (continued)

<p>SA56. Now I have some questions about the place you and other members of your family <u>usually</u> go when you are sick or need advice about your health.</p>
<p>Is there a particular clinic, health center, doctor's office, or other place that you and your family usually go to if you are sick or need advice about your health?</p>
<p>Yes. 1 (SA57) No 2 (SA59)</p>
<p>SA57. What kind of place is that -- a clinic, a health center, a hospital, a doctor's office, or some other place?</p>
<p>Hospital outpatient clinic 1 Hospital emergency room. 2 Company/Industry clinic. 3 Health center. 4 Doctor's office. 5 Other. 91 DON'T KNOW -8</p>
<p>SA58. How do you usually get there -- by walking, driving, being driven by someone else, by taxi, other public transportation, or some other way?</p>
<p>Walking. 1 Driving. 2 Being driven 3 Taxi 4 Other public transportation. . . . 5 OTHER SPECIFY 6 DON'T KNOW -8</p>
<p>SA59. Are you and your family covered by any type of health insurance?</p>
<p>Yes. 1 No 2 DON'T KNOW -8</p>

Exhibit 2. SAIAN Primary RU Screener (continued)

SA60. These are all the questions I have for you. On behalf of the U.S. Department of Health and Human Services I would like to thank you for your help. In case we need to contact you again, what is the telephone number here?

-

OR

(NO PHONE) ☐

SA61. What is your name?

NAME

(END INTERVIEW.)

END TIME: : AM
PM

Table 3. Content and question numbers of the screening interviews, SAIAN

	Primary RU Screener ⁺	Secondary and Student RU Screener
Household-level items		
Introduction	SA1-SA2	-
Address verification	SA3	-
Number of people in household	SA4-SA7	-
Eligibility for survey	SA8-SA10	-
Identification of reference person	SA-11	-
Enumeration of Primary RU	SA12, SA15	-
	SA18-SA23	-
Enumeration of Student RU's	SA13-SA14	-
Armed forces status	SA16-SA17	-
Enumeration of Secondary RU's	SA24-SA25	-
Recontact information	SA54-SA55	SB30-SB31
Person-level items		
Race, tribal membership	SA26-SA27	SB1-SB2
Eligibility for IHS, tribal services	SA28-SA29	SB3-SB4
Questions for ineligible households	SA56-SA61	-

⁺ Reproduced in Exhibit 2.

V. Core Interview

A. Introduction

The design and content of the Household Survey core interview were based on the 1977 NMCES and 1980 NMCUES. However, a number of changes from the former surveys were instituted in both format and substance. Changes in substance will largely be covered in the section-specific descriptions that follow. Some include the re-working of the "charge series," a set of questions asking for charges and amount and source of payment for each kind of medical service reported, to reflect the complex patterns of an array of payment and reimbursement mechanisms. The health insurance section was substantially revised to identify any disruptions of coverage during 1987 and to link health insurance coverage with jobs reported in the employment section. The employment section was in turn expanded considerably so as to identify all employment during 1987 and previous jobs that could be sources of health insurance coverage. Finally, a new section was developed that asked about home health care, including medical services, therapy, and housekeeping services obtained for medical reasons.

Questionnaire design staff made a number of changes to the format and layout of the core interview as compared with the 1977 and 1980 surveys. These changes were a function both of developments in word processing software and of differences in philosophy and approach on the part of the design team for the 1987 NMES. The format changes included:

- (1) Changing the questionnaires from a horizontal to a vertical orientation;
- (2) Using a larger type font;
- (3) Revising the use of answer columns;
- (4) Moving all event-level questions to separate booklets; and
- (5) Replacing many complex interviewer instructions with instruction boxes that interviewers code like questions.

The rationale and effects of these changes are described in detail in the following paragraphs.

Changing the questionnaires from a horizontal to a vertical orientation. The 1977 and 1980 questionnaires were laid out horizontally on 11" x 8.5" pages. This somewhat unusual arrangement allowed the inclusion of six reasonably-sized answer columns for recording answers to person-level questions repeated for each family member, or to visit-level questions repeated for a series of medical visits. (If a Reporting Unit included more than six persons, a second questionnaire was needed.) It also allowed the use of double-columned pages for sections not using answer columns. However, production and revisions were more tedious than with the traditional vertical page layout. In 1987, based on a review of data from the 1983 Current Population Survey, it was determined that less than five percent of the RU's would require a sixth column, so it was dropped to allow greater flexibility than the horizontal layout.

Using a different type font. The 1977 and 1980 questionnaires were produced with 12-point type and reduced in reproduction. The 1987 survey design staff felt that the reduction made the print difficult to read, and chose instead an eight-point font that was reproduced full-size. This change, combined with the change in page layout, meant that the 1987 questionnaire would accommodate about as many questions on a page as the 1977 and 1980 surveys, when a single column of questions was used. The 1987 questionnaires include no double-column pages.

Revising the use of answer columns. The 1977 core interview questionnaire used answer columns for the Provider Probes, Other Medical Expense, Flat Fee, and Health Insurance Sections. The 1980 survey adapted the answer-column format for Hospital Outpatient Department and Dental Visit Sections. The 1987 survey dropped this 1980 use of event-level columns, in part because of the decision to include physician charge columns within the Emergency Room and Hospital Outpatient Department Visit Booklets as the previous surveys had done with the Hospital Stay Section. The 1987 survey also converted the Disability Days Section to answer-column format.

Moving all event-level questions to separate booklets. The 1987 core interview required more pages than the core interviews of the 1977 and 1980 surveys. This was largely due to the increase in the number of questions in the health insurance and employment sections, but also resulted from the decision not to use a double-column format, except in a few places. Because of the bulk of paper required for a core interview, design staff decided that the 1987 Central Questionnaire would include only those sections to be administered to all respondents. Contingent sections, such as those asking in detail about medical visits, would be bound separately

in color-coded booklets. The previous surveys had included one or more contingent sections of each type (1977) or most types (1980), so that many interviews could be completed with a single questionnaire booklet. "Continuation pages," color-coded by type of section, were used in the previous surveys when more visits, stays, medicines, etc., were reported than could be accommodated in the central questionnaire. The "core interview" in NMES therefore comprised the Central Questionnaire, an Enumeration Booklet, and booklets for visits, stays, and expenses reported.

Replacing many complex interviewer instructions with instruction boxes that interviewers code like questions. The 1977 and 1980 surveys included many interviewer instructions, printed in capital letters, some of which were quite complex. In the 1987 questionnaires, designers used instruction boxes to break complex instructions into components. Each instruction box asks a single question; the interviewer codes the appropriate answer, either from memory, by observation, or by referring to another part of the instruments; then the interviewer follows the skip instruction next to the circled code. Such boxes, for example, instructed Household Survey interviewers to skip sets of questions intended only for SALAN interviews, and allowed very complicated skip patterns in the Health Insurance and Employment Sections.

This convention, while simplifying complex interviewer instructions and reducing the possibility of errors due to misinterpretation of such instructions, probably added slightly to the length of the interview. The use of separate booklets for all contingent sections and the use of answer columns in the Disability Days Section probably also lengthened the interview somewhat.

The sequence of sections within the core interview was essentially replicated from the 1977 and 1980 surveys, with the exception of the review of the Summary of responses in Rounds 2-4, which was moved to a place early in the interview. Observers of the previous surveys, in which the Summary review followed the other sections of the core interview, had noted that some interviewers used the Summary as a recall bounding device. That is, if a respondent mentioned a doctor visit or other event but was unsure of the date, the interviewer would refer to the Summary for events reported in the previous interview. If a visit to the doctor in question appeared on the Summary, the interviewer would say, for example, "Last time you told me about a visit to Dr. Smith for a general checkup on March 23. Have you been to Dr. Smith since then?" Such a tactic prevented double-counting visits and helped the respondent recall an approximate date for visits

that were not duplicates. Moving the formal Summary review to earlier in the interview was intended to make this bounding procedure routine.

Most of the format conventions for questions and instructions in the questionnaires were carried over from the previous surveys; several modifications were added. The conventions are described here to assist readers in interpreting the exhibited questionnaire sections. The conventions include:

- The numbering of questions and instruction boxes;
- The use of upper and lower case in questions, instructions, and response categories;
- Parenthetical expressions within questions; and
- Skip instructions.

Numbering of questions. Each booklet, supplementary questionnaire, or section within the Central Questionnaire is designated by a letter, roughly corresponding to the order in which the booklet or section was to be asked: "A" is the Primary RU Enumeration Booklet, "B" the Disability Days section of the Central Questionnaire, etc.. Questions are numbered consecutively within sections: A1, A2, A3, and so on. Virtually all question items are identified with a separate number. Questions dependent upon a previous question (for example, a question asked only if the answer to a previous question is "no") are indented, but are not considered "sub-questions" for numbering purposes. A few sets of questions in the Household Survey and SALAN have a common stem and sub-items lettered "a," "b," and so on within the same question number. For example:

- J22. During this visit on (DATE), did (PERSON) have . . .
- a. x-rays?
 - b. CATSCAN's, sonograms, body scans . . .?
 - etc.

In this example, "yes" or "no" would be coded for each item.

Instruction boxes are also numbered sequentially within each section, in a separate sequence from the questions: for example, "BOX T1," "BOX T2," and so on.

Upper and lower case in questions, instructions, and response categories. In general, text in lower case (with appropriate capitalization) is to be read to respondents, text in upper case is not. Thus questions, answer categories explicitly offered to the respondent, transitional phrases, and instructions for the respondent appear in lower case, while instructions to the interviewer, questions to be answered by the interviewer, and answer categories not to be read to the respondent appear in upper case.

Parenthetical expressions within questions. Several conventions involve the use of parentheses or brackets within questions. Lower-case words or phrases in parentheses are to be read at the interviewer's discretion, such as the repetition of the reference period in a long series of questions or a definition or clarification that may be required in certain situations, or are appropriate depending upon the answer to previous questions, such as the word "other" in a question series obtaining a catalogue of the use of services when some services may have already been reported.

Upper-case words in parentheses require the interviewer to substitute a word or phrase particular to the interview situation. The most common in the NMES instruments is "(PERSON)," for which the interviewer would substitute the name of the person being asked about.

Words or phrases in parentheses or brackets separated by a slash (/) indicate that the interviewer must make a choice of which to read. The simplest example is "(he/she)."

Skip instructions. Instructions for the interviewer to skip to a particular question depending upon the answer to a current question are generally shown in parentheses to the right of the answer codes. The simplest instruction is a question number -- "(J5)," for example. If this instruction appeared to the right of the code an interviewer circled, she would ask question J5 next. If the question to be asked next is not on the same page as the instruction, its page number may also appear within the parentheses. Instruction boxes may also be destinations for skip instructions. These skips are boxed instead of parenthetical: Box J1 , for example.

The use of answer columns complicates the skip conventions. The appropriate skip at the end of a series of questions for one person may be to begin the series again for the next person or, if there is no next person, to skip to the next series. The abbreviation "NP" means "skip to the next person"; often "NP" is followed by a colon, and then the appropriate question (or box) number for that person. The alternate skip (if there is no next person) then follows a slash (/). "(NP/T11)" thus means "ask this question for the next person; if no next person, skip to question T11." "(NP: BOX B1, pg.1/B27, pg. 17)" means "skip to Box B1 on page 1 for the next person; if no next person, skip to B27 on page 17."

B. Household Enumeration Booklets and Control Card

1. Household Survey

For each of the five rounds of interviews in the Household Survey, interviewers received a Control Card for each assigned Reporting Unit (RU). The top portion of the Control Card is presented in Exhibit 3. (The bottom portion, used to record medical conditions associated with each RU member is described in Section C of this chapter.) The Control Card listed the names and certain demographic characteristics of persons who had been identified as members of that RU in the previous interview. The composition of the RU and its characteristics were reviewed at the beginning of the Round 1-4 interviews, using Enumeration Booklets. Interviewers made revisions or additions to the Control Card based on information obtained in the Enumeration Booklets. The Control Card served as a coordinating mechanism, a place to record information collected in one part of the interview that the interviewer would refer to in a later part.

The Enumeration Booklet was an innovation for the 1987 survey. Both the 1977 and 1980 surveys had included enumeration questions directly on the Control Card, where, because of space limitations, they were accompanied by many and somewhat cryptic interviewer instructions. To avoid possible errors because of the previous Control Card design, and because several analytic objectives such as identifying sub-families within RU's were added to the 1987 survey, the enumeration and demographic questions were put into a separate booklet.

The enumeration and demographic questions that actually asked about a given RU or person within an RU were not extensive. However, because of the complexities of RU structure and the possibility of adding new persons (or new RU's) during the course of the survey, the Enumeration Booklets became rather lengthy and complex. Table 4 presents the question items included in the Round 1 Enumeration Booklets. The distinction made during the screening interview, of Primary, Secondary, and Student RU's, was preserved in Round 1. Each of the three kinds of RU's, Primary, Secondary, and Student, had its own Enumeration Booklet in Round 1, designated A, AA, and BB, respectively. Both the Primary RU and Secondary RU Enumeration Booklets included separate sections for newly discovered RU's. In Round 1, RU's were also distinguished operationally according to whether or not they had been enumerated in the screening interview ("Screener RU's" in Table 4). In most cases the households enumerated during screening were still at the sampled address, and there were no additions to or deletions from the RU.

There were, however, several ways in which new RU's could be identified in Round 1. A subsample of vacant dwelling units from the screener and screener nonrespondents was included in the Round 1 sample. Any interviews resulting from these addresses would be with new RU's. Some families identified during the screener left the sampled dwelling units and new families moved in. Since for cost-efficiency the Round 1 sample was an address sample, the new families were enumerated as new RU's. New Secondary RU's could also have been identified in sampled households. For example, a family could have taken on a new boarder between the screening interview and the Round 1 interview.

These new RU's would require a different set of questions than "Screener RU's," hence the distinction in Table 4. While Student RU's could have been identified either in the screener or in the Round 1 interview, the questions were the same regardless of the Student RU's origin.

Finally, both the Primary RU and Secondary RU Enumeration Booklets provided sections for new persons joining "Screener RU's."

As Table 4 shows, these complex possibilities resulted in the same questions appearing in many different places in the Primary and Secondary Enumeration Booklets, and to the repetition of screener questions for new persons. In the interests of space, only one set of

Household Survey Round 1 Enumeration Booklet questions has been reproduced in this volume (Exhibit 4) -- those from the Primary RU Enumeration Booklet. (See Chapter III for the screener questions that were repeated for new persons in Round 1.)

The subject of the Round 1 Enumeration Booklet questions is largely the structure of RU's, sub-families within RU's, and demographic information about RU members. A question on the most recent date of a change in marital status was added to help study the effects of changes in marital status on health insurance coverage. A series of questions on the age, vital status, and functional status of RU members' parents was intended to help estimate the potential responsibility for contributions to long-term care. Finally, a question on HMO membership was intended to facilitate asking about within-plan and out-of-plan service use by HMO members later in the questionnaire. Lists of HMO's in each survey area were compiled and presented to respondents (see Exhibit 5) to help them answer this question.

After Round 1, the Household Survey sample became a list sample of people, rather than a sample of addresses. All Round 1 participants were designated "key" persons, and followed if they changed addresses or came to live separately from other RU members. New RU's could be formed as a result of such splits. New persons could continue to join the survey, so long as they were related to key persons. Persons joining the survey after Round 1 were designated as "non-key" unless they were babies born to key persons, or unless they were outside the reference population on January 1, 1987 (i.e., living outside the United States, in an institution, in the military).

The distinction among Primary, Secondary, and Student RU's was eliminated, so only one Enumeration Booklet was needed in Rounds 2-4. (No enumeration was necessary in Round 5.) The Enumeration Booklets for Rounds 2-4 included questions to identify splits and movers, to identify new persons, and to classify new persons as "key" or "non-key." The content of these interviews is presented in Table 5, using the Round 2 Booklet for question numbers. Exhibit 6 presents questions from the Round 2 Reporting Unit Enumeration Booklet. With the exception of the questions identifying key/non-key status, the questions for new persons are identical to those in Round 1 or the screener, and so are not included in Exhibit 6. The Round 3 and 4 Enumeration Booklets were simplified somewhat, although for continuity of data preparation the question numbers were not changed.

Exhibit 3. Household Survey (Rounds 1-5) Control Card

RU ID:

NMES CONTROL CARD
ROUND _____
CONTROL CARD _____ OF _____

O.M.B. No. 0937-0179, Approval Expires 11/30/88
Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence by the contractor and NCHSR, will be used only for purposes stated in this study, and will not be disclosed or released to anyone other than authorized staff of NCHSR without the consent of the individual or the establishment in accordance with Section 308(d) of the Public Health Service Act (42 U.S.C. 242m).

PERSON #			
PID			KEY
FIRST/MIDDLE NAME			
LAST NAME			
RELATIONSHIP			
BIRTHDATE			AGE
SEX	MS	RACE	VET
DAD	MOM	HMO	PI
DV	ER	OPD	IC
HS	HV	MV	TM
PREVIOUS EMPLOYMENT STATUS			
CURRENT EMPLOYMENT STATUS			
EMPLOYED 1			
NOT EMPLOYED 2			
CURRENT ROUND STATUS			
CODE			
START DATE			
END DATE			

PERSON #				PERSON #				PERSON #				PERSON #			
PID			KEY	PID			KEY	PID			KEY	PID			KEY
FIRST/MIDDLE NAME				FIRST/MIDDLE NAME				FIRST/MIDDLE NAME				FIRST/MIDDLE NAME			
LAST NAME				LAST NAME				LAST NAME				LAST NAME			
RELATIONSHIP				RELATIONSHIP				RELATIONSHIP				RELATIONSHIP			
BIRTHDATE			AGE	BIRTHDATE			AGE	BIRTHDATE			AGE	BIRTHDATE			AGE
SEX	MS	RACE	VET	SEX	MS	RACE	VET	SEX	MS	RACE	VET	SEX	MS	RACE	VET
DAD	MOM	HMO	PI	DAD	MOM	HMO	PI	DAD	MOM	HMO	PI	DAD	MOM	HMO	PI
DV	ER	OPD	IC	DV	ER	OPD	IC	DV	ER	OPD	IC	DV	ER	OPD	IC
HS	HV	MV	TM	HS	HV	MV	TM	HS	HV	MV	TM	HS	HV	MV	TM
PREVIOUS EMPLOYMENT STATUS				PREVIOUS EMPLOYMENT STATUS				PREVIOUS EMPLOYMENT STATUS				PREVIOUS EMPLOYMENT STATUS			
CURRENT EMPLOYMENT STATUS				CURRENT EMPLOYMENT STATUS				CURRENT EMPLOYMENT STATUS				CURRENT EMPLOYMENT STATUS			
EMPLOYED 1				EMPLOYED 1				EMPLOYED 1				EMPLOYED 1			
NOT EMPLOYED 2				NOT EMPLOYED 2				NOT EMPLOYED 2				NOT EMPLOYED 2			
CURRENT ROUND STATUS				CURRENT ROUND STATUS				CURRENT ROUND STATUS				CURRENT ROUND STATUS			
CODE				CODE				CODE				CODE			
START DATE				START DATE				START DATE				START DATE			
END DATE				END DATE				END DATE				END DATE			

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V

V

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Table 4. Content and question numbers of Round 1 Enumeration Booklets, Household Survey

Household-level Information	<u>Screener Household</u>	<u>New Household</u>					
Identification of secondary RU's	A25-A26 ⁺	A59-A60					
Verification of address	*	A43					
Identification of reference person	*	A46					
RU-level Information	<u>Primary RU</u>		<u>Secondary RU</u>		<u>Student RU</u>		
	<u>Screener RU</u>	<u>New RU</u>	<u>Screener RU</u>	<u>New RU</u>			
Identification of respondent	A1-A5 ⁺	A44-A45	AA1-AA5	-	BB1-BB2		
Review of advance letter	A6, A11 ⁺	A-42	AA6, AA11	AA40	-		
Enumeration of RU members	*	A47-A58	*	AA41-AA48	-		
Accounting for missing RU members	A7-A10 ⁺	-	AA7-AA10	-	-		
Identifying new reference person	A15-A16 ⁺	-	AA15-AA16	-	-		
Identifying new RU members	A17-A24 ⁺	-	AA17-AA24	-	-		
Introduction to main survey	A90-A92 ⁺	-	AA78-AA80	AA78-AA80	BB20		
Address of student RU's	A89 ⁺	A89	-	-	-		
Person-level Information	<u>Primary RU</u>			<u>Secondary RU</u>			<u>Student RU</u>
	<u>Screener RU</u>		<u>New RU</u>	<u>Screener RU</u>		<u>New RU</u>	Student
	<u>Screener Person</u>	<u>New Person</u>	<u>New Person</u>	<u>Screener Person</u>	<u>New Person</u>	<u>New Person</u>	
(Verification of) marital status	A12-A13 ⁺	A29	A63	AA12-AA13	AA27	AA51	BB3
Armed Forces status	A14 ⁺	A32	[A51-A52]	AA14	AA30	AA54	BB4
Relationship to reference person	*	A27	A61	*	AA25	AA49	-
Date of birth	*	A28	A62	*	AA26	AA50	BB5
Student status	*	A30-A31	A64-A65	*	AA28-AA29	AA51-AA52	-
Veteran status	*	A33-A38	A66-A71	*	AA31-AA36	AA55-AA60	BB6-BB11
Race, Hispanic origin	*	A39-A41	A72-A74	*	AA37-AA39	AA61-AA63	BB12-BB14
Education	A75-A77 ⁺	A75-A77	A75-A77	AA64-AA66	AA64-AA66	AA64-AA66	BB15-BB17
Date of marital status	A78 ⁺	A78	A78	AA67	AA67	AA67	-
Functional status of parents	A79-A86 ⁺	A79-A86	A79-A86	AA68-AA75	AA68-AA75	AA68-AA75	-
Membership in HMO's	A87-A88 ⁺	A87-A88	A87-A88	AA76-AA77	AA76-AA77	AA76-AA77	BB18-BB19

* Screener questions.

⁺ Reproduced in Exhibit 4.

START TIME: _____ AM
 _____ PM

A1. Hello. I'm (NAME) from (CONTRACTOR). May I please speak with (FAMILY RESPONDENT)?

FAMILY RESPONDENT AVAILABLE, ONE PERSON RU 1 (A11, pg.4)
 FAMILY R AVAILABLE, TWO OR MORE PERSONS IN RU. . . 2 (A3)
 FAMILY R LIVES HERE, NOT AVAILABLE 3 (MAKE APPOINTMENT)
 FAMILY R NO LONGER LIVES HERE, SAME RU 4 (A2)
 NO ONE IN RU AT THIS ADDRESS 5 (A42, pg.20)

A2. A few months ago, your family participated in the National Medical Expenditure Survey. At that time we mentioned that some people would be recontacted to participate in this important survey. The questions I will be asking are about health care and medical expenses. Who would be the best person to provide the information for your family?
 RECORD NAME, PERSON NUMBER AND CODE RESPONSE.

NAME: BEST RESPONDENT PERSON #

SPEAKING WITH BEST RESPONDENT. 1 (A6)
 NOT SPEAKING WITH BEST RESPONDENT. 2 (A5)

A3. As you may remember, your family was interviewed a few months ago for the National Medical Expenditure Survey. At that time we mentioned that some people would be recontacted to participate in this important study. Your family has been selected.

At the time of that first interview, you were identified as the best person to give us information on the health care and medical costs for your family. Are you still the best person to answer these questions?

YES. 1 (A6)
 NO 2 (A4)

A4. Who would be the best person to provide this information?

NAME: BEST RESPONDENT PERSON #

A5. May I speak to (BEST RESPONDENT)?

YES. 1 (A6)
 NO, NOT AVAILABLE. . . . 2 (MAKE APPOINTMENT)

Exhibit 4. Household Survey (Round 1) Primary RU Enumeration Booklet (continued)

<p>A6. The National Medical Expenditure Survey is a year-long study to gather information on the health of the people in this country and their medical costs. The survey is being conducted for two government agencies -- the U.S. Public Health Service and the Health Care Financing Administration. All of the responses you provide will be kept strictly confidential.</p> <p>We sent a letter explaining how important your participation is to this study. Do you recall receiving the letter?</p> <p>YES 1 (A7) NO 2 (REVIEW CONTENTS OF LETTER; A7)</p>			
<p>A7. [Before we begin the questions about your family's health, I would like to review the names of the people who live here. When your family was interviewed on (SCREENER DATE) the following people lived here. READ NAMES FROM CONTROL CARD.]</p> <p>Does (PERSON) still live here?</p> <p>YES ①</p> <p>NO ②</p>	<p>..... 1 (ENTER STATUS CODE "11" ON CONTROL CARD. RECORD TODAY'S DATE AS "END DATE" ON CONTROL CARD; BOX A3)</p> <p>..... 2 (A8)</p>		
<p>A8. Why does (PERSON) no longer live here?</p> <p>CODE IN PERSON COLUMN AND RECORD STATUS CODE ON CONTROL CARD.</p> <p>DECEASED ③① INSTITUTIONALIZED, HEALTH CARE FACILITY ... ③② INSTITUTIONALIZED, OTHER ④①</p> <p>MOVED, WITHIN U.S. ④② MOVED, OUTSIDE U.S. ④③ MOVED, ON FULL TIME ACTIVE DUTY WITH ARMED SERVICES ④④ MOVED, FULL TIME STUDENT ①③</p>	<p>..... 31 (A9) 32 (A10) 41 42 43 } BOX A2 44 13</p>		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center; vertical-align: middle;">BOX A2</td> <td style="padding: 5px;"> <p>a. FOR EACH PERSON CODED "41," "42," "43," "44," OR "13" IN QUESTION A8, MARK AN "X" THROUGH THE PERSON COLUMN OF THE CONTROL CARD. DO NOT COLLECT ANY INFORMATION FOR THIS PERSON.</p> <p>b. ARE THERE ANY OTHER PERSONS IN RU?</p> <p>YES ① NO ②</p> </td> </tr> </table>	BOX A2	<p>a. FOR EACH PERSON CODED "41," "42," "43," "44," OR "13" IN QUESTION A8, MARK AN "X" THROUGH THE PERSON COLUMN OF THE CONTROL CARD. DO NOT COLLECT ANY INFORMATION FOR THIS PERSON.</p> <p>b. ARE THERE ANY OTHER PERSONS IN RU?</p> <p>YES ① NO ②</p>	<p>..... 1 (NP:A7) 2 BOX A5 . pg.8</p>
BOX A2	<p>a. FOR EACH PERSON CODED "41," "42," "43," "44," OR "13" IN QUESTION A8, MARK AN "X" THROUGH THE PERSON COLUMN OF THE CONTROL CARD. DO NOT COLLECT ANY INFORMATION FOR THIS PERSON.</p> <p>b. ARE THERE ANY OTHER PERSONS IN RU?</p> <p>YES ① NO ②</p>		

Exhibit 4. Household Survey (Round 1) Primary RU Enumeration Booklet (continued)

<p>A9. On what date did (PERSON) die?</p> <p>RECORD DATE IN PERSON COLUMN AND ON CONTROL CARD IN "END DATE" BOX. IF PERSON DIED BEFORE JANUARY 1, 1987, MARK AN "X" THROUGH PERSON'S COLUMN OF CONTROL CARD. DO NOT COLLECT INFORMATION FOR THIS PERSON. IF PERSON DIED AFTER JANUARY 1, 1987, COLLECT DATA FOR PERIOD BETWEEN JANUARY 1 AND DATE OF DEATH. GO TO BOX A4.</p>	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> MONTH DAY YEAR </div>		
<p>A10. On what date did (PERSON) enter the (nursing home/home for the mentally retarded/psychiatric hospital/institution)?</p> <p>RECORD DATE IN PERSON COLUMN AND ON CONTROL CARD IN "END DATE" BOX. IF PERSON ENTERED AN INSTITUTION BEFORE JANUARY 1, 1987, MARK AN "X" THROUGH PERSON'S COLUMN OF CONTROL CARD. DO NOT COLLECT INFORMATION FOR THIS PERSON. IF PERSON WAS INSTITUTIONALIZED AFTER JANUARY 1, 1987, COLLECT DATA FOR PERIOD BETWEEN JANUARY 1 AND DATE OF INSTITU- TIONALIZATION. GO TO BOX A4.</p>	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> MONTH DAY YEAR </div>		
<p>A11. A few months ago you participated in the National Medical Expenditure Survey. At that time we mentioned that some people would be recontacted to participate in this important study.</p> <p>The National Medical Expenditure Survey is a year long study to gather information about the health of the people in this country and their medical costs. The survey is being conducted for two government agencies -- the U.S. Public Health Service and the Health Care Financing Administration. All the responses you provide will be kept strictly confidential.</p> <p style="text-align: center;">RECORD STATUS CODE "11" ON CONTROL CARD. RECORD TODAY'S DATE AS "END DATE" ON CONTROL CARD.</p> <p>We sent a letter explaining how important your participation is to this study. Do you recall receiving the letter?</p> <div style="margin-top: 20px;"> YES 1 BOX A3 NO 2 (REVIEW CONTENTS OF LETTER; CONTINUE WITH BOX A3) </div>			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; padding: 5px; text-align: center; font-size: small;">BOX A3</td> <td style="padding: 5px;"> IS (PERSON) UNDER AGE 17? YES, UNDER AGE 17 ① NO, AGE 17 OR OLDER..... ② </td> </tr> </table>	BOX A3	IS (PERSON) UNDER AGE 17? YES, UNDER AGE 17 ① NO, AGE 17 OR OLDER..... ②	<div style="margin-top: 20px;"> 1 BOX A4 2 (A12) </div>
BOX A3	IS (PERSON) UNDER AGE 17? YES, UNDER AGE 17 ① NO, AGE 17 OR OLDER..... ②		
<p>A12. At the time of the last interview (PERSON) [was (married/widowed/ divorced/separated)/had never been married]. Has (PERSON) changed marital status?</p> <div style="margin-top: 20px;"> YES ① NO ② </div>		<div style="margin-top: 20px;"> 1 (A13) 2 (A14) </div>	

Exhibit 4. Household Survey (Round 1) Primary RU Enumeration Booklet (continued)

<p>A13. Is (PERSON) now married, widowed, divorced, or separated?</p> <p>Married ①</p> <p>Widowed ②</p> <p>Divorced ③</p> <p>Separated ④</p>		<p>..... 1 } (CORRECT</p> <p>..... 2 } MARITAL</p> <p>..... 3 } STATUS ON</p> <p>..... 4 } CONTROL CARD)</p>
<p>A14. Is (PERSON) on full-time duty with the Armed Forces of the United States? CHECK "VET" BOX ON CONTROL CARD.</p> <p>Yes ①</p> <p>No ②</p>		<p>..... 1 (CHANGE STATUS</p> <p>CODE TO "12"</p> <p>ON CONTROL</p> <p>CARD)</p> <p>..... 2</p>

BOX A4	GO BACK TO QUESTION A7 FOR NEXT PERSON. IF NO OTHER PEOPLE, GO TO <u>BOX A5</u> .
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Exhibit 4. Household Survey (Round 1) Primary RU Enumeration Booklet (continued)

BOX A5	REVIEW REPORTING UNIT LISTING ON CONTROL CARD. IS REFERENCE PERSON STILL LIVING IN RU?
	YES. 1 (A17)
	NO 2 (A15)

A15. From the last interview, I have (REFERENCE PERSON), who is no longer living here, listed as the person who owns or rents this (house/apartment). Of the people living here now, who owns or rents this home? (PROBE: Of the people living here now, who is the head of the household?)

Name

Person #

THIS PERSON WILL BE THE REFERENCE PERSON. ENTER RELATIONSHIP AS REF IN RELATIONSHIP BOX OF CONTROL CARD. IF NEW RU MEMBER, ENTER NAME IN NEXT AVAILABLE PERSON COLUMN OF CONTROL CARD. ASSIGN PERSON NUMBER, STATUS CODE "11" AND TODAY'S DATE IN "END DATE" BOX OF CONTROL CARD. ENTER RELATIONSHIP AS "REF" IN RELATIONSHIP BOX OF CONTROL CARD.

A16. FOR EACH PERSON ASK:

How is (PERSON) related to (NEW REFERENCE PERSON)?
CROSS OUT PREPRINTED RELATIONSHIPS ON CONTROL CARD.
RECORD NEW RELATIONSHIPS ON CONTROL CARD.

A17. I have listed (NAMES ON CONTROL CARD). Does anyone else related to (REF) live here now, including babies born since (SCREENER DATE)?

YES. 1 (A18)
NO 2 (A19)

A18. What are their names? Anyone else?

ENTER NAMES IN NEXT AVAILABLE PERSON COLUMN(S) OF CONTROL CARD.
ASSIGN PERSON NUMBERS TO NEW RU MEMBER(S). ASSIGN STATUS CODE "11" AND TODAY'S DATE AS "END DATE" ON CONTROL CARD.

A19. [Not including (PERSON WHO DIED, LISTED AT A8)] Was there anyone related to (REF) living with (him/her) on January 1, 1987, who has since died?

YES. 1 (A20)
NO 2 (A22)

A20. Who was that? Anyone else?

ENTER NAME(S) IN NEXT AVAILABLE PERSON COLUMN(S) OF CONTROL CARD.
ASSIGN PERSON NUMBER(S). ASSIGN STATUS CODE OF "31".

Exhibit 4. Household Survey (Round 1) Primary RU Enumeration Booklet (continued)

<p>A21. FOR EACH PERSON LISTED IN A20, ASK: On what date did (PERSON) die?</p> <p>ENTER DATE(S) IN "END DATE" BOX OF CONTROL CARD.</p>
<p>A22. [Not including (PERSON IDENTIFIED IN A8 AS INSTITUTIONALIZED)] Was there anyone related to (REF) who was living with (him/her) on January 1, 1987 who is now living in a nursing home, home for the mentally retarded, or psychiatric hospital?</p> <p>YES. 1 (A23) NO 2 (A25)</p>
<p>A23. What is this person's name? Anyone else?</p> <p>ENTER NAME(S) IN NEXT AVAILABLE PERSON COLUMN(S) OF CONTROL CARD. ASSIGN PERSON NUMBER(S). ASSIGN STATUS CODE OF 32.</p>
<p>A24. FOR EACH PERSON LISTED IN A23, ASK: On what date did (PERSON) enter the facility?</p> <p>ENTER DATE(S) IN "END DATE" BOX OF CONTROL CARD.</p>
<p>A25. I have listed (NAMES FROM CONTROL CARD AND SECONDARY RU MEMBERS LISTED ON ODU ROSTER). Is there anyone else living here now, such as friends, roomers, or other persons not related to (REF)? Do not include anyone only staying here temporarily whose usual place of residence is elsewhere.</p> <p>YES. 1 (A26) NO 2 <input type="checkbox"/> BOX A6</p>
<p>A26. What are the names of other persons living here now? Anyone else?</p> <p>ENTER NAME(S) AND SEX IN SECONDARY RU ROSTER (ON FOLD-OUT). IF SEX NOT OBVIOUS, ASK: Is (PERSON) male or female?</p>

Exhibit 4. Household Survey (Round 1) Primary RU Enumeration Booklet (continued)

PRIMARY RU ROSTER

NAME (FIRST/MIDDLE/LAST)	SEX	STATUS CODE	END DATE
1.		11	
2.		11	
3.		11	
4.		11	
5.		11	
6.		11	
7.		11	
8.		11	

STUDENT RU ROSTER

NAME (FIRST/MIDDLE/LAST)	SEX	STATUS CODE
1.		13
2.		13
3.		13

SECONDARY RU ROSTER

NAME (FIRST/MIDDLE/LAST)	SEX	STATUS CODE	END DATE
1.		11	
2.		11	
3.		11	
4.		11	
5.		11	
6.		11	
7.		11	

Exhibit 4. Household Survey (Round 1) Primary RU Enumeration Booklet (continued)

BOX A23	COMPLETE FOR EACH RU MEMBER. IS (PERSON) UNDER AGE 17? YES, PERSON UNDER AGE 17 ① NO, PERSON AGE 17 OR OLDER ②	↓ 1 (NP/A87, pg.44) 2 (A75)
A75. Is (PERSON) currently enrolled in a high school, college or university? Yes, high school ① Yes, college or university ② No ③		 1 (A76) 2 (A76) 3 (A77)
A76. Is (PERSON) currently enrolled as a full-time or a part-time student? Full-time ① Part-time ②		 1 2
A77. What is the highest grade or year of schooling (PERSON) has completed? <u>Elementary</u> 1st grade ① 2nd grade ② 3rd grade ③ 4th grade ④ 5th grade ⑤ 6th grade ⑥ 7th grade ⑦ 8th grade ⑧ <u>High School</u> 1st year ⑨ 2nd year ⑩ 3rd year ⑪ 4th year ⑫ <u>College and Graduate School</u> 1 year ⑬ 2 years ⑭ 3 years ⑮ 4 years ⑯ 5 years ⑰ 6 years or more ⑱		 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

Exhibit 4. Household Survey (Round 1) Primary RU Enumeration Booklet (continued)

BOX A24	REFER TO "MS" BOX ON CONTROL CARD. IS PERSON: NEVER MARRIED (NM)? ① MARRIED (M), DIVORCED (D), SEPARATED (S) OR WIDOWED (W)? ② 1 BOX A25 2 (A78)
A78. Earlier you told me (PERSON) is (married/widowed/divorced/separated). When was (PERSON) (married/widowed/divorced/separated) (the last time)?		<div style="text-align: center;"> <div style="display: flex; justify-content: center; align-items: center; gap: 20px;"> <div style="border-bottom: 1px solid black; width: 100px;"></div> <div>/</div> <div style="border-bottom: 1px solid black; width: 100px;"></div> </div> <div style="display: flex; justify-content: space-around; width: 100%;"> MONTH YEAR </div> </div>

Exhibit 4. Household Survey (Round 1) Primary RU Enumeration Booklet (continued)

BOX A25	<p>REFER TO CONTROL CARD. IS (PERSON'S) MOTHER IN RU (MOM BOX CHECKED) OR WAS (PERSON'S) MOTHER ORIGINALLY LISTED AT TIME OF SCREENER AND HAS SINCE DIED OR BEEN INSTITUTIONALIZED?</p> <p>YES..... ①</p> <p>NO..... ②</p>	<p>..... 1 BOX A27</p> <p>..... 2 (A79)</p>
<p>A79. Is (PERSON'S) mother living?</p> <p>Yes..... ①</p> <p>No..... ②</p>		<p>..... 1 (A80)</p> <p>..... 2 BOX A27</p>
<p>A80. How old is (PERSON'S) mother?</p> <p>DON'T KNOW..... ⑧</p>		<p>AGE:</p> <p>..... BOX A26</p> <p>..... -8 (A81)</p>
<p>A81. Is she 55 years old or older, or is she younger than 55?</p> <p>55 YEARS OLD OR OLDER ①</p> <p>YOUNGER THAN 55 ②</p>		<p>..... 1 (A82)</p> <p>..... 2 BOX A27</p>
BOX A26	<p>IS (PERSON'S) MOTHER AGE 55 OR OLDER?</p> <p>YES, AGE 55 OR OLDER..... ①</p> <p>NO, YOUNGER THAN 55..... ②</p>	<p>..... 1 (A82)</p> <p>..... 2 BOX A27</p>
<p>A82. Does (PERSON'S) mother have difficulty with any of these activities because she has a mental or physical health problem?</p>		<p>..... 1</p> <p>..... 2</p>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">SHOW CARD T</div>	<p>Yes..... ①</p> <p>No..... ②</p>	<p>..... 1</p> <p>..... 2</p>

Exhibit 4. Household Survey (Round 1) Primary RU Enumeration Booklet (continued)

BOX A27	<p>REFER TO CONTROL CARD. IS (PERSON'S) FATHER IN RU (DAD BOX CHECKED) OR WAS (PERSON'S) FATHER ORIGINALLY LISTED AT TIME OF SCREENER AND HAS SINCE DIED OR BEEN INSTITUTIONALIZED?</p> <p>YES..... ①</p> <p>NO..... ②</p>	<p>..... 1 BOX A29</p> <p>..... 2 (A83)</p>
<p>A83. Is (PERSON'S) father living?</p> <p>Yes..... ①</p> <p>No..... ②</p>		<p>..... 1 (A84)</p> <p>..... 2 BOX A29</p>
<p>A84. How old is (PERSON'S) father?</p> <p>DON'T KNOW..... ⑧</p>		<p>AGE:</p> <p>..... BOX A28</p> <p>..... -8 (A85)</p>
<p>A85. Is he 55 years old or older, or is he younger than 55?</p> <p>55 YEARS OLD OR OLDER ①</p> <p>YOUNGER THAN 55 ②</p>		<p>..... 1 (A86)</p> <p>..... 2 BOX A29</p>
BOX A28	<p>IS (PERSON'S) FATHER AGE 55 OR OLDER?</p> <p>YES, AGE 55 OR OLDER..... ①</p> <p>NO, YOUNGER THAN 55..... ②</p>	<p>..... 1 (A86)</p> <p>..... 2 BOX A29</p>
<p>A86. Does (PERSON'S) father have difficulty with any of these activities because he has a mental or physical health problem?</p>		<p>..... 1</p> <p>..... 2</p>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">SHOW CARD I</div>	<p>Yes..... ①</p> <p>No..... ②</p>	
BOX A29	<p>GO BACK TO BOX A23, pg. 36 FOR NEXT PERSON. IF NO OTHER PERSON, GO TO A87.</p>	

Exhibit 4. Household Survey (Round 1) Primary RU Enumeration Booklet (continued)

<p>A87. ASK FOR EACH PERSON: Now I'd like to ask you a brief question about health insurance plans.</p> <div style="border: 1px solid black; padding: 2px; width: 40px; float: left; margin-right: 10px;">SHOW CARD E</div> <p>Is (PERSON) covered by any of the health insurance plans shown on this list of HMO's and other similar plans?</p> <p>Yes..... ①</p> <p>No..... ②</p> <p>DON'T KNOW ③</p>	<p>→</p> <p>..... 1</p> <p>..... 2</p> <p>..... -8</p>
<p>A88. FOR EACH PERSON CODED "YES" IN A87: Which Plan is this?</p> <p>RECORD PLAN NUMBER AND THEN CHECK [✓] "HMO" BOX ON CONTROL CARD.</p>	<p>PLAN NUMBER:</p> <p>_____</p>

<p>BOX A30</p>	<p>ARE ANY STUDENTS LISTED IN STUDENT RU ROSTER, IS THE STATUS CODE FOR ANYONE LISTED ON THE CONTROL CARD "13", OR IS ANYONE LISTED AS A STUDENT IN THE ODU ROSTER?</p> <p>YES..... 1 (A89)</p> <p>NO..... 2 BOX A31</p>
--------------------	--

Exhibit 4. Household Survey (Round 1) Primary RU Enumeration Booklet (continued)

A89. I have listed that [NAMES OF STUDENT(S)] are full-time students living away at school. We need to collect health care and medical cost information from (him/her). What is (his/her) address and telephone number at school?

STUDENT'S NAME		
STREET ADDRESS		
CITY	STATE	ZIP
(AREA CODE) TELEPHONE NUMBER		
STUDENT'S NAME		
STREET ADDRESS		
CITY	STATE	ZIP
(AREA CODE) TELEPHONE NUMBER		

BOX A31	a. ARE ANY MEMBERS OF THIS RU LISTED ON THE ODU ROSTER?
	YES. 1 (A92)
	NO, THIS IS AN ENTIRELY NEW RU
	NOT IDENTIFIED AT SCREENER 2 (b)
	b. DOES RU CONTAIN ONLY ONE MEMBER?
	YES, ONE PERSON RU 1 (A92)
	NO, MORE THAN ONE PERSON IN RU 2 (A90)

A90. The remaining questions I will be asking are about health care and medical expenses. Who would be the best person to provide the information for your family?
RECORD NAME, PERSON NUMBER, AND CODE.

NAME: BEST RESPONDENT	PERSON #
SPEAKING WITH BEST RESPONDENT.	1 (A92)
NOT SPEAKING WITH BEST RESPONDENT.	2 (A91)

Exhibit 4. Household Survey (Round 1) Primary RU Enumeration Booklet (continued)

A91. May I speak to (BEST RESPONDENT)?

YES. 1 (A92)
 NO 2 (MAKE APPOINTMENT;
 TERMINATE INTERVIEW
 AFTER RECORDING END
 TIME IN BOX A32 .)

A92. For this study to be most useful, we need information that is complete and accurate. As I mentioned, we will need to be in touch with you throughout the year and you may need to keep some records at times. For cooperating with us, we will give you a check for \$10 for your efforts today.

The following questions refer to the period from January 1, 1987 up to and including today. (HAND R THE CALENDAR).

BOX A32	a. RECORD END TIME: _____ AM PM
	b. IS ENTIRE RU INELIGIBLE (ALL STUDENTS OR ALL MEMBERS OF ARMED FORCES)?
	YES. 1 (THANK R AND TERMINATE INTERVIEW. CONTINUE WITH c.)
	NO 2 (CONTINUE WITH CENTRAL QUESTIONNAIRE. TRANSFER PERSON #, NAME, AGE AND REFERENCE PERIOD (START DATE/END DATE) INFORMA- TION FROM CONTROL CARD TO PERSON COLUMNS OF CENTRAL QUESTIONNAIRE.)
	c. ARE THERE ANY SECONDARY RU'S AT THIS DU?
	YES. 1 (CONTINUE WITH SECONDARY RU REENUMERATION WITH SECONDARY RU MEMBER.)
	NO 2 (END OF INTERVIEW.)

Exhibit 5. Household Survey (Round 1) Show Cards, A, B, C, and E

CARD A
BIRTH YEAR 1890-1939

AGE VERIFICATION CHART FOR 1987					
INSTRUCTIONS					
In using this chart, determine age as follows: Locate the birth year of the person on the chart. If the person has not had a birthday as of the day of interview in 1987, the correct age will be shown in the "No" column. If the person has had a birthday, the correct age will be in the "Yes" column.					
Year of birth	Birthday in 1987?		Year of birth	Birthday in 1987?	
	No	AGE Yes		No	AGE Yes
1890	96	97	1915	71	72
1891	95	96	1916	70	71
1892	94	95	1917	69	70
1893	93	94	1918	68	69
1894	92	93	1919	67	68
1895	91	92	1920	66	67
1896	90	91	1921	65	66
1897	89	90	1922	64	65
1898	88	89	1923	63	64
1899	87	88	1924	62	63
1900	86	87	1925	61	62
1901	85	86	1926	60	61
1902	84	85	1927	59	60
1903	83	84	1928	58	59
1904	82	83	1929	57	58
1905	81	82	1930	56	57
1906	80	81	1931	55	56
1907	79	80	1932	54	55
1908	78	79	1933	53	54
1909	77	78	1934	52	53
1910	76	77	1935	51	52
1911	75	76	1936	50	51
1912	74	75	1937	49	50
1913	73	74	1938	48	49
1914	72	73	1939	47	48

CARD A
BIRTH YEAR 1940-1984

AGE VERIFICATION CHART FOR 1987					
INSTRUCTIONS					
In using this chart, determine age as follows: Locate the birth year of the person on the chart. If the person has not had a birthday as of the day of interview in 1987, the correct age will be shown in the "No" column. If the person has had a birthday, the correct age will be in the "Yes" column.					
Year of birth	Birthday in 1987?		Year of birth	Birthday in 1987?	
	No	AGE Yes		No	AGE Yes
1940	46	47	1965	21	22
1941	45	46	1966	20	21
1942	44	45	1967	19	20
1943	43	44	1968	18	19
1944	42	43	1969	17	18
1945	41	42	1970	16	17
1946	40	41	1971	15	16
1947	39	40	1972	14	15
1948	38	39	1973	13	14
1949	37	38	1974	12	13
1950	36	37	1975	11	12
1951	35	36	1976	10	11
1952	34	35	1977	9	10
1953	33	34	1978	8	9
1954	32	33	1979	7	8
1955	31	32	1980	6	7
1956	30	31	1981	5	6
1957	29	30	1982	4	5
1958	28	29	1983	3	4
1959	27	28	1984	2	3
1960	26	27	1985	1	2
1961	25	26	1986	Under 1	1
1962	24	25			
1963	23	24			
1964	22	23			

CARD B

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

CARD C

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

999

NEW CLOUD, OH

CARD E

1. BLUE CROSS/BLUE SHIELD OF GREATER NEW CLOUD
2. HEALTH INSURANCE PLAN OF OHIO
3. HEALTHSHIELD, INC.
4. COLUMBUS HEALTH PLAN, INC.
5. MAXICARE OHIO, INC.
6. HOWARD COUNTY HMO

Table 5. Content and question numbers of Reporting Unit Enumeration Booklet, Rounds 2-4, Household Survey

Item	Question Number(s)
For RU's at same address as previous round	
Introduction	A1-A3 ⁺
Identification of persons who left RU	A4-A8 ⁺
For RU's at new address	
Introduction	A9-A11 ⁺
Identification of persons who left RU	A12-A15 ⁺
For all RU's	
Identification of new persons	A16-A17 ⁺
If reference person not in RU, new reference person	A18-A19 ⁺
For new persons	
Relationship to reference person	A20 ⁺
Sex	A21 ⁺
Date of birth	A22 ⁺
Determination of key status	A23-A24 ⁺
Race, Hispanic ethnicity	A25-A27 ⁺
Functional status of parents	A28-A35
Education	A36-A38
Marital status	A39-A40
Veteran status	A41-A46
For all persons	
Verification of marital status	A47-A50 ⁺
HMO membership	A51-A53 ⁺
Armed Forces status	A54-A55 ⁺
Introduction to main survey	A56 ⁺

⁺ Reproduced in Exhibit 6.

Exhibit 6. Household Survey (Round 2) Reporting Unit Enumeration Booklet

START TIME: _____ AM
PM

INTRODUCTION - READ AS NECESSARY: Hello, my name is (NAME) from (CONTRACTOR). We are conducting the National Medical Expenditure Survey, a year long study to gather information on the health care of people in this country. The survey is being conducted for two government agencies - the U.S. Public Health Service and the Health Care Financing Administration. All the responses you provide will be kept strictly confidential. May I speak to (FAMILY RESPONDENT/ADULT RU MEMBER)?

BOX A1	a) IS THIS THE ADDRESS ON THE ASSIGNMENT LABEL?
	YES 1 (b)
	NO. 2 (d)
	b) DOES THE FAMILY RESPONDENT LIVE HERE?
	YES 1 (MAKE APPT. START AT A1.)
	NO. 2 (c)
	c) DO ANY OTHER MEMBERS OF THE RU LIVE HERE?
	YES 1 (SPEAK TO ANY ADULT. START AT A3.)
	NO. 2 (INITIATE LOCATING PROCEDURES.)
	d) IS FAMILY RESPONDENT AT THIS LOCATION?
	YES 1 (MAKE APPT. START AT A9, pg.7.)
	NO. 2 (e)
	e) ARE ANY RU MEMBERS AT THIS LOCATION?
	YES 1 (SPEAK TO ANY ADULT. START AT A11, pg.7.)
	NO. 2 (INITIATE LOCATING PROCEDURES.)

Exhibit 6. Household Survey (Round 2) Reporting Unit Enumeration Booklet (continued)

A1. As you may remember, your family was interviewed a few months ago for the National Medical Expenditure Survey. At that time we mentioned that we would be recontacting you about every three months during the next year. We recently sent you a letter explaining the importance of your continued participation in this study.

At the time of that first interview, you were identified as the best person to give us information on the health care and medical costs for your family. Therefore, I'd like to interview you again.

R IS STILL BEST RESPONDENT 1 (A4)
R VOLUNTEERS S/HE IS NOT THE BEST R. 2 (A2)

A2. Who would be the best person to provide this information?

NAME: FAMILY/BEST RESPONDENT PERSON # OR CODE "95"
FOR NEW RU MEMBER

ARRANGE TO SPEAK WITH FAMILY RESPONDENT. MAKE APPOINTMENT, IF NECESSARY. REPEAT INTRODUCTORY REMARKS. GO TO A4.

A3. A few months ago (NAME OF R) participated in a survey for the National Medical Expenditure Survey. At that time we mentioned we would be recontacting the (NAME OF RU) family about every three months for a year. Because all members of the family are important to us, I would like to interview (NAMES OF REMAINING RU MEMBERS) and their relatives living here about health care and medical expenses.

Who would be the best person to provide that information?

NAME: FAMILY/BEST RESPONDENT PERSON # OR CODE "95"
FOR NEW RU MEMBER

ARRANGE TO SPEAK WITH FAMILY RESPONDENT. MAKE APPOINTMENT, IF NECESSARY. REPEAT INTRODUCTORY REMARKS. GO TO A4.

Exhibit 6. Household Survey (Round 2) Reporting Unit Enumeration Booklet (continued)

<p>A4. IF ONE PERSON RU CODE "1" (YES) WITHOUT ASKING, OTHERWISE: Before we begin the questions about your family's health, I would like to review the names of the people who live here. When your family was interviewed on (REF. DATE) we collected information about the following people. (READ NAMES OF ALL RU MEMBERS CODED 11, 12 AND 32 ON THE DU ROSTER.)</p> <p>Do all of these people live here now?</p> <p>Yes 1 (ENTER STATUS CODE "11" OR "13" ON CONTROL CARD. RECORD TODAY'S DATE ON CONTROL CARD AS END DATE FOR EACH PERSON; A16.)</p> <p>No 2</p>	
<p>A5. Is (PERSON) now living here?</p> <p>Yes ①</p> <p>No ②</p>	<p>..... 1 (ENTER STATUS CODE "11" ON CONTROL CARD AND RECORD TODAY'S DATE AS END DATE FOR THIS PERSON; NP/ A16, pg.11)</p> <p>..... 2 (A6)</p>
<p>A6. Why does (PERSON) no longer live here? ENTER STATUS CODE ON CONTROL CARD.</p> <p style="text-align: center;"><u>STATUS CODE</u></p> <p>DECEASED ③①</p> <p>INSTITUTIONALIZED, HEALTH CARE FACILITY .. ③②</p> <p>INSTITUTIONALIZED, OTHER ④⑥</p> <p>*MOVED, WITHIN U.S. ④⑦</p> <p>MOVED, OUTSIDE U.S. ④⑧</p> <p>MOVED, WITH NO OTHER ROUND 1 MEMBERS, AND ON FULL-TIME ACTIVE DUTY WITH ARMED FORCES ④⑨</p> <p>*MOVED, FULL-TIME STUDENT, AGE 17-22, UNMARRIED ①③</p>	<p>..... 31 (A7)</p> <p>..... 32 (A7)</p> <p>..... 46 (A7)</p> <p>..... 47 (A8)</p> <p>..... 48 (A7)</p> <p>..... 49 (A7)</p> <p>..... 13 (A8)</p>
<p>A7. On what date did (PERSON) (leave the household/die)?</p>	<p>RECORD END DATE ON CONTROL CARD. (NP:A5/A16, pg.11)</p>
<p>A8. On what date did (PERSON) leave the household?</p>	<p style="text-align: center;">/ /</p> <p style="text-align: center;">MO DA YR</p> <p>INITIATE LOCATING PROCEDURES. "X" THROUGH THE PERSON COLUMN ON THE CONTROL CARD. DO NOT COLLECT ANY INFORMATION FOR THIS PERSON. (NP:A5/A16, pg.11)</p>

Exhibit 6. Household Survey (Round 2) Reporting Unit Enumeration Booklet (continued)

A9. As you may remember, we conducted an interview with you a few months ago for the National Medical Expenditure Survey when you were living at (ADDRESS ON ASSIGNMENT LABEL). At that time we mentioned that we would be recontacting your family about every three months during the next year.

At the time of that first interview, you were identified as the best person to give us information on the health care and medical costs for your family. Therefore, I'd like to interview you again.

R IS STILL BEST RESPONDENT 1 (A12)

R VOLUNTEERS S/HE IS NOT THE BEST R. 2 (A10)

A10. Who would be the best person to provide this information?

NAME: FAMILY/BEST RESPONDENT

PERSON # OR CODE "95"
FOR NEW RU MEMBER

ARRANGE TO SPEAK WITH FAMILY RESPONDENT. MAKE APPOINTMENT, IF NECESSARY AND REPEAT INTRODUCTORY REMARKS. GO TO A12.

A11. A few months ago, your family, while residing at (ADDRESS ON ASSIGNMENT LABEL), participated in the National Medical Expenditure Survey. At that time we talked to (NAME) and mentioned that we would be recontacting (NAME'S) family about every three months for a year. Because all members of the family are important to us, I would like to interview (RU MEMBERS AT THIS ADDRESS) and their relatives living here about health care and medical expenses.

Who would be the best person to provide this information?

NAME: FAMILY/BEST RESPONDENT

PERSON # OR CODE "95"
FOR NEW RU MEMBER

ARRANGE TO SPEAK WITH FAMILY RESPONDENT. MAKE APPOINTMENT, IF NECESSARY AND REPEAT INTRODUCTORY REMARKS. GO TO A12.

Exhibit 6. Household Survey (Round 2) Reporting Unit Enumeration Booklet (continued)

RU MEMBERS MOVED/SPLIT SECTION - NOT AT ADDRESS ON THE LABEL.

<p>A12. At the time of the last interview, (REF. DATE), we collected information about the following people (READ RU MEMBERS FROM CONTROL CARD).</p> <p>Is (PERSON) now living here?</p> <p>Yes ①</p> <p>No ②</p>	<p>..... 1 (ENTER STATUS CODE "11" OR "13" ON CONTROL CARD AND RECORD TODAY'S DATE AS END DATE NP/ A16)</p> <p>..... 2 (A13)</p>
<p>A13. Why does (PERSON) no longer live with this family? ENTER STATUS CODE ON CONTROL CARD.</p> <p style="text-align: center;"><u>STATUS CODE</u></p> <p>DECEASED ③①</p> <p>INSTITUTIONALIZED, HEALTH CARE FACILITY .. ③②</p> <p>INSTITUTIONALIZED, OTHER ④⑥</p> <p>*MOVED, WITHIN U.S. ④⑦</p> <p>MOVED, OUTSIDE U.S. ④⑧</p> <p>MOVED, WITH NO OTHER ROUND 1 MEMBERS, AND ON FULL-TIME ACTIVE DUTY WITH ARMED FORCES ④⑨</p> <p>*MOVED, FULL-TIME STUDENT, AGE 17-22, UNMARRIED ①③</p>	<p>..... 31 (A14)</p> <p>..... 32 (A14)</p> <p>..... 46 (A14)</p> <p>..... 47 (A15)</p> <p>..... 48 (A14)</p> <p>..... 49 (A14)</p> <p>..... 13 (A15)</p>
<p>A14. On what date did (PERSON) (leave the household/die)?</p>	<p>RECORD END DATE ON CONTROL CARD. (NP:A12/A16, pg.11)</p>
<p>A15. On what date did (PERSON) leave the household?</p>	<p>____ / ____ / ____ MO DA YR</p> <p>INITIATE LOCATING PROCEDURES. "X" THROUGH THE PERSON COLUMN ON THE CONTROL CARD. DO NOT COLLECT ANY INFORMATION FOR THIS PERSON. (NP:A12/A16, pg.11)</p>

Exhibit 6. Household Survey (Round 2) Reporting Unit Enumeration Booklet (continued)

A16. Does anyone else related to (you/ALL CURRENT RU MEMBERS AND ANY FORMER RU MEMBERS CODED "31" AND "32" ON THE DU ROSTER) live here now, including any newborn babies? DO NOT INCLUDE NAMES OF STUDENTS CODED "13" ON THE DU ROSTER.

Yes. 1 (A17)
No 2 ☐ BOX A2

A17. What is that person's name? Anyone else? LIST ON CONTROL CARD.

BOX
A2

REVIEW CONTROL CARD. IS REF. PERSON STILL PART OF THIS RU?

YES. 1 ☐ BOX A3
NO 2 (A18)

A18. IF ONLY ONE PERSON 17 OR OLDER IN RU, CODE REF. IN PERSON COLUMN WITHOUT ASKING; ☐ BOX A3. OTHERWISE: From the last interview, I have (REFERENCE PERSON) (who is no longer here) listed as a person who owns or rents this (home/apartment). Of the people living here now, who owns or rents this (home/apartment)? IF NECESSARY, PROBE: Who is the head of the household? ENTER "REF." UNDER RELATIONSHIP ON THE CONTROL CARD. IF NECESSARY, CROSS OUT PREPRINTED RELATIONSHIP.

A19. FOR EACH RU MEMBER PRINTED ON THE CONTROL CARD, ASK:
How is (PERSON) related to (NEW REF.)?
CORRECT PREPRINTED RELATIONSHIPS, IF NECESSARY.

BOX
A3

HAS ANY RU MEMBER ON THE CONTROL CARD DIED OR LEFT THE RU?

YES. 1 (REVIEW MOM AND DAD BOXES;
CORRECT, IF NECESSARY;
☐ BOX A4
NO 2 ☐ BOX A4

BOX
A4

ARE THERE ANY NEW RU MEMBERS ON THE CONTROL CARD?

YES. 1 ☐ BOX A5
NO 2 ☐ BOX A12, pg.26

Exhibit 6. Household Survey (Round 2) Reporting Unit Enumeration Booklet (continued)

NEW RU MEMBER SECTION

BOX A5	THE FOLLOWING QUESTIONS, A20 THROUGH A46, APPLY TO NEW RU MEMBERS ONLY. ASK A20 THROUGH A46 FOR EACH NEW MEMBER.
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A20. How is (NEW PERSON) related to (REFERENCE PERSON)?	RECORD RELATIONSHIP ON CONTROL CARD.
---	--------------------------------------

BOX A6	<p>CODE FOR EACH NEW PERSON:</p> <p>a. IS (NEW PERSON'S) FATHER A MEMBER OF RU?</p> <p>YES (ENTER FATHER'S ID IN PERSON COLUMN AND CHECK DAD BOX ON CONTROL CARD)</p> <p>NO ①</p> <p>b. IS (NEW PERSON'S) MOTHER A MEMBER OF RU?</p> <p>YES (ENTER MOTHER'S ID IN PERSON COLUMN AND CHECK MOM BOX ON CONTROL CARD)</p> <p>NO ②</p> <p>PROBE, IF UNSURE: "Are any of the people living here (NEW PERSON'S) parents?"</p>
-----------	---

DAD ID #

..... 0

MOM ID #

..... 0 (A21)

A21. RECORD SEX IF OBVIOUS. IF NOT OBVIOUS, ASK: Is (NEW PERSON) male or female?	RECORD "M" OR "F" ON CONTROL CARD.
--	------------------------------------

A22. What is (NEW PERSON'S) birthdate?	RECORD BIRTHDATE AND AGE ON CONTROL CARD. VERIFY AGE USING CARD A. RECORD TODAY'S DATE AS END DATE.
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BOX A6a	<p>a. WAS NEW PERSON BORN ON OR AFTER JANUARY 1, 1987?</p> <p>YES ①</p> <p>NO ②</p> <p>b. IS NEW PERSON'S MOTHER A KEY MEMBER?</p> <p>YES ①</p> <p>NO ②</p>
------------	---

..... 1 (b)

..... 2 (A23)

..... 1 (ENTER BIRTHDATE AS START DATE. CODE 51 ON CONTROL CARD; A25)

..... 2 (ENTER BIRTHDATE AS START DATE. CODE 54 ON CONTROL CARD; A24)

Exhibit 6. Household Survey (Round 2) Reporting Unit Enumeration Booklet (continued)

<p>A23. Where was (NEW PERSON) living on January 1, 1987? IF NECESSARY: [Was that (a health care institution/some other institution like a jail or orphanage/in the armed forces/somewhere outside the U.S.) (or) [was (PERSON) living in a different household]? CODE IN PERSON COLUMN AND RECORD STATUS CODE ON CONTROL CARD.</p> <p>Health care institution 52 52 (A23a) Other institution, armed forces or outside U.S. 53 53 (A24) Living in a different household 54 54 (A24)</p>																			
<p>A23a. Please tell me the name and address of the health care institution. PROBE FOR ZIP CODE.</p>	<p>NAME OF FACILITY</p> <hr/> <p>ADDRESS</p> <hr/> <p>CITY/STATE</p> <hr/> <p>ZIP CODE</p> <hr/>																		
<p>A24. On what date since (REF. DATE) did (NEW PERSON) start living with your family? PROBE FOR MONTH DAY AND YEAR.</p>	<p>ENTER START DATE ON CONTROL CARD. RECORD TODAY'S DATE AS END DATE</p>																		
<p>A25. Please look at this card and tell me the group which best describes (NEW PERSON'S) racial background.</p> <table border="1"> <tr> <td>SHOW</td> <td>American Indian..... ①</td> <td>..... 1</td> </tr> <tr> <td>CARD</td> <td>Alaska Native..... ②</td> <td>..... 2</td> </tr> <tr> <td>B</td> <td>Asian or Pacific Islander..... ③</td> <td>..... 3</td> </tr> <tr> <td></td> <td>Black..... ④</td> <td>..... 4</td> </tr> <tr> <td></td> <td>White..... ⑤</td> <td>..... 5</td> </tr> <tr> <td></td> <td>Other ⑥</td> <td>..... 6</td> </tr> </table> <p>RECORD NUMBER ON CONTROL CARD.</p>	SHOW	American Indian..... ① 1	CARD	Alaska Native..... ② 2	B	Asian or Pacific Islander..... ③ 3		Black..... ④ 4		White..... ⑤ 5		Other ⑥ 6	
SHOW	American Indian..... ① 1																	
CARD	Alaska Native..... ② 2																	
B	Asian or Pacific Islander..... ③ 3																	
	Black..... ④ 4																	
	White..... ⑤ 5																	
	Other ⑥ 6																	
<p>A26. Do any of the groups on this card represent (NEW PERSON'S) main national origin or ancestry?</p> <table border="1"> <tr> <td>SHOW</td> <td>Yes..... ①</td> <td>..... 1 (A27)</td> </tr> <tr> <td>CARD</td> <td>No..... ②</td> <td>..... 2 BOX A7</td> </tr> <tr> <td>C</td> <td></td> <td></td> </tr> </table>	SHOW	Yes..... ① 1 (A27)	CARD	No..... ② 2 BOX A7	C												
SHOW	Yes..... ① 1 (A27)																	
CARD	No..... ② 2 BOX A7																	
C																			
<p>A27. Could you please tell me the group?</p> <p>Puerto Rican..... ① 1 Cuban..... ② 2 Mexican, Mexicano, Mexican-American, Chicano..... ③ 3 Other Latin American..... ④ 4 Other Spanish..... ⑤ 5</p>																			

Exhibit 6. Household Survey (Round 2) Reporting Unit Enumeration Booklet (continued)

BOX A12	ARE THERE ANY ROUND ONE RU MEMBERS 17 OR OLDER? YES 1 (A47) NO 2 (A51)	
A47. At the time of the last interview (READ NAME AND MARITAL STATUS OF EACH ROUND ONE RU MEMBER AGE 17 AND OLDER). Has anyone's marital status changed? Yes 1 (A48) No 2 (A51)		
A48. Who was that? CODE IN EACH COLUMN. <div style="display: flex; justify-content: space-between;"> <div> MARITAL STATUS CHANGED ① NO CHANGE IN MARITAL STATUS ② UNDER 17/NOT APPLICABLE ③ </div> <div> 1 (NP/A49) 2 (NP/A49) 3 (NP/A49) </div> </div>		
A49. FOR EACH PERSON CODED "1" IN A48, ASK: Is (PERSON) now married, widowed, divorced, (or) separated? RECORD IN PERSON COLUMN AND IN MARITAL STATUS BOX ON CONTROL CARD. CORRECT MARITAL STATUS ON CONTROL CARD, IF NECESSARY. <div style="display: flex; justify-content: space-between;"> <div> Married (M) ① Widowed (W) ② Divorced (D) ③ Separated (S)..... ④ </div> <div> 1 BOX A13 2 (A50) 3 (A50) 4 (A50) </div> </div>		
BOX A13	IS SPOUSE A MEMBER OF THE RU? YES, ENTER SPOUSE'S ID NO...:..... ① PROBE IF UNSURE: Is (PERSON'S) (husband/wife) living here?	SPOUSE ID <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> 0
A50. When was (he/she) (married/widowed/divorced/separated) (the last time)? <div style="display: flex; justify-content: flex-end; align-items: center;"> <div style="text-align: center; margin-right: 10px;"> MONTH (NP:A49/A51) </div> <div style="text-align: center;"> / YEAR </div> </div>		

Exhibit 6. Household Survey (Round 2) Reporting Unit Enumeration Booklet (continued)

<p>A51. Now I'd like to ask you a brief question about health insurance coverage. [I have listed (READ NAMES ON CONTROL CARD) as members of your household.]</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">SHOW CARD E</div> <p>Are any of these people covered by any of the health insurance plans shown on this list?</p> <p>Yes..... 1 (A52) No..... 2 (A54) DON'T KNOW -8 (A54)</p>	
<p>A52. Who is that person? (Anyone else?) CODE IN EACH PERSON COLUMN.</p> <p>YES, COVERED..... ① NO, NOT COVERED..... ② DON'T KNOW -8</p>	<p>..... 1 (NP/A53) 2 (NP/A53) -8 (NP/A53)</p>
<p>A53. FOR EACH PERSON CODED "1" IN A52, ASK: Which plan covers (PERSON)?</p> <p>RECORD PLAN NUMBER AND PSU NUMBER IN PERSON COLUMN. CHECK "HMO" BOX ON CONTROL CARD.</p>	<p>PLAN NUMBER _____</p> <p>PSU # _____</p>
<p>A54. Is anyone on full-time active duty with the Armed Forces of the United States?</p> <p>Yes..... 1 (A55) No..... 2 BOX A14</p>	
<p>A55. Who is on full-time active duty? (Anyone else?) CODE IN EACH PERSON COLUMN.</p> <p>FULL-TIME ACTIVE DUTY..... ①</p> <p>NOT ON ACTIVE DUTY..... ② UNDER 17/NOT APPLICABLE..... ③</p>	<p>..... 1 (CHECK VET BOX ON CONTRC CARD AND CHAN STATUS CODE 1 "12"; NP/ BOX A14)</p> <p>..... 2 (NP/BOX A14) 3 (NP/BOX A14)</p>

Exhibit 6. Household Survey (Round 2) Reporting Unit Enumeration Booklet (continued)

BOX A14	a. RECORD END TIME: _____ AM PM
	b. REFER TO A8 AND A15. ARE LOCATING PROCEDURES REQUIRED?
	YES. 1 (MAKE SURE LOCATING GUIDE IS LABELED AND PLACED AT THE END OF THE CENTRAL QUESTIONNAIRE; c.)
	NO 2 (c)
	c. IS ENTIRE RU INELIGIBLE (MEMBERS OF ARMED FORCES, OR MOVED OUTSIDE U.S.)?
	YES. 1 (THANK R AND TERMINATE INTERVIEW. CONTINUE WITH LOCATING PROCEDURES, IF APPLICABLE; GO TO f.)
	NO 2 (d)
	d. ARE ANY RU MEMBERS STUDENTS (CODE 13)?
	YES. 1 (e)
	NO 2 (A56)
e. ARE ANY RU MEMBERS (CODE 13) MARRIED?	
YES. 1 (CHANGE PERSON STATUS CODE TO 11; A56.)	
NO 2 (A56)	
f. ARE THERE ANY OTHER RU'S AT THIS DU?	
YES. 1 (CONTINUE WITH NEXT RU ENUMERATION.)	
NO 2 (END OF INTERVIEW)	

A56. For this study to be most useful, we need information that is complete and accurate. For cooperating with us, we will give you a check for \$10 for your efforts today.

The following questions refer to the period from (REF. DATE) up to and including today. [We gave (you/ROUND 1 RESPONDENT) a calendar during our last interview on (REF. DATE). If it is available, you will find it helpful during today's interview.]

CONTINUE WITH CENTRAL QUESTIONNAIRE. TRANSFER PERSON #, NAME, AGE, AND REFERENCE PERIOD (START DATE/END DATE) INFORMATION FROM CONTROL CARD TO PERSON COLUMNS OF CENTRAL QUESTIONNAIRE.

2. SAIAN

The SAIAN Control Card Enumeration Booklets served much the same function as those in the Household Survey, and many of the question items were the same. Because the SAIAN screener was conducted concurrently with the Round 1 interview, or if separately still within the reference year (1987), the SAIAN Round 1 Enumeration Booklets incorporated elements of both the Round 1 and Round 2 Household Survey booklets. Table 6 describes the question items in the Round 1 SAIAN Control Card Enumeration Booklets. Question items different from corresponding items in the Household Survey and from items in the SAIAN Screener are presented in Exhibit 7.

An important difference between the two surveys was in the designation of key persons. In addition to the requirements of the Household Survey, the SAIAN imposed an additional qualification for key persons: only American Indians or Alaska Natives eligible for IHS or tribal health care services were key in Round 1. Therefore, the questions on race, tribal membership, and eligibility for services were asked of all persons joining the survey, and verified in Round 1 for persons enumerated during separate screening interviews. The Household Survey questions on functional status of parents were not included in the SAIAN enumeration booklets. Additional questions of interest for the SAIAN were on residence over the preceding 12 months, since criteria for eligibility for IHS services differ by place of residence.

As shown in Table 7, the SAIAN RU Enumeration Booklet for Rounds 2 and 3 was almost identical to its Household Survey counterpart. The items that differed are included in Exhibit 8.

Table 6. Content and question numbers of Round 1 Control Card Enumeration Booklet, SAIAN

	Separate Screener	Concurrent Screener	
	Primary RU ¹	Primary RU	Student/ Secondary RU
RU-level information			
Identification of respondent	SC1-SC5 ⁺	-	-
Review of advance letter	SC6, SC11 ⁺	-	-
Identification of persons leaving RU	SC7-SC10 ⁺	-	-
If reference person not in RU, new reference person	SC12-SC13 ⁺	-	-
Identification of new persons	SC14-SC15, SC23 ⁺	-	-
Address of student(s)**	SC48	-	-
Introduction to main survey**	SC49	SA51-SA53	SB27-SB29
Mailing address, telephone number		SA49-SA50	SB25-SB26
Person-level information			
Relationship to reference person**	SC28 ²	SA30	SB5
Date of birth**	SC29 ²	SA31	SB6
Marital status**	SC30 ²	SA32	SB7
Student status**	SC31-SC32 ²	SA33-SA34	SB8-SB9
Veteran status**	SC33-SC39 ²	SA35-SA40	SB10-SB16
Race, tribal membership*	SC24-SC25	-	-
Eligibility for IHS, tribal services*	SC26-SC27	-	-
Education**	SC40-SC42	SA41-SA43	SB17-SB19
Date of marital status**	SC43	SA44	SB20
Residences last 12 months	SC44-SC45 ⁺	SA45-SA46	SB21-SB22
HMO membership**	SC46-SC47	SA47-SA48	SB23-SB24

* Identical to screener item.

** Identical to Household Survey Item.

+ Included in Exhibit 7.

¹Question numbers are identical for

Student/Secondary RU, with prefix "SB."

²New persons only.

Table 7. Content and question numbers of Reporting Unit Enumeration Booklet, Rounds 2-3, SAIAN

Item	Question Number(s) *
For RU's at same address as previous round	
Introduction	SA1-SA3
Identification of persons who left RU	SA4-SA8
For RU's at new address	
Introduction	SA9-SA11
Identification of persons who left RU	SA12-SA15
For all RU's	
Identification of new persons	SA16-SA17
If reference person not in RU, new reference person	SA18-SA19
For new persons	
Relationship to reference person	SA20
Sex	SA21
Date of birth	SA22
Determination of key status, residence past 12 months	SA23-SA27 ⁺
Race, tribal membership	SA28-SA29 ⁺
Eligibility for IHS, tribal services	SA30-SA31 ⁺
Education	SA32-SA34
Marital status	SA35-SA36
Veteran status	SA37-SA42
For all persons	
Verification of marital status	SA43-SA46
HMO membership	SA47-SA49
Armed Forces status	SA50-SA51
Introduction to main survey	SA52

* Except for questions SA23-31, all items are identical to corresponding item in Household Survey.

+ Reproduced in Exhibit 8.

Exhibit 7. SAIAN (Round 1) Primary RU Control Card Enumeration

START TIME: _____ AM
 _____ PM

SC1. Hello. I'm (NAME) from (CONTRACTOR). May I please speak with (FAMILY RESPONDENT)?

FAMILY RESPONDENT AVAILABLE, ONE PERSON RU 1 (SC11, pg.4)
 FAMILY R AVAILABLE, TWO OR MORE PERSONS IN RU. . . 2 (SC3)
 FAMILY R LIVES HERE, NOT AVAILABLE 3 (MAKE APPOINTMENT)
 FAMILY R NO LONGER LIVES HERE, SAME RU 4 (SC2)
 NO ONE IN RU AT THIS ADDRESS 5 (CONDUCT INITIAL
 SCREENER WITH
 THIS RU)

SC2. A few weeks ago, your family participated in the National Medical Expenditure Survey. At that time we mentioned that some people would be recontacted to participate in this important survey. The questions I will be asking are about health care and medical expenses. Who would be the best person to provide the information for your family? RECORD NAME, PERSON NUMBER AND CODE RESPONSE.

NAME: BEST RESPONDENT PERSON #

SPEAKING WITH BEST RESPONDENT. 1 (SC6)
 NOT SPEAKING WITH BEST RESPONDENT. 2 (SC5)

SC3. As you may remember, your family was interviewed a few weeks ago for the National Medical Expenditure Survey. At that time we mentioned that some people would be recontacted to participate in this important study. Your family has been selected.

At the time of that first interview, you were identified as the best person to give us information on the health care and medical costs for your family. Are you still the best person to answer these questions?

YES. 1 (SC6)
 NO 2 (SC4)

SC4. Who would be the best person to provide this information?

NAME: BEST RESPONDENT PERSON #

SC5. May I speak to (BEST RESPONDENT)?

YES. 1 (SC6)
 NO, NOT AVAILABLE. . . . 2 (MAKE APPOINTMENT)

Exhibit 7. SAIAN (Round 1) Primary RU Control Card Enumeration (continued)

SC6.	<p>The National Medical Expenditure Survey is a year-long study to gather information on the health of the people in this country and their medical costs. The survey is being conducted for two government agencies -- the U.S. Public Health Service and the Health Care Financing Administration. All of the responses you provide will be kept strictly confidential.</p> <p>We left a letter explaining how important your participation is to this study. Do you recall the letter?</p> <p>YES 1 (SC7)</p> <p>NO 2 (REVIEW CONTENTS OF LETTER: SC7)</p>	
SC7.	<p>[Before we begin the questions about your family's health, I would like to review the names of the people who live here. When your family was interviewed on (SCREENER DATE) the following people lived here. READ NAMES FROM CONTROL CARD.]</p> <p>Does (PERSON) still live here?</p> <p>YES ①</p> <p>NO ②</p>	<p>..... 1 (ENTER STATUS CODE "11" ON CONTROL CARD. RECORD TODAY'S DATE AS "END DATE" ON CONTROL CARD; NP/ BOX SC2)</p> <p>..... 2 (SC8)</p>
SC8.	<p>Why does (PERSON) no longer live here?</p> <p>CODE IN PERSON COLUMN AND RECORD STATUS CODE ON CONTROL CARD.</p> <p>DECEASED ①</p> <p>INSTITUTIONALIZED, HEALTH CARE FACILITY ... ②</p> <p>INSTITUTIONALIZED, OTHER ③</p> <p>MOVED, WITHIN U.S. ④</p> <p>MOVED, OUTSIDE U.S. ⑤</p> <p>MOVED, ON FULL TIME ACTIVE DUTY WITH ARMED SERVICES ⑥</p> <p>MOVED, FULL TIME STUDENT ⑦</p>	<p>..... 31 (SC9)</p> <p>..... 32 (SC10)</p> <p>..... 41</p> <p>..... 42</p> <p>..... 43</p> <p>..... 44</p> <p>..... 13</p> <p style="text-align: right;">BOX SC1</p>
BOX SC1	<p>a. FOR EACH PERSON CODED "41," "42," "43," "44," OR "13" IN QUESTION SC8, MARK AN "X" THROUGH THE PERSON COLUMN OF THE CONTROL CARD. DO NOT COLLECT ANY INFORMATION FOR THIS PERSON.</p> <p>b. ARE THERE ANY OTHER PERSONS IN RU?</p> <p>YES ①</p> <p>NO ②</p>	<p>..... 1 (NP:SC7)</p> <p>..... 2 BOX SC3, pg.6</p>

Exhibit 7. SAIAN (Round 1) Primary RU Control Card Enumeration (continued)

<p>SC9. On what date did (PERSON) die?</p> <p>RECORD DATE IN PERSON COLUMN AND ON CONTROL CARD IN "END DATE" BOX. IF PERSON DIED BEFORE REFERENCE DATE, MARK AN "X" THROUGH PERSON'S COLUMN OF CONTROL CARD. DO NOT COLLECT INFORMATION FOR THIS PERSON. IF PERSON DIED AFTER REFERENCE DATE, COLLECT DATA FOR PERIOD BETWEEN REFERENCE DATE AND DATE OF DEATH. GO TO BOX SC2.</p>	<div style="margin-bottom: 5px;"> <div style="display: inline-block; width: 30px; border-bottom: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 30px; border-bottom: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 30px; border-bottom: 1px solid black;"></div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> MONTH DAY YEAR </div>
<p>SC10. On what date did (PERSON) enter the (nursing home/home for the mentally retarded/psychiatric hospital/institution)?</p> <p>RECORD DATE IN PERSON COLUMN AND ON CONTROL CARD IN "END DATE" BOX. IF PERSON ENTERED AN INSTITUTION BEFORE REFERENCE DATE, MARK AN "X" THROUGH PERSON'S COLUMN OF CONTROL CARD. DO NOT COLLECT INFORMATION FOR THIS PERSON. IF PERSON WAS INSTITUTIONALIZED AFTER REFERENCE DATE, COLLECT DATA FOR PERIOD BETWEEN REFERENCE DATE AND DATE OF INSTITUTIONALIZATION. GO TO BOX SC2.</p>	<div style="margin-bottom: 5px;"> <div style="display: inline-block; width: 30px; border-bottom: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 30px; border-bottom: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 30px; border-bottom: 1px solid black;"></div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> MONTH DAY YEAR </div>
<p>SC11. A few weeks ago you participated in the National Medical Expenditure Survey. At that time we mentioned that some people would be recontacted to participate in this important study.</p> <p>The National Medical Expenditure Survey is a year long study to gather information about the health of the people in this country and their medical costs. The survey is being conducted for two government agencies -- the U.S. Public Health Service and the Health Care Financing Administration. All the responses you provide will be kept strictly confidential.</p> <p style="margin-left: 40px;">RECORD STATUS CODE "11" ON CONTROL CARD. RECORD TODAY'S DATE AS "END DATE" ON CONTROL CARD.</p> <p>We left a letter explaining how important your participation is to this study. Do you recall the letter?</p> <div style="margin-left: 100px;"> <p>YES 1 (SC14)</p> <p>NO 2 (REVIEW CONTENTS OF LETTER: CONTINUE WITH SC14)</p> </div>	

<p>BOX SC2</p>	<p>GO BACK TO SC7 FOR NEXT PERSON. IF NO NEXT PERSON GO TO BOX SC3.</p>
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Exhibit 7. SAIAN (Round 1) Primary RU Control Card Enumeration (continued)

BOX SC3	REVIEW REPORTING UNIT LISTING ON CONTROL CARD. IS REFERENCE PERSON STILL LIVING IN RU?
	YES. 1 (SC14)
	NO 2 (SC12)

SC12. From the last interview, I have (REFERENCE PERSON), who is no longer living here, listed as the person who owns or rents this (house/apartment). Of the people living here now, who owns or rents this home? (PROBE: Of the people living here now, who is the head of the household?)

Name

Person #

THIS PERSON WILL BE THE REFERENCE PERSON. ENTER RELATIONSHIP AS REF IN RELATIONSHIP BOX OF CONTROL CARD AND ENUMERATION BOOKLET. IF NEW RU MEMBER, ENTER NAME IN NEXT AVAILABLE PERSON COLUMN OF CONTROL CARD. ASSIGN PERSON NUMBER AND TODAY'S DATE IN "END DATE" BOX OF CONTROL CARD. ENTER RELATIONSHIP AS "REF" IN RELATIONSHIP BOX OF CONTROL CARD.

SC13. FOR EACH PERSON ASK:

How is (PERSON) related to (NEW REFERENCE PERSON)?
CROSS OUT PREPRINTED RELATIONSHIPS ON CONTROL CARD.
RECORD NEW RELATIONSHIPS ON CONTROL CARD.

SC14. I have listed (NAMES ON CONTROL CARD). Does anyone else related to (REF) live here now, including babies born since (SCREENER DATE)?

YES. 1 (SC15)
NO 2 (SC16)

SC15. What are their names? Anyone else?

ENTER NAMES IN NEXT AVAILABLE PERSON COLUMN(S) OF CONTROL CARD AND ENUMERATION BOOKLET. ASSIGN PERSON NUMBERS TO NEW RU MEMBER(S). ASSIGN STATUS CODE "11" AND TODAY'S DATE AS "END DATE" ON CONTROL CARD.

SC16. [Not including (PERSON WHO DIED, LISTED AT SC8)] Was there anyone related to (REF) living with (him/her) on (REFERENCE DATE), who has since died?

YES. 1 (SC17)
NO 2 (SC19)

SC17. Who was that? Anyone else?

ENTER NAME(S) IN NEXT AVAILABLE PERSON COLUMN(S) OF CONTROL CARD AND ENUMERATION BOOKLET. ASSIGN PERSON NUMBER(S). ASSIGN STATUS CODE OF 31.

Exhibit 7. SAIAN (Round 1) Primary RU Control Card Enumeration (continued)

<p>SC18. FOR EACH PERSON LISTED IN SC17, ASK: On what date did (PERSON) die?</p> <p>ENTER DATE(S) IN "END DATE" BOX OF CONTROL CARD.</p>
<p>SC19. [Not including (PERSON IDENTIFIED IN SC8 AS INSTITUTIONALIZED)] Was there anyone related to (REF) who was living with (him/her) on (REFERENCE DATE) who is now living in a nursing home, home for the mentally retarded, or psychiatric hospital?</p> <p>YES. 1 (SC20) NO 2 (SC22)</p>
<p>SC20. What is this person's name? Anyone else?</p> <p>ENTER NAME(S) IN NEXT AVAILABLE PERSON COLUMN(S) OF CONTROL CARD AND ENUMERATION BOOKLET. ASSIGN PERSON NUMBER(S). ASSIGN STATUS CODE OF 32.</p>
<p>SC21. FOR EACH PERSON LISTED IN SC20, ASK: On what date did (PERSON) enter the facility?</p> <p>ENTER DATE(S) IN "END DATE" BOX OF CONTROL CARD.</p>
<p>SC22. I have listed (NAMES FROM CONTROL CARD AND SECONDARY RU MEMBERS LISTED ON ODU ROSTER). Is there anyone else living here now, such as friends, roomers, or other persons not related to (REF)? Do not include anyone only staying here temporarily whose usual place of residence is elsewhere.</p> <p>YES. 1 (SC23) NO 2 BOX SC4</p>
<p>SC23. What are the names of other persons living here now? Anyone else?</p> <p>ENTER NAME(S) AND SEX IN SECONDARY RU ROSTER (ON FOLD-OUT). IF SEX NOT OBVIOUS, ASK: Is (PERSON) male or female?</p>

Exhibit 7. SAIAN (Round 1) Primary RU Control Card Enumeration (continued)

<p>SC44. ASK FOR EACH PERSON: Has (PERSON) lived at this residence continuously during the last 12 months?</p> <p>Yes..... ① No..... ②</p>	<p>..... 1 (NP/SC46) 2 (SC45)</p>
<p>SC45. Where else did (PERSON) live for a month or more during the last 12 months? In what county or reservation was that? PROBE: Did (PERSON) live anywhere else for a month or more?</p> <p>RECORD EACH PLACE PERSON LIVED FOR 1 MONTH OR MORE. GO TO SC44 FOR NEXT PERSON. IF NO NEXT PERSON, GO TO SC46.</p>	<p>PLACE 1</p> <p>_____</p> <p>CITY</p> <p>_____</p> <p>STATE</p> <p>_____</p> <p>COUNTY</p> <p>_____</p> <p>RESERVATION</p>
	<p>PLACE 2</p> <p>_____</p> <p>CITY</p> <p>_____</p> <p>STATE</p> <p>_____</p> <p>COUNTY</p> <p>_____</p> <p>RESERVATION</p>
	<p>PLACE 3</p> <p>_____</p> <p>CITY</p> <p>_____</p> <p>STATE</p> <p>_____</p> <p>COUNTY</p> <p>_____</p> <p>RESERVATION</p>
	<p>NP:SC44/SC46</p>

Exhibit 8. SAIAN (Round 2) RU Enumeration Booklet

<p>SA23. Where was (NEW PERSON) living on April 1, 1987? IF NECESSARY: [Was that (a school, a health care institution/some other institution like a jail or orphanage)/in the armed forces/somewhere outside the U.S.] (or) [was (PERSON) living in a different household]? CODE IN PERSON COLUMN AND RECORD STATUS CODE ON CONTROL CARD.</p> <p>Away at school 13 Health care institution 52 Other institution, armed forces or outside U.S. 53 Living in a different household 54</p>	<p>..... 13 (SA23a) 52 (SA23a) 53 (SA24) 54 (SA23a)</p>
<p>SA23a. Please tell me the name and address of the [health care institution/place] where (PERSON) was living on April 1, 1987. In what county or reservation was that?</p>	<p>NAME OF FACILITY/SCHOOL</p> <hr/> <p>ADDRESS</p> <hr/> <p>CITY</p> <hr/> <p>STATE / ZIP CODE</p> <hr/> <p>COUNTY</p> <hr/> <p>RESERVATION</p> <hr/>
<p>SA24. On what date since (REF. DATE) did (NEW PERSON) start living with your family? PROBE FOR MONTH, DAY AND YEAR.</p>	<p>ENTER START DATE ON CONTROL CARD. RECORD TODAY'S DATE AS END DATE.</p>
<p>SA25. Other than here and the place you just told me about, has (NEW PERSON) lived at any other residence for a month or more in the last 12 months?</p> <p>Yes 1 No 2</p>	<p>..... 1 (SA26) 2 BOX SA10</p>

Exhibit 8. SAIAN (Round 2) RU Enumeration Booklet (continued)

SA26. Where else did (NEW PERSON) live for a month or more during the last 12 months?

In what county or reservation was that?

PROBE: Did (NEW PERSON) live anywhere else for a month or more?

RECORD EACH PLACE PERSON LIVED FOR 1 MONTH OR MORE. THEN GO TO **BOX SA10** .

PLACE 1

CITY

STATE

COUNTY

RESERVATION

PLACE 2

CITY

STATE

COUNTY

RESERVATION

PLACE 3

CITY

STATE

COUNTY

RESERVATION

Exhibit 8. SAIAN (Round 2) RU Enumeration Booklet (continued)

<div style="border: 1px solid black; padding: 2px; width: fit-content;">BOX SA10</div>	<p>CHECK SA23. IS NEW PERSON CODED 13 -- AWAY AT SCHOOL?</p> <p>YES ①</p> <p>NO ②</p>	<p>..... 1 <div style="border: 1px solid black; padding: 1px;">BOX SA11</div></p> <p>..... 2 (SA28)</p>
<div style="border: 1px solid black; padding: 2px; width: fit-content;">BOX SA11</div>	<p>CHECK MOM BOX ON CONTROL CARD. IS (NEW PERSON'S) MOTHER A MEMBER OF THE RU?</p> <p>YES ①</p> <p>NO ②</p>	<p>..... 1 (SA28)</p> <p>..... 2 (SA27)</p>
<p>SA27. Where was (NEW PERSON'S) mother living on April 1, 1987?</p> <p>PROBE: In what county or reservation was that?</p>		<div style="border-bottom: 1px solid black; margin-bottom: 5px; text-align: center;">CITY</div> <div style="display: flex; justify-content: space-between; align-items: center; margin-bottom: 5px;"> <div style="border-bottom: 1px solid black; width: 40%; text-align: center;">STATE</div> <div style="border-bottom: 1px solid black; width: 40%; text-align: center;">ZIP CODE</div> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px; text-align: center;">COUNTY</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px; text-align: center;">RESERVATION</div> <p>OR</p> <p>DECEASED 1</p> <p>DON'T KNOW -8</p>
<p>SA28. Please look at this card and tell me the group which best describes (NEW PERSON'S) racial background.</p>		<div style="border: 1px solid black; padding: 2px; width: fit-content; margin-bottom: 5px;">SHOW CARD B</div> <p>American Indian..... ①</p> <p>Alaska Native..... ②</p> <p>Asian or Pacific Islander..... ③</p> <p>Black..... ④</p> <p>White..... ⑤</p> <p>Other ⑥</p>
		<p>..... 1 (SA29)</p> <p>..... 2)</p> <p>..... 3)</p> <p>..... 4) (SA30)</p> <p>..... 5)</p> <p>..... 6)</p> <p>RECORD NUMBER ON CONTROL CARD.</p>

Exhibit 8. SAIAN (Round 2) RU Enumeration Booklet (continued)

<p>SA29. What is the principal Indian tribe which (PERSON) is a member of, or is eligible to be enrolled in?</p> <p style="text-align: center;">DON'T KNOW ⑧</p>	<p style="text-align: center;">NAME OF TRIBE</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p>..... -8 (SA30)</p>		
<p>SA30. Is (PERSON) eligible to receive health services provided by or paid for by the Indian Health Service (IHS)?</p> <p style="text-align: center;">Yes, eligible ① No, not eligible ② DON'T KNOW ⑧</p>	<p>..... 1 2 (SA31) -8</p>		
<p>SA31. Is (PERSON) eligible to receive health services provided by or paid for by (a tribe or inter-tribal council/ALASKA REGIONAL CORPORATION)?</p> <p style="text-align: center;">Yes, eligible ① No, not eligible ② DON'T KNOW ⑧</p>	<p>..... 1 2 BOX SA12 -8</p>		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 5px; vertical-align: top;"> <p>BOX SA12</p> </td> <td style="padding: 5px;"> <p style="text-align: center;">IS NEW PERSON 17 OR OLDER?</p> <p style="text-align: center;">YES ① NO ②</p> </td> </tr> </table>	<p>BOX SA12</p>	<p style="text-align: center;">IS NEW PERSON 17 OR OLDER?</p> <p style="text-align: center;">YES ① NO ②</p>	<p>..... 1 (SA32) 2 (NP:SA20/ BOX SA15,pg.26 -8</p>
<p>BOX SA12</p>	<p style="text-align: center;">IS NEW PERSON 17 OR OLDER?</p> <p style="text-align: center;">YES ① NO ②</p>		
<p>SA32. Is (NEW PERSON) currently enrolled in a high school, college or university?</p> <p style="text-align: center;">Yes, high school ① Yes, college ② No ③</p>	<p>..... 1 2 3 (SA34)</p>		
<p>SA33. Is (NEW PERSON) currently enrolled as a full-time or a part-time student?</p> <p style="text-align: center;">Full-time ① Part-time ②</p>	<p>..... 1 2</p>		

C. Disability Days

Like the 1977 and 1980 surveys, the 1987 NMES Household Survey core interview began with a series of questions on "disability days," days that illness or injury caused a survey participant to miss work or school, stay in bed more than half the day, or otherwise cut down on usual activities. These questions, adapted from the National Health Interview Survey (NHIS), have undergone a series of changes from survey to survey. Like the NHIS, but unlike the 1977 and 1980 surveys, the 1987 survey asked first whether the person was employed during the reference period, and then (if the person was employed) followed with work-loss days, days lost from school (for persons aged 5-17), bed days, and days the person cut down on usual activities. The 1977 and 1980 surveys both asked for bed days first, and neither asked about days lost from school. The 1977 survey had also asked about days a person was "worried or bothered" by a health problem or condition.

For each period of disability days, the questionnaire collected the dates of the period and the associated health condition(s). This pattern is most similar to that of the 1977 questionnaire. The 1980 questionnaire did not ask for dates, but attempted to obtain a total number of days associated with each condition causing a particular kind of disability days. All three of the questionnaires allowed overlaps between bed days and work loss days, but excluded work loss or bed days from counts of days the person cut down on usual activities.

Exhibit 9 presents the Disability Days Section from the Round 2 Household Survey/SAIAN Central Questionnaire. There are no differences between the Household Survey and SAIAN in this section.

The Disability Days Section is the first of a number of questionnaire sections in which medical conditions are associated with disruptions or limitations of activity, service utilization, or other medical expenses. Each time a new condition was reported for a person, the interviewer recorded it on the person's Condition Column on the Control Card (Exhibit 10), assigned it a number, and entered the condition name and number in the questionnaire section for the associated event. The conditions from one round's interview were reprinted on the Control Card for the next interview.

If a condition with the same name was reported a second time for the same person, the interviewer was instructed to probe, "Is this the same (CONDITION) you told me about (earlier today/in a previous interview)?" If the condition was the same, the interviewer would record the condition name and the previously assigned number in the event section. For some conditions, the interviewer did not need to ask "Is this the same (CONDITION) . . ." These conditions are listed on Card Q, also presented in Exhibit 10.

Exhibit 9. Household Survey/SAIAN (Round 2) Central Questionnaire disability days section

START TIME: _____ AM
PM

DISABILITY DAYS SECTION

BOX B1	CODE ONE:	
	PERSON UNDER 5	①
	PERSON IS 5 - 15	②
	PERSON IS 16 OR OVER	③



..... 1 (B15, pg.9)
..... 2 (B9, pg.5)
..... 3 (B1)

B1. Not counting work around the house, since (REF. DATE) did (PERSON) work at any time at a job or business?

PROBE: Include any unpaid work in a family farm or business.

Yes ①
No ②

..... 1 BOX B2
..... 2 (B2)

B2. Even though (PERSON) did not work since (REF. DATE) did (he/she) have a job or business?

Yes ①
No ②

..... 1 BOX B2
..... 2 BOX B2

BOX B2	IF "YES" FOR B1 OR B2, CODE <u>EMPLOYED</u> IN CONTROL CARD	①
	IF "NO" FOR B1 AND B2, CODE <u>NOT EMPLOYED</u> IN CONTROL CARD	②

..... 1 (B3)

..... 2 BOX B3, pg.5

B3. Including any days spent in a hospital, since (REF. DATE) did illness or injury keep (PERSON) from work more than half of the day, not counting work around the house?

Yes ①
No ②

..... 1 (B4)

..... 2 BOX B3, pg.5

Exhibit 9. Household Survey/SAIAN (Round 2) Central Questionnaire disability days section
(continued)

<p>B4. What were the dates that (PERSON) missed more than half a day from work since (REF. DATE)?</p> <p>B5. How many actual <u>work</u> days was that between (FIRST DATE) and (SECOND DATE)?</p> <p>B6. What condition caused (PERSON) to miss work from (DATE) through (DATE)?</p> <p>B7. Was there any other condition?</p> <p>B8. Were there any other dates that (PERSON) missed work for more than half a day since (REF. DATE)?</p>	<p>____/____ TO ____/____ MO DAY MO DAY</p> <p>NO. OF DAYS: _____</p> <p>COND 1: _____</p> <p>_____ CC# _____</p> <p>COND 2: _____</p> <p>_____ CC# _____</p>
<p>B4. What were those dates?</p> <p>B5. How many actual <u>work</u> days was that between (FIRST DATE) and (SECOND DATE)?</p> <p>B6. What condition caused (PERSON) to miss work from (DATE) through (DATE)?</p> <p>B7. Was there any other condition?</p> <p>B8. Were there any other dates that (PERSON) missed work for more than half a day since (REF. DATE)?</p>	<p>____/____ TO ____/____ MO DAY MO DAY</p> <p>NO. OF DAYS: _____</p> <p>COND 1: _____</p> <p>_____ CC# _____</p> <p>COND 2: _____</p> <p>_____ CC# _____</p>
<p>B4. What were those dates?</p> <p>B5. How many actual <u>work</u> days was that between (FIRST DATE) and (SECOND DATE)?</p> <p>B6. What condition caused (PERSON) to miss work from (DATE) through (DATE)?</p> <p>B7. Was there any other condition?</p> <p>B8. Were there any other dates that (PERSON) missed work for more than half a day since (REF. DATE)?</p>	<p>____/____ TO ____/____ MO DAY MO DAY</p> <p>NO. OF DAYS: _____</p> <p>COND 1: _____</p> <p>_____ CC# _____</p> <p>COND 2: _____</p> <p>_____ CC# _____</p>

Exhibit 9. Household Survey/SAIAN (Round 2) Central Questionnaire disability days section
(continued)

BOX B3	CODE ONE: PERSON IS 16 OR 17 ① PERSON IS 18 OR OLDER ② 1 (B9) 2 (B15, pg.9)
B9. Including any days spent in a hospital, since (REF. DATE) did illness or injury keep (PERSON) from going to school more than half of (his/her) school day? Yes ① No ②	 1 (B10) 2 (B15, pg.9)

Exhibit 9. Household Survey/SAIAN (Round 2) Central Questionnaire disability days section
(continued)

<p>B10. What were the dates that (PERSON) missed school for more than half of the day since (REF. DATE)?</p> <p>B11. How many actual school days was that between (FIRST DATE) and (SECOND DATE)?</p> <p>B12. What condition caused (PERSON) to miss school from (DATE) through (DATE)?</p> <p>B13. Was there any other condition?</p> <p>B14. Were there any other dates that (PERSON) missed school for more than half a day?</p>	<p>____/____ TO ____/____ MO DAY MO DAY</p> <p>NO. OF DAYS: _____</p> <p>COND 1: _____</p> <p>_____ CC# _____</p> <p>COND 2: _____</p> <p>_____ CC# _____</p>
<p>B10. What were those dates?</p> <p>B11. How many actual school days was that between (FIRST DATE) and (SECOND DATE)?</p> <p>B12. What condition caused (PERSON) to miss school from (DATE) through (DATE)?</p> <p>B13. Was there any other condition?</p> <p>B14. Were there any other dates that (PERSON) missed school for more than half a day?</p>	<p>____/____ TO ____/____ MO DAY MO DAY</p> <p>NO. OF DAYS: _____</p> <p>COND 1: _____</p> <p>_____ CC# _____</p> <p>COND 2: _____</p> <p>_____ CC# _____</p>
<p>B10. What were those dates?</p> <p>B11. How many actual school days was that between (FIRST DATE) and (SECOND DATE)?</p> <p>B12. What condition caused (PERSON) to miss school from (DATE) through (DATE)?</p> <p>B13. Was there any other condition?</p> <p>B14. Were there any other dates that (PERSON) missed school for more than half a day?</p>	<p>____/____ TO ____/____ MO DAY MO DAY</p> <p>NO. OF DAYS: _____</p> <p>COND 1: _____</p> <p>_____ CC# _____</p> <p>COND 2: _____</p> <p>_____ CC# _____</p>

Exhibit 9. Household Survey/SALAN (Round 2) Central Questionnaire disability days section
(continued)

B15. Not including any days spent in a hospital, since (REF. DATE) did (PERSON)
stay in bed more than half of the day because of any illness or injury?

Yes ①
No ②

..... 1 (B16)
..... 2 (B21, pg.13)

Exhibit 9. Household Survey/SAIAN (Round 2) Central Questionnaire disability days section
(continued)

<p>B16. What were the dates that (PERSON) stayed in bed more than half a day since (REF. DATE)?</p> <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 15%; text-align: center; vertical-align: top;">BOX B4</td> <td style="padding: 5px;"> <p>ARE BOTH MONTH AND DAY GIVEN FOR DATE RECORDED IN B16?</p> <p>YES → ASK B18-B20 FOR EACH SET OF DATES.</p> <p>NO → ASK B17-B20 FOR EACH SET OF DATES.</p> </td> </tr> </table> <p>B17. About how many days was (PERSON) in bed then?</p> <p>B18. What condition caused (PERSON) to stay in bed from (DATE) through (DATE)?</p> <p>B19. Was there any other condition?</p> <p>B20. Were there any other dates that (PERSON) stayed in bed for more than half a day since (REF. DATE)?</p>	BOX B4	<p>ARE BOTH MONTH AND DAY GIVEN FOR DATE RECORDED IN B16?</p> <p>YES → ASK B18-B20 FOR EACH SET OF DATES.</p> <p>NO → ASK B17-B20 FOR EACH SET OF DATES.</p>	<p style="text-align: right;">_____/_____/_____ MO DAY MO DAY</p> <p>NO. OF DAYS: _____</p> <p>COND 1: _____</p> <p>_____ CC# _____</p> <p>COND 2: _____</p> <p>_____ CC# _____</p>
BOX B4	<p>ARE BOTH MONTH AND DAY GIVEN FOR DATE RECORDED IN B16?</p> <p>YES → ASK B18-B20 FOR EACH SET OF DATES.</p> <p>NO → ASK B17-B20 FOR EACH SET OF DATES.</p>		
<p>B16. What were those dates?</p> <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 15%; text-align: center; vertical-align: top;">BOX B4</td> <td style="padding: 5px;"> <p>ARE BOTH MONTH AND DAY GIVEN FOR DATE RECORDED IN B16?</p> <p>YES → ASK B18-B20 FOR EACH SET OF DATES.</p> <p>NO → ASK B17-B20 FOR EACH SET OF DATES.</p> </td> </tr> </table> <p>B17. About how many days was (PERSON) in bed then?</p> <p>B18. What condition caused (PERSON) to stay in bed from (DATE) through (DATE)?</p> <p>B19. Was there any other condition?</p> <p>B20. Were there any other dates that (PERSON) stayed in bed for more than half a day since (REF. DATE)?</p>	BOX B4	<p>ARE BOTH MONTH AND DAY GIVEN FOR DATE RECORDED IN B16?</p> <p>YES → ASK B18-B20 FOR EACH SET OF DATES.</p> <p>NO → ASK B17-B20 FOR EACH SET OF DATES.</p>	<p style="text-align: right;">_____/_____/_____ MO DAY MO DAY</p> <p>NO. OF DAYS: _____</p> <p>COND 1: _____</p> <p>_____ CC# _____</p> <p>COND 2: _____</p> <p>_____ CC# _____</p>
BOX B4	<p>ARE BOTH MONTH AND DAY GIVEN FOR DATE RECORDED IN B16?</p> <p>YES → ASK B18-B20 FOR EACH SET OF DATES.</p> <p>NO → ASK B17-B20 FOR EACH SET OF DATES.</p>		
<p>B16. What were those dates?</p> <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 15%; text-align: center; vertical-align: top;">BOX B4</td> <td style="padding: 5px;"> <p>ARE BOTH MONTH AND DAY GIVEN FOR DATE RECORDED IN B16?</p> <p>YES → ASK B18-B20 FOR EACH SET OF DATES.</p> <p>NO → ASK B17-B20 FOR EACH SET OF DATES.</p> </td> </tr> </table> <p>B17. About how many days was (PERSON) in bed then?</p> <p>B18. What condition caused (PERSON) to stay in bed from (DATE) through (DATE)?</p> <p>B19. Was there any other condition?</p> <p>B20. Were there any other dates that (PERSON) stayed in bed for more than half a day since (REF. DATE)?</p>	BOX B4	<p>ARE BOTH MONTH AND DAY GIVEN FOR DATE RECORDED IN B16?</p> <p>YES → ASK B18-B20 FOR EACH SET OF DATES.</p> <p>NO → ASK B17-B20 FOR EACH SET OF DATES.</p>	<p style="text-align: right;">_____/_____/_____ MO DAY MO DAY</p> <p>NO. OF DAYS: _____</p> <p>COND 1: _____</p> <p>_____ CC# _____</p> <p>COND 2: _____</p> <p>_____ CC# _____</p>
BOX B4	<p>ARE BOTH MONTH AND DAY GIVEN FOR DATE RECORDED IN B16?</p> <p>YES → ASK B18-B20 FOR EACH SET OF DATES.</p> <p>NO → ASK B17-B20 FOR EACH SET OF DATES.</p>		

Exhibit 9. Household Survey/SALAN (Round 2) Central Questionnaire disability days section
(continued)

B21. [Not counting the day(s) (missed from work/missed from school/in bed) that
you already told me about], Since (REF. DATE) did illness or injury cause
(PERSON) to cut down on the things (he/she) usually does for as much as
a day?

Yes ①
No ②

..... 1 (B22)
..... 2 (NP: BOX 81, pg. 1
/SECTION C,
pg. 17)

Exhibit 9. Household Survey/SAIAN (Round 2) Central Questionnaire disability days section
(continued)

B22. What were the dates that (PERSON) cut down for as much as a day since (REF. DATE)?

BOX B5	ARE BOTH MONTH <u>AND</u> DAY GIVEN FOR DATE RECORDED IN B22?	
	YES →	ASK B24-B26 FOR EACH SET OF DATES.
	NO →	ASK B23-B26 FOR EACH SET OF DATES.

B23. About how many days did (PERSON) cut down then?

B24. What condition caused (PERSON) to cut down from (DATE) through (DATE)?

B25. Was there any other condition?

B26. Were there any other dates that (PERSON) cut down?
IF NO OTHER DATES, GO TO BOX B1, PAGE 1 FOR NEXT PERSON.
IF NO OTHER PERSON, GO TO SECTION C, pg. 17.

____/____ TO ____/____
MO DAY MO DAY

NO. OF DAYS: _____

COND 1: _____

____ CC# _____

COND 2: _____

____ CC# _____

B22. What were those dates?

BOX B5	ARE BOTH MONTH <u>AND</u> DAY GIVEN FOR DATE RECORDED IN B22?	
	YES →	ASK B24-B26 FOR EACH SET OF DATES.
	NO →	ASK B23-B26 FOR EACH SET OF DATES.

B23. About how many days did (PERSON) cut down then?

B24. What condition caused (PERSON) to cut down from (DATE) through (DATE)?

B25. Was there any other condition?

B26. Were there any other dates that (PERSON) cut down?
IF NO OTHER DATES, GO TO BOX B1, PAGE 1 FOR NEXT PERSON.
IF NO OTHER PERSON, GO TO SECTION C, pg. 17.

____/____ TO ____/____
MO DAY MO DAY

NO. OF DAYS: _____

COND 1: _____

____ CC# _____

COND 2: _____

____ CC# _____

B22. What were those dates?

BOX B5	ARE BOTH MONTH <u>AND</u> DAY GIVEN FOR DATE RECORDED IN B22?	
	YES →	ASK B24-B26 FOR EACH SET OF DATES.
	NO →	ASK B23-B26 FOR EACH SET OF DATES.

B23. About how many days did (PERSON) cut down then?

B24. What condition caused (PERSON) to cut down from (DATE) through (DATE)?

B25. Was there any other condition?

B26. Were there any other dates that (PERSON) cut down?
IF NO OTHER DATES, GO TO BOX B1, PAGE 1 FOR NEXT PERSON.
IF NO OTHER PERSON, GO TO SECTION C, pg. 17.

____/____ TO ____/____
MO DAY MO DAY

NO. OF DAYS: _____

COND 1: _____

____ CC# _____

COND 2: _____

____ CC# _____

CC

[illegible][illegible]

101

228

CARD Q

CONDITIONS FOR WHICH YOU DO NOT NEED TO ASK, "IS THIS THE SAME (CONDITION) THAT YOU TOLD ME ABOUT"?

AIDS
ALCOHOLISM
ALZHEIMER'S DISEASE
ARTERIOSCLEROSIS
ARTHRITIS
ASTHMA (ANY)
ATHEROSCLEROSIS
ATROPHY (ANY BODY PART)
CANCER (ANY)
COLITIS
CONGENITAL CONDITION, DEFECTS,
OR ANAMOLIES (ANY)
CONTRACTURE
CURVATURE
CYST
DEFORMITY
DEGENERATION (ANY BODY PART)
DIABETES (ANY)
DRUG DEPENDENCE
ECZEMA
EMPHYSEMA
EPILEPSY
FARSIGHTEDNESS
GLAUCOMA (ANY TYPE OR ORIGIN)

GOUT
HAYFEVER
HEART CONDITIONS
HEMORRHOIDS
HERNIA (OF ABDOMINAL CAVITY)
HYPERTENSION
MENTAL DISORDERS
MENTAL RETARDATION
MULTIPLE SCLEROSIS
MYOPIA
NEARSIGHTEDNESS
FILES
PROSTATE DISEASES
RHEUMATIC FEVER
STONES (KIDNEY, URETER,
GALLBLADDER, ETC.)
STROKE (CEREBROVASCULAR
DISEASE)
THYROID GLAND DISEASES
TUBERCULOSIS
TUMOR
ULCER (DUODENAL, STOMACH,
PEPTIC, GASTRIC
VARICOSE VEINS

D. Medical Provider Use and Expenditures

1. Introduction and Provider Probes Section

Like the 1977 and 1980 surveys, the NMES Household Survey and SALAN questionnaires began collecting information on use of medical provider services by cataloguing the number of times each person in an RU had seen medical providers of various types, and then asking separately about each encounter after the catalogue was complete. The cataloguing section is called Provider Probes. The medical provider encounter types, each of which was asked about in a separate booklet as part of the Core Interview, were:

- Dental visits;
- Hospital emergency room visits;
- Hospital outpatient department visits;
- Institutional stays;
- Hospital inpatient stays;
- Visits by home health providers;
- Medical provider visits; and
- The use of traditional medicine (in SALAN only).

Table 8 presents the content and question numbers of the various medical provider utilization sections.

This overall questionnaire structure (Provider Probes followed by separate sections for each provider type) was taken essentially unchanged from the 1977 and 1980 surveys. Some respondents and interviewers in the previous surveys, as well as some survey design staff, had indicated that the Provider Probes Section was too long and seemed repetitious. Several changes, including asking one probe each for dental visits and hospital stays instead of two, were made to improve the series. One additional kind of place, the "walk-in urgi-center," was added to the probe listing a variety of types of clinics not located within hospitals.

Three provider encounter types were added for the 1987 survey: institutional stays, which had previously been included with hospital stays; home health visits, which had been included in the more general category of medical provider visits only if the visit was for medical care, excluding personal care or homemaker services; and the use of traditional medicine, which was included in the SAIAN interview only.

The Provider Probes Section of the Round 2 Household Survey/SAIAN Core Interview is presented in Exhibit 11.

The order of the services in the Provider Probes Section, and in the sequence of visit booklets, was selected so as to minimize misclassification of encounter types and avoid double-counting. Dental visits were asked about first. Since some respondents might confuse a visit to the emergency room with an inpatient hospital stay (but would be less likely to do the reverse), the emergency room probe precedes the hospital stay probe, and so on. In addition, the probe sequence was a deliberate hierarchy of visit types. If a participant visited a physician whose office happened to be in a hospital outpatient department, NMES analysts wanted the site to take precedence, so that the visit would be counted as a "hospital outpatient department visit" rather than as a less-specific "medical provider visit." The probes for "medical provider visits," the "other" category of encounter types, are at the end of the Provider Probes Section. Within this group of probes (C20-C38), the question at which a respondent reported a particular visit was irrelevant: no attempt to classify utilization by type of provider was to be made from the Provider Probes Section. Its purpose was simply to catalogue encounters so that all utilization by an RU could then be asked about in the appropriate provider booklets.

In general, the Provider Probes Section asks whether anyone in the RU had a particular type of encounter, if so, with whom, and how many encounters of each type each person had. The one exception to the RU-level introductory probe is the probe for "seeing a medical doctor" (C20), which asks for each person, "Since (REF. DATE), how many times did (PERSON) see a medical doctor?" This exception, carried over from the 1977 and 1980 surveys, is made because most utilization is reported in response to this probe.

After asking the probes for each encounter type, the interviewer then recorded the number of visits or stays reported in each person's column on the Control Card (see Exhibit 3), and referred to these totals in completing separate sections for each encounter. For home health

visits and traditional medicine, however, the interviewer entered a check (✓) instead of a number if a person had an encounter of these kinds, (or "0" if there were none).

2. Provider Visit/Stay Sections

As shown in Table 8, the content of visit/stay sections overlaps in some areas, but not in others. Also, in some of the overlapping areas, the sections differ in question sequence and wording. In the interests of space, not all of the questions in each section are reproduced in this volume. The following paragraphs describe the similarities and differences among the sections.

Dental Visit Section

Exhibit 12 presents the Dental Visit Section in its entirety. (Four of these sections were bound together to form a "Dental Visit Booklet.") The Dental Visit Section asks for the date of the visit being discussed, the name of the dentist or clinic, whether the dentist was seen at a VA facility, whether an accident or injury necessitated the visit, and what services were provided. A similar set of questions is included in most other visit/stay sections, but the content, order, and wording vary from section to section. Following these questions in the Dental Visit Section is the "charge series" (D8-D25), a set of questions asking about charges and amounts and sources of payment for the visit. These questions are repeated virtually identically in each of the visit/stay sections (except Traditional Medicine), and are discussed below. Following the charge series is a set of questions asking about repeated visits to the same provider, which also appear in several other sections and are discussed below. The Dental Visit Section concludes with D31, asking (if the person is American Indian or Alaska Native), whether the visit was to an IHS, tribal, or Alaska Native Corporation facility, as appropriate. This question concludes each of the visit/stay sections (except Traditional Medicine), and is not reproduced again.

Charge Series. The "charge series" has undergone many changes since the original design of the 1977 survey. These changes in part reflect the increasing complexity of medical care charge and reimbursement mechanisms, in part to attempt to improve upon earlier question versions, and in part more confidence in the Summary review process over time. The charge series used in the 1987 survey is thus quite different from that used in previous surveys. Some of the past data problems with the charge series included confusion of "no charge" with "don't know the charge," nominal per-visit charges for HMO members being reported as "total charge," and the

confusion of expected or actual payments or reimbursements. There was also some dissatisfaction with unnecessary questions being asked of, for example, Medicaid recipients who never knew the total charge.

One major change in the charge series for 1987 was the decision not to ask for expected sources or amounts of payment or reimbursement, but rather to wait for a later review on the Summary to obtain this information. If a respondent indicated an expected payment or reimbursement, a statement to that effect was printed on the Summary. A second decision was not to ask for total charge or payment amount if the family had not received a bill or statement and the payment source was an HMO, the VA or military, Medicaid, or the IHS. The rationale for this decision was the overwhelming evidence from the previous surveys that such persons simply could not report the charge.

Flat Fees. A feature of the charge series carried over from the previous surveys is the "flat fee," a lump sum charge covering a series of visits or services. In the Dental Visit Section, the most common use of a flat fee was for orthodontia. If the interviewer discovered that the charge for a particular visit or service was part of a flat fee, he or she would circle the code for "flat fee" in the question where it was reported (see D11, for example), and administer a "Flat Fee Section" (Exhibit 13), essentially a charge series for the entire flat fee. The interviewer would then enter the flat fee letter (A, B, etc.) at the question where the flat fee was first reported, and skip out of the visit-specific charge series. In sections asking about other visits or services covered by the same flat fee, the interviewer would merely record the same flat fee letter and ask no further charge/payment questions. As with the previous surveys, this mechanism was difficult for interviewers to learn and awkward to administer, particularly if a flat fee was identified only after one or more visit-specific charge series had already been completed.

Repeat visits. A similar feature of the Dental Visit Booklet is the repeat visit series (D26-D30), which also is part of the Hospital Outpatient Department and Medical Provider Visit Sections. (The Home Health Section includes a somewhat different repeat visit series.) This series was intended to relieve interviewers and respondents of the burden of completing many identical visit sections. For respondents with many similar visits (again, such as for orthodontia), the interviewer would ask a few "control" questions (D26-D29) to ensure that the visits were similar enough to qualify and then record the dates of the similar visits (D30). For purposes of

analysis, then, each of the dates in D30 would represent a visit identical to that described in the "stem" visit section.

For Dental Visits, the "controls" were as follows: the person must have had at least two additional visits to the same provider (dentist) for the same services, and the visits must have either cost the identical amount or been part of the same flat fee. For Hospital Outpatient Department and Medical Provider Visit Sections, the controls were that the person must have had at least three additional visits to the same provider for the same condition, and the visits must have either cost the identical amount or been part of the same flat fee. (Repeat visits for the Home Health Section are illustrated in Exhibit 19.)

Emergency Room Visit Section

This section introduces two more features common to several provider visit/stay sections: the DR Roster and separate charge series for physicians seen in a facility. These features are described below.

The Emergency Room Visit Section includes many of the questions common to the provider visit sections: date of visit, reason for visit, services provided, etc. It also includes questions on the day of the week and time of the visit, to help understand the use of the emergency room for non-emergency primary care, questions on whether a doctor or other medical person referred the person to the emergency room and whether the person was subsequently admitted to the hospital, and, to help evaluate access to care, questions on the length of the visit, how long it took to get to the emergency room and mode of transportation.

Exhibit 14 presents the Emergency Room Visit Section, minus the charge series and the IHS facility question.

DR Roster. In all of the provider visit sections except Dental Visits and Traditional Medicine, names and addresses of facilities and medical providers were obtained. In the Emergency Room Visit Section (Exhibit 14), for example, the name and address of the emergency room was obtained in E5, and the name and address of a doctor who may have referred the person and met him or her at the emergency room was obtained in E8. The interviewer recorded each of these provider names and addresses in the DR Roster, located on the last two pages of the Central

Questionnaire in Round 1 (Exhibit 15) and on a separate preprinted form in Rounds 2-4. Also presented in Exhibit 15 is Card F, a list of physician specialties and medical provider types to assist interviewers.

The purpose of the DR Roster was to obtain an unduplicated (within the RU) list of facilities and medical providers for the Medical Provider Survey. It worked much the same way as the Condition Columns on the Control Card. The first time a facility or medical provider was reported for an RU, the interviewer recorded the name and address on the DR Roster, assigning the next "DR #," and asking for the physician's specialty or for the type of other medical provider. For later mentions of the same facility or provider, the interviewer confirmed the name and address and entered the name and DR # at the appropriate question in the provider section.

Separate charge series for physicians seen in the facility. Visits to facilities such as hospital emergency rooms frequently result in complex billing arrangements, with separate bills for the use of the facility and for physicians who may have treated the patient, for example. The 1977 and 1980 surveys' Hospital Stay Sections included separate charge series for physicians who treated the patient during the stay. For the 1987 survey, this design was extended to the Emergency Room Visit and Hospital Outpatient Department Visit Sections.

The probes to identify physicians treating the person in the emergency room (E32) are presented in Exhibit 16. In each of the three provider visit/stay sections using this convention, similar probes introduce the questions. Each physician identified was added to the DR Roster and listed in a column in the visit/stay section. The interviewer then asked a charge series (not reproduced here) for each physician, identical to the charge series for the facility but focusing just on charges for that physician's services.

Hospital Outpatient Department Visit Section

This section is very similar to the Emergency Room Visit Section in content and layout. It includes a charge series for facility charges and separate charge series for physicians seen during the visit, and a repeat visit series as described under the Dental Visit Section above. These questions are not reproduced here. Among the questions included in Exhibit 17 not discussed earlier are one asking whether the visit is a referral from the person's HMO if he or she is a member of one, questions on the type of provider (MD/DO or other) seen, and questions on

whether the visit was by appointment, who set the appointment, and whether the visit was a referral from another provider.

Hospital Stay (Inpatient) Section

This section also closely resembles the other facility sections. Among the questions reproduced in Exhibit 18 particular to the Hospital Stay Section is an extended series on reason for stay that identifies the reason for entering the hospital, surgical procedures performed and conditions necessitating them, and questions on delivery for both mother and baby.

In addition to the charge series for physicians treating the person during the stay, the Hospital Stay Section includes a probe to identify and a separate charge series for any private or special duty nursing the person may have received during the stay. (These questions are not reproduced here.)

Home Health Section

The Home Health Section (Exhibit 19) was designed for the 1987 survey, to collect detailed information on the use of home health care from medical providers (which had been collected in the Medical Provider Visit Section in the 1977 and 1980 surveys) and of homemaker and personal care services, which were not included in the earlier surveys. The substance of this section is similar to other provider visit sections, but the approach to some items is quite different. Within NMES' broad definition of "home health care," provider types vary greatly (from MD's and registered nurses to therapists to homemakers), as do the services performed (from injections to help with bathing to housecleaning) and the duration and time of care (round-the-clock attendants to thirty-minute therapy sessions). Questions in the Home Health Section were designed to cover these wide ranges.

The most striking difference between Home Health and other provider visit sections is the way a "visit" is treated within a section. Repeat visits for the same purpose are assumed. The section begins by asking for the most recent visit by a home health provider, just as the other provider visit sections, and continues by asking for details of the visit, including a standard charge series. The section then explores the frequency of visits by the same person or another person from the same place to do the same things, and for how long visits of the given frequency have

occurred. Sporadic visits or a short series of similar visits are handled similarly to repeat visits in other sections: by collecting the dates of each visit. Finally, the section ends with probes for other providers or other kinds of visits that should be covered in another Home Health Section.

Medical Provider Visit Section

The final provider visit/stay section for the Household Survey is the Medical Provider Visit Section, which was intended to cover all encounters with medical providers not included in one of the previous sections. The Medical Provider Visit Section covers telephone calls to medical providers as well as visits, unlike any other visit section. It also includes a question (J5) on the type of medical place where the provider was seen (skipped for telephone calls).

Questions from the Medical Provider Visit Section are presented in Exhibit 20.

Traditional Medicine Section

IHS and other SALAN analysts are interested in the use of traditional medicine on reservations. The Traditional Medicine Section, reproduced as Exhibit 21, was designed for the 1987 NMES SALAN. It asks, for each person-practitioner pair, what the practitioner is called, for what conditions the practitioner was consulted, where the practitioner was seen, and what payments were made and by whom. Since it was felt many Indian or Alaska Native respondents would be reluctant to describe the use of traditional medicine in a government survey, the purpose of the questions was not to estimate the total use of such practices, but rather to determine whether, for example, traditional medicine was used in place of formal medical care in some areas or for some kinds of problems.

Table 8. Content and question numbers of provider visits/hospital stay sections, Household Survey and SAIAN

Content	Dental Visits (Exhibit 12)	Hospital Emergency Room Visits (Exhibits 14 & 16)	Hospital Outpatient Department Visits (Exhibit 17)	Long-term Institu- tional Stays	Inpatient Hospital Stays (Exhibit 18)	Home Health Visits (Exhibit 19)	Medical Provider Visits (Exhibit 20)	Traditional Medicine (Exhibit 21)
Provider Probes (Exhibit 11)	C1-C3 ⁺	C4-C6 ⁺	C7-C9 ⁺	C10-C12 ⁺	C13-C15 ⁺	C16-C19 ⁺ H48-H49 ⁺	C20-C38 ⁺	C39-C40 ⁺
Date(s) of encounter	D1 ⁺	E1-E3 ⁺	F1 ⁺	M2-M3	G2-G4 ⁺	H1 ⁺	J1 ⁺	—
Details of place, person seen, circum- stances of visit	D2-D3 ⁺	E4-E10 ⁺	F2-F6 ⁺ F52-F54 ⁺	M1	G1, G5 ⁺	H2-H6 ⁺	J2-J12 ⁺	K1, K3 ⁺
Reason for visit	D4-D5 ⁺	E11 ⁺	F7-F11 ⁺	—	G6-G15 ⁺	H9 ⁺	J13-J17 ⁺	K2 ⁺
Services provided	D6-D7 ⁺	E12-E13 ⁺	F12-F13 ⁺	—	G16-G17 ⁺	H10-H12 ⁺	J18-J19 ⁺	—
Charges, payments	D8-D25 ⁺	E14-E31	F14-F31	—	G18-G35	H13-H30 ⁺	J20-J37	K4-K6 ⁺
Repeat visits	D26-D30 ⁺	—	F55-F59	—	—	H31-H47 ⁺	J38-J42	—
IHS/tribal facility	D31 ⁺	E56	F60	—	G77	—	J43	—
Doctors seen	—	E32-E33 ⁺	F32-F33	—	G36-G39	—	—	—
Charges, payments	—	E34 ⁺ -E51	F34-F51	—	G40-G57	—	—	—
Other details of visit	—	E52-E55 ⁺	—	—	—	H7-H8 ⁺	—	—
Private duty nursing and charges	—	—	—	—	G58-G76	—	—	—

— Not applicable.

⁺ Reproduced in relevant exhibit.

Exhibit 11. Household Survey/SAIAN (Round 2) Central Questionnaire provider probes section

PROVIDER PROBES

The next questions deal with visits you (and members of your family) have made to dentists, doctors and other types of medical specialists since (REF. DATE). First, we will talk about dental visits.

<p>C1. Since (REF. DATE) did anyone in the family go to a dentist, dental surgeon, oral surgeon, orthodontist, dental assistant, or any other person for dental care?</p> <p>Yes 1 (C2) No 2 DV BOX</p> <p>C2. Who was that? PROBE: Did anyone else go to a dental care person since (REF. DATE)? CODE IN EACH PERSON COLUMN.</p> <p>DENTIST ① NO DENTIST ②</p> <p>C3. FOR EACH PERSON CODED "DENTIST" IN C2: Since (REF. DATE), how many times did (PERSON) go to a dental care person?</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px; display: flex; justify-content: space-between;"> DV BOX ENTER TOTAL OF EACH PERSON'S DENTAL VISITS (C3) IN "DV" BOX ON CONTROL CARD. </div>	<div style="text-align: center; margin-top: 100px;">→</div> <p>..... 1 2</p> <p>NUMBER OF TIMES </p>
<p>C4. Since (REF. DATE) did anyone in the family go to a <u>hospital emergency room</u> for medical care?</p> <p>Yes 1 (C5) No 2 ER BOX</p> <p>C5. Who was that? PROBE: Anyone else? CODE IN EACH PERSON COLUMN.</p> <p>EMERGENCY ROOM ① NO EMERGENCY ROOM ②</p> <p>C6. FOR EACH PERSON CODED "EMERGENCY ROOM" IN C5: Since (REF. DATE), how many times did (PERSON) receive treatment in a hospital emergency room?</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px; display: flex; justify-content: space-between;"> ER BOX ENTER TOTAL OF EACH PERSON'S EMERGENCY ROOM VISITS (C6) IN "ER" BOX ON CONTROL CARD. </div>	<p>..... 1 2</p> <p>NUMBER OF TIMES </p>

Exhibit 11. Household Survey/SAIAN (Round 2) Central Questionnaire provider probes section (continued)

<p>C7. Since (REF. DATE) did anyone in the family go to a <u>hospital clinic</u> or <u>hospital outpatient department</u> for medical care?</p> <p style="margin-left: 40px;">Yes 1 (C8)</p> <p style="margin-left: 40px;">No 2 OPD BOX</p> <p>C8. Who was that? PROBE: Anyone else? CODE IN EACH PERSON COLUMN.</p> <p style="margin-left: 40px;">CLINIC OR OPD ①</p> <p style="margin-left: 40px;">NO CLINIC OR OPD ②</p> <p>C9. FOR EACH PERSON CODED "CLINIC OR OPD" IN C8: Since (REF. DATE), how many times did (PERSON) visit a hospital clinic or outpatient department?</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px; display: flex; align-items: center;"> <div style="border-right: 1px solid black; padding-right: 5px; text-align: center;">OPD BOX</div> <div style="padding-left: 5px;">ENTER TOTAL OF EACH PERSON'S CLINIC OR OPD VISITS (C9) IN "OPD" BOX ON CONTROL CARD.</div> </div>	<p>..... 1</p> <p>..... 2</p> <p>NUMBER OF TIMES</p> <p>.....*</p>
<p>C10. Since (REF. DATE) was anyone in the family a patient in a nursing home, a nursing home unit of a hospital, a convalescent home, a special nursing home unit in a hospital called a skilled nursing facility (SNF), a facility for the mentally retarded, a psychiatric institution, or any similar place?</p> <p style="margin-left: 40px;">Yes 1 (C11)</p> <p style="margin-left: 40px;">No 2 IC BOX</p> <p>C11. Who was that? PROBE: Anyone else? CODE IN EACH PERSON COLUMN.</p> <p style="margin-left: 40px;">INSTITUTIONAL CARE ①</p> <p style="margin-left: 40px;">NO INSTITUTIONAL CARE ②</p> <p>C12. FOR EACH PERSON CODED "INSTITUTIONAL" IN C11: Since (REF. DATE), how many different times was (PERSON) a patient in a nursing home or similar place?</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px; display: flex; align-items: center;"> <div style="border-right: 1px solid black; padding-right: 5px; text-align: center;">IC BOX</div> <div style="padding-left: 5px;">ENTER TOTAL OF EACH PERSON'S "INSTITUTIONAL CARE" VISITS (C12) IN "IC" BOX ON CONTROL CARD.</div> </div>	<p>..... 1</p> <p>..... 2</p> <p>NUMBER OF TIMES</p> <p>.....*</p>

Exhibit 11. Household Survey/SALAN (Round 2) Central Questionnaire provider probes
section (continued)

C13. (Not including what you've already told me about,) Since (REF. DATE), was anyone in the family either a patient in a hospital overnight or admitted as a patient to a hospital and discharged on the same day? (Be sure to include babies born in a hospital.)

Yes 1 (C14)
No 2 HS BOX

C14. Who was that?

PROBE: Anyone else?

CODE IN EACH PERSON COLUMN.

IN HOSPITAL ①
NOT IN HOSPITAL ②

..... 1
..... 2

C15. FOR EACH PERSON CODED "IN HOSPITAL" IN C14:

Since (REF. DATE), how many different times was (PERSON) a patient in a hospital?

NUMBER OF TIMES

.....

HS BOX	ENTER TOTAL OF EACH PERSON'S HOSPITAL STAYS (C15) IN "HS" BOX ON CONTROL CARD.
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Exhibit 11. Household Survey/SAIAN (Round 2) Central Questionnaire provider probes section (continued)

<p>C16. The next questions are about home visits anyone in the family may have had from doctors, other medical persons, or anyone else who may have helped anyone in the family in your <u>home</u> because of a health problem or condition.</p> <p>Since (REF. DATE), was anyone in the family seen <u>at home</u> by a medical doctor, nurse, nurse's aide, social worker, therapist, or any other kind of medical person?</p> <p>Yes 1 (C17) No 2 (C18)</p> <p>C17. Who was seen at home? PROBE: Anyone else? CODE IN EACH PERSON COLUMN.</p> <p>MEDICAL PERSON HOME VISIT ① NO MEDICAL PERSON HOME VISIT ②</p>	<p>..... 1 2</p>		
<p>C18. Since (REF. DATE), because of a particular health problem, did anyone in the family receive any personal care or household help from anyone who doesn't live here, including friends, relatives, or neighbors?</p> <p>Yes 1 (C19) No 2 HV BOX</p> <p>C19. Who received help at home? PROBE: Anyone else? CODE IN EACH PERSON COLUMN.</p> <p>OTHER HOME VISIT ① NO OTHER HOME VISIT ②</p>	<p>..... 1 2</p>		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center; padding: 5px;">HV BOX</td> <td style="padding: 5px;">CHECK [<input checked="" type="checkbox"/>] "HV" BOX ON CONTROL CARD FOR EACH PERSON FOR WHOM C17 OR C19 IS CODED "1."</td> </tr> </table>		HV BOX	CHECK [<input checked="" type="checkbox"/>] "HV" BOX ON CONTROL CARD FOR EACH PERSON FOR WHOM C17 OR C19 IS CODED "1."
HV BOX	CHECK [<input checked="" type="checkbox"/>] "HV" BOX ON CONTROL CARD FOR EACH PERSON FOR WHOM C17 OR C19 IS CODED "1."		

Exhibit 11. Household Survey/SALAN (Round 2) Central Questionnaire provider probes section (continued)

		START "MV" VISIT COUNT
<p>C20. FOR EACH PERSON ASK: (Not counting doctors seen at home, during visits to an emergency room, hospital clinic or outpatient department or while a patient in a hospital, nursing home or similar place,) Since (REF. DATE), how many times did (PERSON) <u>see a medical doctor?</u></p> <p>NO MEDICAL DOCTOR SEEN ①</p>		<p>NUMBER OF VISITS</p> <p>* *</p> <p>.....0</p>
<p>C21. Not including any telephone calls to make an appointment to see a doctor, since (REF. DATE) did anyone in the family get any medical advice from a doctor <u>over the telephone?</u></p> <p>Yes 1 (C22)</p> <p>No 2 (C24)</p> <p>C22. Who was the phone call about? PROBE: Anyone else? CODE IN EACH PERSON COLUMN.</p> <p>TELEPHONE ①</p> <p>NO TELEPHONE ②</p> <p>C23. FOR EACH PERSON CODED "TELEPHONE" IN C22: Since (REF. DATE), how many telephone calls were made to get medical advice about (PERSON)?</p>		<p>..... 1</p> <p>..... 2</p> <p>NUMBER OF CALLS</p> <p>* *</p>
<p>C24. (Not counting the visits you already told me about) Since (REF. DATE), did anyone in the family <u>visit any medical practitioners such as optometrists, foot doctors, chiropractors, physical therapists, speech therapists, audiologists, or occupational therapists?</u></p> <p>Yes 1 (C25)</p> <p>No 2 (C27)</p> <p>C25. Who was that? PROBE: Anyone else? CODE IN EACH PERSON COLUMN.</p> <p>MEDICAL PRACTITIONER ①</p> <p>NO MEDICAL PRACTITIONER ②</p> <p>C26. FOR EACH PERSON CODED "MEDICAL PRACTITIONER" IN C25: Since (REF. DATE), how many times did (PERSON) see such a medical practitioner?</p> <p>NUMBER OF TIMES</p>		<p>..... 1</p> <p>..... 2</p> <p>NUMBER OF TIMES</p> <p>* *</p>

Exhibit 11. Household Survey/SAIAN (Round 2) Central Questionnaire provider probes section (continued)

<p>C27. (Not counting the visits you've already told me about) Since (REF. DATE), did anyone in the family <u>visit any other medical person such as a nurse, nurse practitioner, paramedic, health aide, physician assistant, or other such medical person?</u></p> <p>Yes 1 (C28) No 2 (C30)</p> <p>C28. Who was that? PROBE: Anyone else? CODE IN EACH PERSON COLUMN.</p> <p>OTHER MEDICAL PERSON ① NO OTHER MEDICAL PERSON ②</p> <p>C29. FOR EACH PERSON CODED "OTHER MEDICAL PERSON" IN C28: Since (REF. DATE), how many times did (PERSON) see such a medical person?</p>	<p>..... 1 2</p> <p>NUMBER OF TIMES </p>
<p>C30. (Not counting what you have already told me about) Since (REF. DATE), did anyone in the family <u>visit a psychiatrist, a psychologist, a psychiatric social worker or any other mental health person?</u></p> <p>Yes 1 (C31) No 2 (C33)</p> <p>C31. Who was that? PROBE: Anyone else? CODE IN EACH PERSON COLUMN.</p> <p>MENTAL HEALTH PERSON ① NO MENTAL HEALTH PERSON ②</p> <p>C32. FOR EACH PERSON CODED "MENTAL HEALTH PERSON" IN C31: Since (REF. DATE), how many times did (PERSON) see such a mental health person?</p>	<p>..... 1 2</p> <p>NUMBER OF TIMES </p>

Exhibit 11. Household Survey/SAIAN (Round 2) Central Questionnaire provider probes section (continued)

C33. (Not counting the visits you've told me about) Since (REF. DATE), did anyone in the family go to a doctor's office, clinic, or laboratory just for an examination, tests, shots, x-rays, or treatments?

Yes 1 (C34)
No 2 (C36)

C34. Who was that?

PROBE: Anyone else?

CODE IN EACH PERSON COLUMN.

TESTS, SHOTS ①
NO TESTS, SHOTS ②

..... 1
..... 2

C35. FOR EACH PERSON CODED "TESTS, SHOTS" IN C34:

Since (REF. DATE), how many times did (PERSON) go just for examinations, tests, shots, x-rays, or treatments?

NUMBER OF TIMES

* _____ *

C36. (Besides the visits we've talked about) Since (REF. DATE), did anyone in the family go to a health clinic, walk-in urqi-center, company clinic, school clinic, infirmary, neighborhood health center, family planning clinic, mental health clinic or any similar medical place?

Yes 1 (C37)
No 2 MV BOX

C37. Who was that?

PROBE: Anyone else?

CODE IN EACH PERSON COLUMN.

CLINIC, HEALTH CENTER ①
NO CLINIC, HEALTH CENTER ②

..... 1
..... 2

C38. FOR EACH PERSON CODED "CLINIC, HEALTH CENTER" IN C37:

How many times since (REF. DATE) did (PERSON) go to one of these places?

NUMBER OF TIMES

* _____ *

MV
BOX

ENTER TOTAL OF EACH PERSON'S MEDICAL PROVIDER VISITS (C20 + C23 + C26 + C29 + C32 + C35 + C38) IN "MV" BOX ON CONTROL CARD. VERIFY NUMBER FOR EACH RU MEMBER WITH RESPONDENT.

END "MV" VISIT COUNT

Exhibit 11. Household Survey/SAIAN (Round 2) Central Questionnaire provider probes section (continued)

BOX C1	FOR HOUSEHOLD SURVEY, GO TO <input type="checkbox"/> BOX C2 . FOR SAIAN SURVEY, GO TO C39.
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<p>C39. In order to get as complete a picture as possible of all sources of health care, we would also like to ask about the use of traditional medicine. Since (REF. DATE), has anyone in the family had a physical health problem for which you consulted someone who practices traditional medicine?</p> <p>Yes 1 (C40) No 2 <input type="checkbox"/> TM BOX</p>			
<p>C40. Who was that? PROBE: Who else? CODE IN EACH PERSON COLUMN.</p> <p>TRAD MED PROVIDER CONSULTED..... ① 1 NO TRAD MED PROVIDER CONSULTED..... ② 2</p>			
<table border="1"> <tr> <td>TM BOX</td> <td>CHECK [<input checked="" type="checkbox"/>] THE "TM" BOX ON CONTROL CARD FOR EACH PERSON FOR WHOM C40 IS CODED "1."</td> </tr> </table>	TM BOX	CHECK [<input checked="" type="checkbox"/>] THE "TM" BOX ON CONTROL CARD FOR EACH PERSON FOR WHOM C40 IS CODED "1."	
TM BOX	CHECK [<input checked="" type="checkbox"/>] THE "TM" BOX ON CONTROL CARD FOR EACH PERSON FOR WHOM C40 IS CODED "1."		

BOX C2	<p>a. ADMINISTER SUMMARY REVIEW.</p> <p>b. ADMINISTER ALL REQUIRED BOOKLETS:</p> <ul style="list-style-type: none"> -- DENTAL VISIT (DV) (GRAY) -- EMERGENCY ROOM VISIT (ER) (BRIGHT GREEN) -- HOSPITAL OUTPATIENT DEPARTMENT VISIT (OPD) (ORANGE) -- HOSPITAL INPATIENT STAY (HS) (LIGHT BLUE) -- HOME HEALTH SERVICES (HV) (TAN) -- MEDICAL PROVIDER VISIT (MV) (PINK) -- TRADITIONAL MEDICINE (TM) (DULL GREEN) <p>c. (IF REQUIRED) ADMINISTER INSTITUTIONAL CARE QUESTIONS, PG.124.</p> <p>d. THEN CONTINUE WITH NEXT CENTRAL SECTION, "PRESCRIBED MEDICINE PROBES."</p>
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Exhibit 12. Household Survey/SAIAN (Round 2) dental visit section of the Dental Visit Booklet

PERSON NAME: _____

PERSON #: _____

DENTAL VISIT #: _____

You told me that (PERSON) had (NUMBER) dental visit(s) since (REF. DATE).

D1.	On what date did (PERSON) (first/next) visit the dental office?
	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">_____/_____/_____ MONTH DAY YEAR</div> </div>
D2.	What is the name of the dentist or dental clinic (PERSON) visited on (DATE)?
	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="flex-grow: 1; border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="text-align: center; font-size: small;">AND/OR</div> <div style="flex-grow: 1; border-bottom: 1px solid black; margin-bottom: 5px;"></div> </div> <div style="display: flex; justify-content: space-between; font-size: x-small; margin-top: 5px;"> NAME OF DENTIST (FIRST NAME, LAST NAME) NAME OF CLINIC </div>

BOX D1	REFER TO CONTROL CARD: IS "VET" BOX CHECKED <input checked="" type="checkbox"/> ?
	YES 1 (D3) NO 2 (D4)

D3.	Is the dental clinic or place where (PERSON) saw the dentist a facility of the Veterans Administration?
	Yes 1 No 2
D4.	Did (PERSON) visit the dentist on (DATE) because of an accident or injury?
	Yes 1 (D5) No 2 (D6) DON'T KNOW. -8 (D6)
D5.	What was the nature of the dental injury?
	CONDITION: _____ CC #: _____
D6.	Did (PERSON) have any X-rays taken on this visit?
	Yes 1 No 2

Exhibit 12. Household Survey/SAIAN (Round 2) dental visit section of the Dental Visit Booklet
(continued)

D7. (Not counting the X-rays) What did (PERSON) have done during this visit on (DATE)?
PROBE: What else did (PERSON) have done during this visit?
CODE ALL THAT APPLY.

Nothing else /X-rays only	1
Cleaning teeth.	2
Examination	3
Orthodontia (bite adjustments, braces retainers, other)	4
Fillings.	5
Extractions	6
Root canals	7
Crowns.	8
Bridges	9
Dentures.	10
Repair of bridges, dentures, relinings, etc.	11
Other SPECIFY _____	
_____	91
Don't know.	-8

Exhibit 12. Household Survey/SALAN (Round 2) dental visit section of the Dental Visit Booklet
(continued)

D8.	<p>Now I'd like to ask you about the charges for this visit to the dentist. Have you received any bill or statement for this visit on (DATE)?</p> <p style="text-align: right;">Yes. 1 (D11) No 2 (D9)</p>
D9.	<p>Do you expect to receive a bill or statement for this visit?</p> <p style="text-align: right;">Yes. 1 (D22, pg.5) No 2 (D10)</p>
D10.	<p>Why is that?</p> <p style="text-align: right;">Paid at time of visit. 1 (D11)</p> <p>Bill sent directly to other source, haven't received statement yet - SPECIFY SOURCE _____ . . 2 (D22, pg. 5)</p> <p>No bill will be sent - Charges paid or to be paid by:</p> <p style="text-align: right;">HMO plan. 3 (D24, pg. 5)</p> <p style="text-align: right;">VA. 4</p> <p style="text-align: right;">Military facility 5</p> <p style="text-align: right;">Welfare/Medicaid. 6</p> <p style="text-align: right;">Indian Health Service 7 BOX D3, pg.6</p> <p style="text-align: right;">Indian Tribe/Inter-tribal council/ALASKA NATIVE CORPORATION 8</p> <p style="text-align: right;">Free from provider 9</p> <p style="text-align: right;">Included with other charges. 10 (FF__; BOX D3, pg. 6)</p>
D11.	<p>Including any amounts that may be paid by health insurance, Medicare, Medicaid, or other sources, how much was the total charge for this visit on (DATE)? (If the bill separately listed charges for procedures such as x-rays, include those charges in the total.)</p> <p style="text-align: right;">TOTAL CHARGE \$ _____ (D12)</p> <p style="text-align: right;">INCLUDED WITH OTHER CHARGES. 95 (FF__; BOX D3, pg. 6)</p> <p style="text-align: right;">DON'T KNOW -8 (D12)</p>

Exhibit 12. Household Survey/SALAN (Round 2) dental visit section of the Dental Visit Booklet
(continued)

<p>D12. Since (DATE OF VISIT), how much of the total charge have you (or any member of your family) paid? RECORD AMOUNT PAID AND THEN, REFERRING TO D11, CIRCLE THE APPROPRIATE CODE.</p> <p style="text-align: right;">AMOUNT \$ _____ OR PERCENTAGE % _____</p> <p style="text-align: right;">NOTHING. 0 (D17) TOTAL CHARGE WAS PAID. 1 } LESS THAN TOTAL CHARGE PAID. 2 } (D13) DON'T KNOW -8 }</p>	
<p>D13. Has any source reimbursed or paid you (or your family) back anything for the amount you paid?</p> <p style="text-align: right;">Yes. 1 (D14) No 2 (D16) DON'T KNOW -8 (D16)</p>	
<p>D14. Who reimbursed or paid you back? RECORD SOURCE, THEN PROBE: Anyone else?</p> <p>1. _____ 2. _____ 3. _____</p>	<p>D15. How much did (SOURCE) reimburse or pay you back? ENTER AMOUNT OR PERCENT.</p> <p style="text-align: right;">\$ _____ OR _____ % \$ _____ OR _____ % \$ _____ OR _____ %</p>
<p>D16. Do you <u>expect</u> any (other) source to reimburse you for what you paid?</p> <p style="text-align: right;">Yes. 1 No 2</p>	

BOX D2	<p>HAS TOTAL CHARGE BEEN PAID ("TOTAL CHARGE WAS PAID" CODED IN D12)?</p> <p style="text-align: right;">YES. 1 BOX D3, pg. 6 NO 2 (D17)</p>
-----------	---

<p>D17. Do you (or anyone in the family) expect to pay any (additional) amount for this visit?</p> <p style="text-align: right;">Yes. 1 No 2</p>
--

Exhibit 12. Household Survey/SAIAN (Round 2) dental visit section of the Dental Visit Booklet
(continued)

<p>D18. Have any (other) sources <u>already</u> paid any of the charges for this visit?</p> <p style="text-align: right;"> Yes. 1 (D19) No 2 (D21) DON'T KNOW -8 (D21) </p>	
<p>D19. Who (else) paid? RECORD SOURCE, THEN PROBE: Anyone else?</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>	<p>D20. How much did (SOURCE) pay? ENTER AMOUNT OR PERCENT.</p> <p>\$ _____ OR _____ %</p> <p>\$ _____ OR _____ %</p> <p>\$ _____ OR _____ %</p>
<p>D21. Do you <u>expect</u> anyone else to pay any of the charges for this visit?</p> <p style="text-align: right;"> Yes. 1 BOX D3 No 2 BOX D3 </p>	
<p>D22. Do you know what the total charge was for this visit?</p> <p style="text-align: right;"> Yes. 1 (D23) No 2 BOX D3 </p>	
<p>D23. Including any amounts that may be paid by health insurance, Medicare, Medicaid, or other sources, how much was the total charge for this visit on (DATE)?</p> <p style="text-align: right;"> TOTAL CHARGE \$ _____ BOX D3 INCLUDED WITH OTHER CHARGES. 95 (FF __; BOX D3) </p>	
<p>D24. Did you (or anyone in the family) pay anything for this visit?</p> <p style="text-align: right;"> Yes. 1 (D25) No 2 BOX D3 </p>	
<p>D25. How much did you (or anyone in the family) pay?</p> <p style="text-align: right;">AMOUNT \$ _____</p>	

Exhibit 12. Household Survey/SAIAN (Round 2) dental visit section of the Dental Visit Booklet
(continued)

BOX D3	REPEATED VISITS	
	REFER TO CONTROL CARD: HOW MANY <u>ADDITIONAL</u> VISITS TO A DENTIST DOES (PERSON) HAVE?	
	0.	0 BOX D5, pg.7
	1.	1 BOX D5, pg.7
	2 OR MORE.	2 (D26)

D26. You mentioned that (PERSON) had (NUMBER) dental visits. We have already talked about (NUMBER) of those visits. How many of the remaining (REMAINING NUMBER) were also to (PROVIDER/PLACE)?

NUMBER OF VISITS: _____ (D27)

None 00 BOX D5, pg.7

D27. Of those (ANSWER TO D26) visits, how many were also for (SERVICES LISTED IN D7, pg.2)?

NUMBER OF VISITS: _____ BOX D4

None 00 BOX D5, pg.7

BOX D4	REFER TO D10 AND D11, pg.3 AND D23, pg.5:	
	WAS THE CHARGE FOR THIS VISIT PART OF A FLAT FEE ("INCLUDED WITH OTHER CHARGES")?	
	YES.	1 (D28)
	NO	2 (D29)

D28. How many of these (ANSWER TO D27) visits were included in the same flat fee as the visit on (DATE)?

NUMBER OF VISITS: _____ (D30)

None 00 BOX D5, pg.7

D29. Of those (ANSWER TO D27) visits, how many cost the identical amount as the visit you just told me about?

NUMBER OF VISITS: _____ (D30)

None 00 BOX D5, pg.7

Exhibit 12. Household Survey/SAIAN (Round 2) dental visit section of the Dental Visit Booklet
(continued)

D30. Not counting the visit on (DATE OF THIS VISIT) you just told me about, what were the dates of the other (ANSWER TO D28 OR D29) visits?

1. _____/_____ MONTH DAY	2. _____/_____ MONTH DAY	3. _____/_____ MONTH DAY
4. _____/_____ MONTH DAY	5. _____/_____ MONTH DAY	6. _____/_____ MONTH DAY
7. _____/_____ MONTH DAY	8. _____/_____ MONTH DAY	9. _____/_____ MONTH DAY
10. _____/_____ MONTH DAY	11. _____/_____ MONTH DAY	12. _____/_____ MONTH DAY
13. _____/_____ MONTH DAY	14. _____/_____ MONTH DAY	15. _____/_____ MONTH DAY

BOX D5	REFER TO CONTROL CARD: IS (PERSON'S) RACE CODED AS. . .
	<div style="text-align: right;"> 1 OR 2 1 (D31) 3 - 6. 2 BOX D6 </div>

D31. Is the dental clinic or place where (PERSON) saw the dentist a facility of the Indian Health Service or (a tribe or inter-tribal council/ALASKA NATIVE CORPORATION)?
PROBE: Which one?

Indian Health Service.	1
Indian tribe/inter-tribal council/ ALASKA NATIVE CORPORATION.	2
NO/NEITHER	3

BOX D6	a. GO TO NEXT DENTAL VISIT (EXCLUDING THOSE IN REPEAT VISIT SECTION) OR ADMINISTER ALL REQUIRED BOOKLETS: - EMERGENCY ROOM VISIT - HOSPITAL OUTPATIENT DEPARTMENT VISIT - HOSPITAL INPATIENT STAY - HOME HEALTH SERVICES - MEDICAL PROVIDER VISIT - TRADITIONAL MEDICINE (SAIAN)
	b. THEN CONTINUE WITH BOX C2(b) , PAGE 33 IN CENTRAL QUESTIONNAIRE.

Exhibit 13. Household Survey/SALAN (Round 2) flat fee section of the Flat Fee Booklet

DARK GREEN

OMB #: 0837-0163
Expires: 7/31/88

RU ID #: _____

BOOKLET # _____ OF _____ BOOKLETS

ROUND NUMBER: 2 3 4

DATE OF INTERVIEW: ____/____/____

Department of Health and Human Services
National Center for Health Services Research
and Health Care Technology Assessment
and
Health Care Financing Administration

NATIONAL MEDICAL EXPENDITURE SURVEY

HOUSEHOLD SURVEY AND
SURVEY OF AMERICAN INDIANS AND ALASKA NATIVES

MAIN SURVEY

ROUND TWO

L. FLAT FEE BOOKLET

ASSURANCE OF CONFIDENTIALITY

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

BOX L1	a. IF THIS IS THE FIRST FLAT FEE REPORTED FOR THIS RU: <ul style="list-style-type: none">o ENTER "A" FOR FLAT FEE LETTER AT TOP OF FIRST FLAT FEE COLUMN.o ENTER PERSON'S NAME AND NUMBER.o GO TO L2.
	b. IF A FLAT FEE HAS PREVIOUSLY BEEN REPORTED FOR THIS RU, CONTINUE WITH L1.

L1 Is this (visit/hospital stay/service) included in a charge you already told me about (either in a previous interview or) today?

Yes Which (visit/stay/service) was that? ENTER APPROPRIATE FF LETTER AT QUESTION WHERE FF WAS REPORTED AND FOLLOW APPROPRIATE SKIPS IN THAT BOOKLET. DO NOT RECORD ON THIS FF PAGE.

No ENTER FLAT FEE LETTER AND PERSON NAME AND # IN NEXT AVAILABLE FLAT FEE COLUMN; THEN CONTINUE WITH L2.

Exhibit 13. Household Survey/SAIAN (Round 2) flat fee section of the Flat Fee Booklet (continued)

<p>L2. CODE TYPE OF VISITS/SERVICES COVERED BY FLAT FEE. IF NECESSARY, PROBE: What type of visits or services are covered by this flat fee? CIRCLE ONE CODE.</p> <p>SURGICAL CARE ①</p> <p>PHYSICAL THERAPY ②</p> <p>PRESCRIBED MEDICINES ③</p> <p>TESTS, DIAGNOSTIC PROCEDURES ④</p> <p>PRE/POSTNATAL CARE ⑤</p> <p>EYE EXAM + GLASSES/CONTACTS ⑥</p> <p>PHYSICIAN'S SERVICES ⑦</p> <p>COUNSELING ⑧</p> <p>ORTHODONTIA ⑨</p> <p>OTHER DENTAL CARE ⑩</p> <p>OTHER SPECIFY 91</p>	<p>..... 1</p> <p>..... 2</p> <p>..... 3</p> <p>..... 4</p> <p>..... 5</p> <p>..... 6</p> <p>..... 7</p> <p>..... 8</p> <p>..... 9</p> <p>..... 10</p> <p>..... 91</p> <p>_____</p> <p>_____</p>
<p>L3. Have you received any bill or statement for these services?</p> <p>Yes ①</p> <p>No ②</p>	<p>..... 1 (L6)</p> <p>..... 2 (L4)</p>
<p>L4. Do you expect to receive a bill or statement for these services?</p> <p>Yes ①</p> <p>No ②</p> <p>DON'T KNOW -8</p>	<p>..... 1 (L17, pg.9)</p> <p>..... 2 (L5)</p> <p>..... -8 (L5)</p>

Exhibit 13. Household Survey/SALAN (Round 2) flat fee section of the Flat Fee Booklet (continued)

<p>L5. Why is that?</p> <p style="margin-left: 40px;">Paid at time of service ①</p> <p style="margin-left: 40px;">Bill sent directly to other source, haven't received statement yet - SPECIFY SOURCE ②</p> <p style="margin-left: 40px;">No bill will be sent - Charges paid or to be paid by:</p> <p style="margin-left: 80px;">HMO plan ③</p> <p style="margin-left: 80px;">VA ④</p> <p style="margin-left: 80px;">Military facility ⑤</p> <p style="margin-left: 80px;">Welfare/Medicaid ⑥</p> <p style="margin-left: 80px;">Indian Health Service ⑦</p> <p style="margin-left: 80px;">Indian Tribe/Inter-tribal Council/ Alaska Native Corporation ⑧</p> <p style="margin-left: 40px;">Free from provider ⑨</p>	<p style="margin-left: 20px;">..... 1 (L6)</p> <p style="margin-left: 20px;">..... 2 (L17, pg.9)</p> <hr style="width: 100%;"/> <p style="margin-left: 20px;">..... 3 (L19, pg.9)</p> <p style="margin-left: 20px;">..... 4</p> <p style="margin-left: 20px;">..... 5</p> <p style="margin-left: 20px;">..... 6</p> <p style="margin-left: 20px;">..... 7</p> <p style="margin-left: 20px;">..... 8</p> <p style="margin-left: 20px;">..... 9</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-left: 150px; margin-top: -50px;">BOX L3, pg.9</div>
<p>L6. Including any amounts that may be paid by health insurance, Medicare, Medicaid, or other sources, how much was the total charge for these services?</p> <p style="margin-left: 40px;">DON'T KNOW ⑧</p>	<p style="text-align: center;">TOTAL CHARGE</p> <p style="margin-left: 20px;">\$ _____</p> <p style="margin-left: 20px;">..... -8</p>
<p>L7. How much of the total charge have you (or any member of your family) paid? RECORD AMOUNT PAID AND THEN, REFERRING TO L6, CIRCLE THE APPROPRIATE CODE.</p> <p style="margin-left: 40px;">NOTHING ⑩</p> <p style="margin-left: 40px;">TOTAL CHARGE WAS PAID ①</p> <p style="margin-left: 40px;">LESS THAN TOTAL CHARGE PAID ②</p> <p style="margin-left: 40px;">DON'T KNOW -8</p>	<p>AMT: \$ _____</p> <p style="text-align: center;"><u>OR</u></p> <p>PCT: _____ %</p> <p style="margin-left: 20px;">..... 0 (L12, pg.7)</p> <p style="margin-left: 20px;">..... 1</p> <p style="margin-left: 20px;">..... 2</p> <p style="margin-left: 20px;">..... -8</p> <div style="margin-left: 150px; margin-top: -50px;">(L8, pg.5)</div>

Exhibit 13. Household Survey/SAIAN (Round 2) flat fee section of the Flat Fee Booklet (continued)

<p>L8. Has any source reimbursed or paid you (or your family) back anything for the amount you paid?</p> <p style="margin-left: 40px;"> Yes ① No ② DON'T KNOW -8 </p>	<p>..... 1 (L9) 2 (L11) -8 (L11)</p>		
<p>L9. Who reimbursed or paid you (or your family) back? RECORD SOURCE, THEN PROBE: Anyone else?</p> <p>L10. How much did (SOURCE) reimburse or pay you back? ENTER AMOUNT OR PERCENT.</p>	<p>SOURCE #1</p> <p>_____</p> <p>AMT: \$ _____.</p> <p style="text-align: center;"><u>OR</u></p> <p>PCT: _____ %</p> <p>SOURCE #2</p> <p>_____</p> <p>AMT: \$ _____.</p> <p style="text-align: center;"><u>OR</u></p> <p>PCT: _____ %</p>		
<p>L11. Do you <u>expect</u> any (other) source to reimburse you for what you paid?</p> <p style="margin-left: 40px;"> Yes ① No ② </p>	<p>..... 1 2</p>		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: center; vertical-align: top; padding: 5px;">BOX L2</td> <td style="padding: 5px;"> <p>HAS TOTAL CHARGE BEEN PAID ("TOTAL CHARGE WAS PAID" CODED IN L7, pg.3)?</p> <p style="margin-left: 40px;"> YES ① NO ② </p> </td> </tr> </table>	BOX L2	<p>HAS TOTAL CHARGE BEEN PAID ("TOTAL CHARGE WAS PAID" CODED IN L7, pg.3)?</p> <p style="margin-left: 40px;"> YES ① NO ② </p>	<p>..... 1 BOX L3, pg.9 2 (L12)</p>
BOX L2	<p>HAS TOTAL CHARGE BEEN PAID ("TOTAL CHARGE WAS PAID" CODED IN L7, pg.3)?</p> <p style="margin-left: 40px;"> YES ① NO ② </p>		

Exhibit 13. Household Survey/SAIAN (Round 2) flat fee section of the Flat Fee Booklet (continued)

<p>L12. Do you (or anyone in the family) expect to pay any (additional) amount for these services?</p> <p>Yes ①</p> <p>No ②</p>	<p>..... 1</p> <p>..... 2</p>
<p>L13. Have any other sources <u>already</u> paid any of the charges for these services?</p> <p>Yes ①</p> <p>No ②</p> <p>DON'T KNOW -8</p>	<p>..... 1 (L14)</p> <p>..... 2 (L16)</p> <p>..... -8 (L16)</p>
<p>L14. Who else paid? RECORD SOURCE, THEN PROBE: Anyone else?</p> <p>L15. How much did (SOURCE) pay? ENTER AMOUNT OR PERCENT.</p>	<p>SOURCE #1</p> <p>_____</p> <p>AMT: \$ _____.</p> <p><u>OR</u></p> <p>PCT: _____ %</p> <p>SOURCE #2</p> <p>_____</p> <p>AMT: \$ _____.</p> <p><u>OR</u></p> <p>PCT: _____ %</p>
<p>L16. Do you <u>expect</u> anyone else to pay any of the charges for these services?</p> <p>Yes ①</p> <p>No ②</p>	<p>..... 1 BOX L3, pg.9</p> <p>..... 2 BOX L3, pg.9</p>

Exhibit 13. Household Survey/SALAN (Round 2) flat fee section of the Flat Fee Booklet (continued)

<p>L17. Do you know what the total charge was for these services?</p> <p>Yes ①</p> <p>No ②</p>	<p>..... 1 (L18)</p> <p>..... 2 BOX L3</p>		
<p>L18. Including any amounts that may be paid by health insurance, Medicare, Medicaid, or other sources, how much was the total charge for these services?</p>	<p style="text-align: right;">TOTAL CHARGE</p> <p style="text-align: right;">\$ BOX L3</p>		
<p>L19. Did you (or anyone in the family) pay anything for these services?</p> <p>Yes ①</p> <p>No ②</p>	<p>..... 1 (L20)</p> <p>..... 2 BOX L3</p>		
<p>L20. How much did you (or anyone in the family) pay?</p>	<p style="text-align: right;">AMT: \$</p>		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 2px; vertical-align: top;">BOX L3</td> <td style="padding: 2px;"> <p>a. FF FOR "PRESCRIBED MEDICINES" OR "OTHER MEDICAL EXPENSES"..... ①</p> <p>b. ALL OTHER FF SERVICES ②</p> </td> </tr> </table>	BOX L3	<p>a. FF FOR "PRESCRIBED MEDICINES" OR "OTHER MEDICAL EXPENSES"..... ①</p> <p>b. ALL OTHER FF SERVICES ②</p>	<p>..... 1 BOX L4, pg.11</p> <p>..... 2 (L21)</p>
BOX L3	<p>a. FF FOR "PRESCRIBED MEDICINES" OR "OTHER MEDICAL EXPENSES"..... ①</p> <p>b. ALL OTHER FF SERVICES ②</p>		

Exhibit 13. Household Survey/SAIAN (Round 2) flat fee section of the Flat Fee Booklet (continued)

<p>L21. Did (PERSON) have any visits to the (doctor/dentist/MEDICAL PROVIDER) covered by this charge before January 1, 1987?</p> <p>Yes ①</p> <p>No ②</p>	<p>..... 1 (L22)</p> <p>..... 2 (L23)</p>
<p>L22. How many visits did (PERSON) have to the (doctor/dentist/MEDICAL PROVIDER) before January 1, 1987?</p> <p>DON'T KNOW ③</p>	<p>NUMBER OF VISITS</p> <p>_____</p> <p>..... -8</p>
<p>L23. Were any services associated with a hospital stay before January 1, 1987 covered by this flat fee?</p> <p>Yes ①</p> <p>No ②</p>	<p>..... 1</p> <p>..... 2</p>

<p>BOX L4</p>	<p>RETURN TO THE BOOKLET WHERE THIS FLAT FEE WAS REPORTED AND ASK NEXT APPROPRIATE QUESTION.</p>
-------------------	--

Exhibit 14. Household Survey/SAIAN (Round 2) Emergency Room Visit Booklet

E1. You told me that (PERSON) had visited an emergency room at a hospital (NUMBER) time(s) since (REF. DATE). On what date did (PERSON) (first/next) go to a hospital emergency room since (REF. DATE)?

_____/_____/_____
MONTH DAY YEAR

E2. What day of the week did (PERSON) go to the emergency room?

Monday	1
Tuesday.	2
Wednesday.	3
Thursday	4
Friday	5
Saturday	6
Sunday	7
DN'T KNOW	-8

E3. And what time of the day did (PERSON) go to the emergency room?

AM
PM

BOX E1	<p>REFER TO CONTROL CARD: IS "VET" BOX CHECKED [✓]?</p> <p>YES. 1 (E4)</p> <p>NO 2 (E5)</p>
-----------	---

E4. Was this emergency room a facility of the Veterans Administration?

Yes.	1
No	2

E5. What is the complete name, address, and phone number of the hospital emergency room (PERSON) went to on (DATE)?
RECORD ON DR ROSTER AND RECORD FACILITY NAME AND DR # HERE.

FACILITY NAME: _____

DR #: _____

Exhibit 14. Household Survey/SALAN (Round 2) Emergency Room Visit Booklet (continued)

E6.	Before going to the emergency room, did a doctor or a medical person working for a doctor tell (PERSON) or any member of the family that (he/she) should go to the emergency room?	
	Yes. 1 (E7)	
	No 2 (E11)	
E7.	Did this doctor meet (PERSON) in the emergency room?	
	Yes. 1 (E8)	
	No 2 (E11)	
E8.	What is the name of the doctor who met (PERSON) in the emergency room on (DATE)? RECORD ON DR ROSTER AND RECORD DOCTOR NAME AND DR # HERE.	
	NAME: _____	
	DR #: _____	
E9.	Does (DOCTOR) have an office outside the hospital?	
	Yes. 1 (E10)	
	No 2 (E11)	
	DON'T KNOW -8 (E11)	
E10.	What is the complete address and telephone number of the doctor's office? RECORD ON DR ROSTER.	
E11.	What condition or problem caused (PERSON) to go to the emergency room? PROBE: Any other condition?	
1.	_____ CC#: _____	
2.	_____ CC#: _____	
3.	_____ CC#: _____	
4.	_____ CC#: _____	

Exhibit 14. Household Survey/SAIAN (Round 2) Emergency Room Visit Booklet (continued)

E12. For this visit on (DATE), did (PERSON) have. . .			
	YES	NO	DON'T KNOW
a. x-rays?	1	2	-8
b. CATSCAN's, sonograms, body scans that use radioactive materials, or other similar procedures?	1	2	-8
c. throat or other cultures, laboratory tests requiring blood, urine, or other body fluids?	1	2	-8
d. diagnostic tests such as EKG's, EEG's, stress tests, and so on?	1	2	-8
e. surgery or other surgical procedures like setting bones, stitching or removing stitches, removing growths, etc.?	1 (E13)	2 (E14)	-8 (E14)

E13. You said (PERSON) had a surgical procedure during this visit to the emergency room.
What surgical procedure did (PERSON) have done?
PROBE: Any other procedure?

NAME OF PROCEDURE

NAME OF PROCEDURE

Exhibit 14. Household Survey/SAIAN (Round 2) Emergency Room Visit Booklet (continued)

E52.	Was (PERSON) admitted to the hospital after going to the emergency room?	
	Yes. 1 (E54) No 2 (E53)	
E53.	About how many minutes or hours did the visit take from the time (PERSON) arrived at the emergency room until the time (PERSON) left? RECORD IN HOURS AND MINUTES.	
	<u> </u> HOURS	<u> </u> MINUTES
E54.	About how many minutes did (PERSON) spend traveling to this emergency room for this visit?	
	<u> </u> MINUTES	
E55.	How did (PERSON) get to the emergency room for this visit: was it by private automobile, taxicab, public transportation, ambulance, walking, or what?	
	Private automobile 1 Taxicab. 2 Public transportation. 3 Ambulance. 4 Walking. 5 OTHER SPECIFY _____ 91	

Exhibit 15. DR Roster from the Round 1 Central Questionnaire and Card F from the Show Cards

DR ROSTER

LIST EACH DOCTOR, MEDICAL PROVIDER, OR FACILITY WHEN FIRST MENTIONED BY THE RESPONDENT.

RECORD FULL NAME, ADDRESS, AND COMPLETE PHONE NUMBER FOR EACH DR./MP/FACILITY.

VERIFY ADDRESS AND PHONE NUMBER FOR THE DR./MP/FACILITY EACH ADDITIONAL TIME THAT THE EXACT COMBINATION OF DR./MP/FACILITY IS MENTIONED FOR ANOTHER VISIT.

LIST THE SAME DR./MP/FACILITY TWICE IF THE ADDRESS IS DIFFERENT.

REFER TO SHOW CARD F FOR DR./MP SPECIALTIES.

DR #	DOCTOR OR MEDICAL PROVIDER NAME (FIRST, MIDDLE, LAST)	FACILITY NAME	ADDRESS AND PHONE NUMBER	FOR EACH DR./MP, ASK: What type of (doctor/ medical person) is (DOCTOR/MEDICAL PROVIDER)? That is, what is (his/her) specialty? SPECIALTY
1.			Building: _____ Street: _____ _____ City: _____ State: _____ Zip: _____ Phone: () _____	
2.			Building: _____ Street: _____ _____ City: _____ State: _____ Zip: _____ Phone: () _____	
3.			Building: _____ Street: _____ _____ City: _____ State: _____ Zip: _____ Phone: () _____	
4.			Building: _____ Street: _____ _____ City: _____ State: _____ Zip: _____ Phone: () _____	

Exhibit 15. DR Roster from the Round 1 Central Questionnaire and Card F from the Show Cards (continued)

CARD F

DOCTOR SPECIALTIES

ALLERGY
ANESTHESIOLOGY
CARDIOLOGY
DERMATOLOGY
FAMILY PRACTICE
GENERAL PRACTICE
INTERNAL MEDICINE
OBSTETRICS/GYNECOLOGY
OPHTHALMOLOGY
ORTHODEPY
OSTEOPATHY
OTOLARYNGOLOGY (ENT)
PATHOLOGY
PEDIATRICS
PSYCHIATRY
RADIOLOGY
SURGERY
UROLOGY

PROVIDER TYPES

AUDIOLOGIST
CHIROPRACTOR
HOME HEALTH AIDE
MENTAL HEALTH COUNSELOR
NURSE
NURSE PRACTITIONER
TECHNICIAN
OCCUPATIONAL THERAPIST
OPTOMETRIST
PODIATRIST
PHYSICIAN'S ASSISTANT
PHYSICAL THERAPIST
PSYCHOLOGIST
RESPIRATORY THERAPIST
SOCIAL WORKER
SPEECH THERAPIST

Exhibit 16. Household Survey/SAIAN (Round 2) emergency room visit section (physician-level questions) of the Emergency Room Visit Booklet

DOCTOR #:

NAME OR TYPE

E32. Now, I would like to talk to you about the physicians and surgeons who treated (PERSON) during this visit to the emergency room.

What are the names of all doctors or surgeons who treated (PERSON) during this visit?

RECORD EACH DOCTOR ON A SEPARATE LINE ON DR ROSTER, AND RECORD EACH NAME AND DR NUMBER IN DOCTOR COLUMNS.

IF NAME IS KNOWN, PROBE: What is the complete address and telephone number of (DOCTOR'S) office?
RECORD ON DR ROSTER.

IF NAME IS NOT KNOWN, RECORD FACILITY NAME ON DOCTOR'S LINE ON ROSTER AND PROBE: What type of doctor was (he/she)?
RECORD IN DOCTOR COLUMN(S).

E33. CODE TOTAL NUMBER OF DOCTOR(S) REPORTED IN E32.

OF DOCTOR(S) REPORTED (E34 THROUGH E51 FOR EACH DOCTOR)

NO DOCTOR(S) REPORTED 00 (E32, pg.17)

E34. Have you received any bill or statement from (DOCTOR) for this visit on (DATE)?

Yes ①

No ②

..... 1 (E37)

..... 2 (E35)

E35. Do you expect to receive a bill or statement for (DOCTOR'S) services?

Yes ①

No ②

..... 1 (E48, pg.15)

..... 2 (E36)

Exhibit 17. Household Survey/SAIAN (Round 2) hospital outpatient visit section from the Hospital Outpatient Booklet

You told me that (PERSON) had visited a hospital outpatient department (NUMBER) time(s) since (REF. DATE).

F1. On what date did (PERSON) (first/next) visit a hospital outpatient department?

____ / ____ / ____
MONTH DAY YEAR

BOX F1	<p>REFER TO CONTROL CARD: IS PERSON A MEMBER OF AN HMO?</p> <p>YES. 1 (F2)</p> <p>NO 2 BOX F2</p>
-----------	---

F2. Was (PERSON) referred to this hospital outpatient department by (his/her) HMO?

Yes. 1

No 2

DON'T KNOW -8

BOX F2	<p>REFER TO CONTROL CARD: IS "VET" BOX CHECKED [<input checked="" type="checkbox"/>]?</p> <p>YES. 1 (F3)</p> <p>NO 2 (F4)</p>
-----------	---

F3. Is this hospital outpatient department a facility of the Veterans Administration?

Yes. 1

No 2

F4. What is the complete name, address, and phone number of the hospital (PERSON) went to on (DATE)?

RECORD ON DR ROSTER.

NAME OF FACILITY: _____

DR #: _____

Exhibit 17. Household Survey/SAIAN (Round 2) hospital outpatient visit section from the Hospital Outpatient Booklet (continued)

F5. Did (PERSON) see a medical doctor on that visit?	
Yes.	1 (F7)
No	2 (F6)
DON'T KNOW	-8 (F7)
F6. What type of medical person or persons did (PERSON) see? CODE ALL THAT APPLY.	
Chiropractor	1
Nurse/nurse practitioner	2
Technician	3
Optometrist.	4
Podiatrist	5
Physician's assistant.	6
Physical therapist	7
Psychologist	8
Social worker.	9
OTHER SPECIFY _____	
_____	91
F7. What was the <u>main</u> reason (PERSON) visited the outpatient department on (DATE)?	
Diagnosis or treatment	1 (F9)
General checkup.	2 (F8)
Vision exam for glasses.	3 (F14, pg.4)
Maternity care (pre/postnatal)	4 (F9)
Well child exam.	5 (F10)
Immunizations.	6 (F12, pg.4)
Psychotherapy/mental health counseling	7 (F9)
OTHER SPECIFY _____	
_____	91 (F8)

Exhibit 17. Household Survey/SAIAN (Round 2) hospital outpatient visit section from the Hospital Outpatient Booklet (continued)

<p>F8. Was this for any specific condition?</p> <p style="text-align: right;">Yes. 1 (F9) No 2 (F10)</p>	
<p>F9. For what condition did (PERSON) visit the outpatient department on (DATE)? PROBE: Any other condition?</p>	
1.	CC#:
2.	CC#:
3.	CC#:
4.	CC#:

BOX F3	<p>IS F7 CODED "7", "PSYCHOTHERAPY/MENTAL HEALTH COUNSELING"?</p> <p style="text-align: right;">YES. 1 (F14) NO 2 (F10)</p>
-----------	---

<p>F10. Did (PROVIDER) discover any (other) condition?</p> <p style="text-align: right;">Yes. 1 (F11) No 2 (F12)</p>	
--	--

F11. What was it?
PROBE: Any other condition?

1.	CC#:
2.	CC#:
3.	CC#:
4.	CC#:

Exhibit 17. Household Survey/SAIAN (Round 2) hospital outpatient visit section from the Hospital Outpatient Booklet (continued)

F12. For this visit on (DATE), did (PERSON) have . . .			
	YES	NO	DON'T KNOW
a. x-rays?	1	2	-8
b. CATSCAN's, sonograms, body scans that use radioactive materials or other similar procedures?	1	2	-8
c. throat or other cultures, laboratory tests requiring blood, urine, or other body fluids?	1	2	-8
d. diagnostic tests such as EKG's, EEG's, stress tests, and so on?	1	2	-8
e. surgery or other surgical procedures like setting bones, stitching or removing stitches, removing growths, etc.?	1 (F13)	2 (F14)	-8 (F14)

F13. You said (PERSON) had a surgical procedure during this visit. What type of procedure did (PERSON) have done? PROBE: Anything else?	

NAME OF PROCEDURE	

NAME OF PROCEDURE	

Exhibit 17. Household Survey/SAIAN (Round 2) hospital outpatient visit section from the Hospital Outpatient Booklet (continued)

<p>F52. For this particular visit did (PERSON) have an appointment or just walk in?</p> <p style="text-align: right;">Appointment. 1 (F53) Walk in. 2 (F54) Other SPECIFY. 91 (F54)</p> <hr/>
<p>F53. Did (PROVIDER) tell (PERSON) when to come back during an earlier visit or did (PERSON) just call up for an appointment?</p> <p style="text-align: right;">Set by provider. 1 Patient called for appointment . . . 2</p>
<p>F54. Was (PERSON) referred for this particular visit by another physician or medical person?</p> <p style="text-align: right;">Yes. 1 No 2</p>

Exhibit 18. Household Survey/SALAN (Round 2) hospital inpatient stay section from the Hospital Inpatient Visit Booklet

You told me that (PERSON) was a patient in a hospital (NUMBER) time(s) since (REF. DATE).

G1.	What is the name, address and phone number of the hospital (PERSON) entered the (first/next) time? RECORD ON DR ROSTER. ENTER NAME OF HOSPITAL AND DR # FROM DR ROSTER HERE: NAME: _____ DR #: _____
G2.	On what date did (PERSON) enter (NAME OF HOSPITAL)? <div style="text-align: center;"> _____/_____/_____ MONTH DAY YEAR </div>
G3.	On what date did (PERSON) leave the hospital? <div style="text-align: center;"> _____/_____/_____ MONTH DAY YEAR </div> STILL IN HOSPITAL 95 BOX G10, pg. 23

BOX G1	ARE BOTH MONTH AND DAY GIVEN IN G2 <u>AND</u> G3? YES..... 1 BOX G2 NO..... 2 (G4)
-----------	--

G4.	How many nights did (PERSON) stay in the hospital? NUMBER OF NIGHTS: _____ NONE..... 0
-----	--

BOX G2	REFER TO CONTROL CARD: IS "VET" BOX CHECKED [✓]? YES 1 (G5) NO 2 (G6)
-----------	--

Exhibit 18. Household Survey/SAIAN (Round 2) hospital inpatient stay section from the Hospital Inpatient Visit Booklet (continued)

G5.	Is this hospital a facility of the Veterans Administration?	
	Yes. 1	
	No 2	

G6.	What was the <u>main</u> reason (PERSON) entered the hospital?	
	Treatment of medical condition. 1 (G7)	
	Operation or surgical procedure 2 (G8)	
	Special diagnostic tests. 3 (G10)	
	To have a baby. 4 (G11)	
	Child (PERSON) born 5 (G14)	
	Other SPECIFY _____	
	_____ 91 (G7)	

G7.	What was the condition that led (PERSON) to enter the hospital?															
	PROBE: Any other condition?															
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center; border-bottom: 1px solid black;">1.</td> <td style="width: 60%; border-bottom: 1px solid black;"></td> <td style="width: 15%; text-align: right; border-bottom: 1px solid black;">CC#:</td> <td style="width: 20%;"></td> </tr> <tr> <td style="text-align: center; border-bottom: 1px solid black;">2.</td> <td style="border-bottom: 1px solid black;"></td> <td style="text-align: right; border-bottom: 1px solid black;">CC#:</td> <td rowspan="4" style="vertical-align: middle; text-align: center;"> <div style="font-size: 4em; line-height: 1;">}</div> (G16, pg.6) </td> </tr> <tr> <td style="text-align: center; border-bottom: 1px solid black;">3.</td> <td style="border-bottom: 1px solid black;"></td> <td style="text-align: right; border-bottom: 1px solid black;">CC#:</td> </tr> <tr> <td style="text-align: center; border-bottom: 1px solid black;">4.</td> <td style="border-bottom: 1px solid black;"></td> <td style="text-align: right; border-bottom: 1px solid black;">CC#:</td> </tr> </table>	1.		CC#:		2.		CC#:	<div style="font-size: 4em; line-height: 1;">}</div> (G16, pg.6)	3.		CC#:	4.		CC#:	
1.		CC#:														
2.		CC#:	<div style="font-size: 4em; line-height: 1;">}</div> (G16, pg.6)													
3.		CC#:														
4.		CC#:														

G8.	What was the name of the operation or other surgical procedure?	
	PROBE: Any other operation or surgical procedure?	
	ENTER NAME(S) OF OPERATION(S) OR OTHER SURGICAL PROCEDURE(S) BELOW. IF NAME OF OPERATION OR SURGICAL PROCEDURE IS NOT KNOWN, DESCRIBE WHAT WAS DONE.	
	OPERATION 1: _____	

	OPERATION 2: _____	

	OPERATION 3: _____	

Exhibit 18. Household Survey/SALAN (Round 2) hospital inpatient stay section from the Hospital Inpatient Visit Booklet (continued)

G9.	<p>What was the condition that required the operations(s) or surgical procedure(s)?</p> <p>PROBE: Any other condition?</p>
1.	<div style="display: flex; justify-content: space-between;"> <div style="flex-grow: 1; border-bottom: 1px solid black;"></div> <div style="width: 100px; text-align: right;">CC#:</div> </div>
2.	<div style="display: flex; justify-content: space-between;"> <div style="flex-grow: 1; border-bottom: 1px solid black;"></div> <div style="width: 100px; text-align: right;">CC#:</div> </div>
3.	<div style="display: flex; justify-content: space-between;"> <div style="flex-grow: 1; border-bottom: 1px solid black;"></div> <div style="width: 100px; text-align: right;">CC#:</div> </div>
4.	<div style="display: flex; justify-content: space-between;"> <div style="flex-grow: 1; border-bottom: 1px solid black;"></div> <div style="width: 100px; text-align: right;">CC#:</div> </div>
<div style="display: flex; align-items: center;"> <div style="font-size: 4em; margin-right: 10px;">}</div> <div> <p>(G18, pg.7)</p> </div> </div>	

G10.	<p>What was the condition (or suspected condition) that led (PERSON) to enter the hospital?</p> <p>PROBE: Any other condition?</p>
1.	<div style="display: flex; justify-content: space-between;"> <div style="flex-grow: 1; border-bottom: 1px solid black;"></div> <div style="width: 100px; text-align: right;">CC#:</div> </div>
2.	<div style="display: flex; justify-content: space-between;"> <div style="flex-grow: 1; border-bottom: 1px solid black;"></div> <div style="width: 100px; text-align: right;">CC#:</div> </div>
3.	<div style="display: flex; justify-content: space-between;"> <div style="flex-grow: 1; border-bottom: 1px solid black;"></div> <div style="width: 100px; text-align: right;">CC#:</div> </div>
4.	<div style="display: flex; justify-content: space-between;"> <div style="flex-grow: 1; border-bottom: 1px solid black;"></div> <div style="width: 100px; text-align: right;">CC#:</div> </div>
<div style="display: flex; align-items: center;"> <div style="font-size: 4em; margin-right: 10px;">}</div> <div> <p>(G16, pg.6)</p> </div> </div>	

G11.	<p>Did (PERSON) have a baby during this hospital stay?</p>
<p>Yes. 1 BOX G3</p> <p>No 2 (G13)</p> <p>STILLBIRTH 3 (G13)</p>	

BOX G3	<p>REFER TO CONTROL CARD: ENTER NEWBORN'S NAME AND PERSON # BELOW.</p> <p>NEWBORN'S NAME: _____</p> <p>NEWBORN'S PERSON #: _____</p> <p>HOSPITAL STAY #: 1</p>
-----------	--

Exhibit 18. Household Survey/SAIAN (Round 2) hospital inpatient stay section from the Hospital Inpatient Visit Booklet (continued)

G12. Was this a normal delivery?	
Yes.	1 (G16)
No	2 (G13)
G13. What was the matter? PROBE: Were there any other complications?	
1. _____	CC#: _____
2. _____	CC#: _____
3. _____	CC#: _____
4. _____	CC#: _____
} (G16)	
G14. Was the baby normal at birth?	
Yes.	1 BOX G4; G16
No	2 BOX G4; G15

BOX G4	<p>REFER TO CONTROL CARD: ENTER MOTHER'S NAME, PERSON # AND HOSPITAL STAY # BELOW.</p> <p>MOTHER'S NAME: _____</p> <p>MOTHER'S PERSON #: _____</p> <p>HOSPITAL STAY #: _____</p>
-----------	--

Exhibit 18. Household Survey/SALAN (Round 2) hospital inpatient stay section from the Hospital Inpatient Visit Booklet (continued)

<p>G15. What was wrong with the baby? PROBE: Anything else?</p>	
1. _____	CC#: _____
2. _____	CC#: _____
3. _____	CC#: _____
4. _____	CC#: _____

<p>G16. Were any operations performed on (PERSON) during this stay?</p>	
	Yes. 1 (G17) No 2 (G18)

<p>G17. What was the name of the operation or other surgical procedure? PROBE: Any other operation or surgical procedure? ENTER NAME(S) OF OPERATION(S) OR OTHER SURGICAL PROCEDURE(S) BELOW. IF NAME OF OPERATION OR SURGICAL PROCEDURE IS NOT KNOWN, DESCRIBE WHAT WAS DONE.</p>	
OPERATION 1:	_____ _____
OPERATION 2:	_____ _____
OPERATION 3:	_____ _____

Exhibit 19. Home health section from the Home Health Services Booklet

PERSON NAME: _____

PERSON #: _____

VISIT #: _____

IF FIRST HOME HEALTH BOOKLET FOR THIS PERSON THIS ROUND, READ: You told me that (PERSON) had been seen or helped at home by a medical person or someone else because of a health problem or condition since (REF. DATE).

H1. (Besides the care providers we've already talked about), Since (REF. DATE), on what date did (PERSON) last see or receive help from such a person at home?

MONTH DAY

H2. Is the person who saw or helped (PERSON) on (DATE IN H1) a medical doctor, another kind of medical person, or someone else?

Medical doctor 1 (H6)
Other medical person 2 (H5)
Someone else 3 (H3)

H3. Is the person who helped (PERSON) a friend, a relative, a paid homemaker, a home health aide, or what?

Friend/neighbor 1 (H7)
Relative 2 (H4)
Homemaker 3
Home health aide 4 } (H5)
OTHER SPECIFY 91

H4. How is he or she related to (PERSON)?

MOTHER 1
FATHER 2
SISTER 3
BROTHER 4 } (H7)
DAUGHTER 5
SON 6
OTHER RELATIVE SPECIFY 91

Exhibit 19. Home health section from the Home Health Services Booklet (continued)

H5.	What kind of place does this person work for?	SELF-EMPLOYED/OWN PRACTICE 1 A PRIVATE PHYSICIAN/GROUP PRACTICE . . . 2 HOSPITAL/HOSPITAL CLINIC 3 OTHER MEDICAL INSTITUTION. 4 VISITING NURSES ASSOCIATION. 5 OTHER SPECIFY 91 _____ DON'T KNOW -8
H6.	What is the complete name, address, and phone number of the (doctor/person) who saw or helped (PERSON) on (DATE)? IF NOT A DOCTOR, PROBE: What is the name of the place or agency? RECORD ON DR ROSTER. RECORD PROVIDER'S LAST NAME AND ROSTER NUMBER HERE: LAST NAME: _____ DR #: _____	
H7.	What time of day was (PROVIDER) here on (DATE) -- during the day (between 6:00 a.m. and 6:00 p.m.) or at night (between 6:01 p.m. and 5:59 a.m.)?	During day only. 1 At night only. 2 Both 3
H8.	How long did (PROVIDER) stay with (PERSON) on (DATE)?	_____ HOURS 1 _____ MINUTES 2
H9.	What condition was it that caused (PERSON) to need this care or help? PROBE: Any other condition?	
	1.	CC#: _____
	2.	CC#: _____
	3.	CC#: _____
	4.	CC#: _____

Exhibit 19. Home health section from the Home Health Services Booklet (continued)

H10. Did (PROVIDER) help (PERSON) by . . .

	<u>YES</u>	<u>NO</u>
a. applying sterile bandages or dressings? . . .	1	2
b. giving medication orally?	1	2
c. giving shots or injections?	1	2
d. giving any other medical or nursing treatment?	1 (e)	2 BOX H1
e. What kind of treatment was it? RECORD VERBATIM.		

BOX H1	REFER TO H2, pg. 1 <u>AND</u> DR ROSTER:	
	PROVIDER IS . . .	
	MEDICAL DOCTOR	1
	SOCIAL WORKER.	2
	MENTAL HEALTH WORKER	3
	THERAPIST (ANY).	4
	ANYONE ELSE.	5 (H11)
	DON'T KNOW	-8 (H11)

}

BOX H2

H11. Did (PROVIDER) help (PERSON) with . . .

	<u>YES</u>	<u>NO</u>
a. bathing or showering?	1	2
b. getting dressed, including getting clothes?	1	2
c. using the toilet or getting to the toilet?	1	2
d. getting in or out of bed or chairs?	1	2
e. feeding (himself/herself)	1	2
f. walking across a room?	1	2

Exhibit 19. Home health section from the Home Health Services Booklet (continued)

H12. Did (PROVIDER) help (PERSON) with . . .			
		<u>YES</u>	<u>NO</u>
a.	using the telephone?	1	2
b.	managing (his/her) money such as keeping track of expenses or paying bills?	1	2
c.	shopping for personal items such as toilet items or medicines?	1	2
d.	getting around the community -- for example, driving a car or using public transportation?	1	2
e.	preparing (his/her) meals?	1	2
f.	light housework (doing dishes, straightening up, or light cleaning)?	1	2

BOX H2	REFER TO H3 AND H4, PG. 1:	
	WHAT IS PROVIDER'S RELATIONSHIP TO (PERSON)?	
	CHILD, SIBLING, OR PARENT	1
	MOTHER-IN-LAW OR FATHER-IN-LAW.	2
	DAUGHTER-IN-LAW OR SON-IN-LAW	3
	SISTER-IN-LAW OR BROTHER-IN-LAW	4
	OTHER RELATIVE.	5 (H13)
	ALL OTHERS.	6 (H13)
	DON'T KNOW.	-8 (H13)

H13. Now I'd like to ask you about the charges for this visit. Have you received any bill or statement for this home visit on (DATE)?	
Yes.	1 (H16)
No	2 (H14)
H14. Do you expect to receive a bill or statement for this visit?	
Yes.	1 (H27)
No	2 (H15)

Exhibit 19. Home health section from the Home Health Services Booklet (continued)

H15. Why is that?

Paid at time of visit. 1 (H16)

Bill sent directly to other
source, haven't received
statement yet
SPECIFY SOURCE _____ . . 2 (H27)

No bill will be sent - Charges
paid or to be paid by:

HMO plan. 3 (H29)

VA. 4
Military facility 5

Welfare/Medicaid. 6
Indian Health Service 7
Indian Tribe/Inter-tribal
council/ALASKA NATIVE
CORPORATION 8

Free from provider 9

Included with other charges. 10 (FF__ ; BOX H4)

H16. Including any amounts that may be paid by health insurance, Medicare, Medicaid, or other
sources, how much was the total charge for this visit?

TOTAL CHARGE \$ _____ (H17)

INCLUDED WITH OTHER CHARGES. 95 (FF__ ; BOX H4)
DON'T KNOW -8 (H17)

H17. Since (DATE OF VISIT), how much of the total charge have you (or any member of your
family) paid?
RECORD AMOUNT PAID AND THEN, REFERRING TO H16, CIRCLE THE APPROPRIATE CODE.

AMOUNT \$ _____
OR
PERCENT _____ %

NOTHING. 0 (H22)
TOTAL CHARGE WAS PAID. 1
LESS THAN TOTAL CHARGE PAID. 2 (H18)
DON'T KNOW -8

Exhibit 19. Home health section from the Home Health Services Booklet (continued)

<p>H18. Has any source reimbursed or paid you (or your family) back anything for the amount you paid?</p> <p style="text-align: right;"> Yes. 1 (H19) No 2 (H21) DON'T KNOW -8 (H21) </p>	
<p>H19. Who reimbursed or paid you back? RECORD SOURCE, THEN PROBE: Anyone else?</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>	<p>H20. How much did (SOURCE) reimburse or pay you back? ENTER AMOUNT OR PERCENT.</p> <p>\$ _____ OR _____ %</p> <p>\$ _____ OR _____ %</p> <p>\$ _____ OR _____ %</p>
<p>H21. Do you <u>expect</u> any (other) source to reimburse you for what you paid?</p> <p style="text-align: right;"> Yes. 1 No 2 </p>	

BOX H3	<p>HAS TOTAL CHARGE BEEN PAID ("TOTAL CHARGE WAS PAID" CODED IN H17)?</p> <p style="text-align: right;"> YES. 1 BOX H4 NO 2 (H22) </p>
-----------	---

<p>H22. Do you (or anyone in the family) expect to pay any (additional) amount for this visit?</p> <p style="text-align: right;"> Yes. 1 No 2 </p>
<p>H23. Have any other sources <u>already</u> paid any of the charges for this visit?</p> <p style="text-align: right;"> Yes. 1 (H24) No 2 (H26) DON'T KNOW -8 (H26) </p>

Exhibit 19. Home health section from the Home Health Services Booklet (continued)

<p>H24. Who else paid? RECORD SOURCE, THEN PROBE: Anyone else?</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>	<p>H25. How much did (SOURCE) pay? ENTER AMOUNT OR PERCENT.</p> <p>\$ _____ OR _____ %</p> <p>\$ _____ OR _____ %</p> <p>\$ _____ OR _____ %</p>
<p>H26. Do you <u>expect</u> anyone else to pay any of the charges for this visit?</p> <p style="text-align: right;">Yes. 1 BOX H4</p> <p style="text-align: right;">No 2 BOX H4</p>	
<p>H27. Do you know what the total charge was for this visit?</p> <p style="text-align: right;">Yes. 1 (H28)</p> <p style="text-align: right;">No 2 BOX H4</p>	
<p>H28. Including any amounts that may be paid by health insurance, Medicare, Medicaid, or other sources, how much was the total charge for this visit on (DATE)?</p> <p style="text-align: right;">TOTAL CHARGE \$ _____ BOX H4</p> <p style="text-align: right;">INCLUDED WITH OTHER CHARGES. 95 (FF __; BOX H4)</p>	
<p>H29. Did you (or anyone in the family) pay anything for this visit?</p> <p style="text-align: right;">Yes. 1 (H30)</p> <p style="text-align: right;">No 2 BOX H4</p>	
<p>H30. How much did you (or anyone in the family) pay?</p> <p style="text-align: right;">AMOUNT \$ _____</p>	

<p>BOX H4</p>	<p>REFER TO H2 AND H3, PG. 1:</p> <p>PROVIDER IS A <u>RELATIVE, FRIEND, OR NEIGHBOR ONLY</u> (CODED "1" OR "2" IN H3). 1 (H32)</p> <p>PROVIDER IS A MEDICAL DOCTOR OR <u>ANY OTHER TYPE OF MEDICAL</u> PERSON (INCLUDING HOME HEALTH AIDE, HOMEMAKER). 2 (H31)</p>
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Exhibit 19. Home health section from the Home Health Services Booklet (continued)

H31.	Since (REF. DATE) has anyone other than (PROVIDER) ever come from the <u>same</u> place to provide <u>exactly the same services</u> for (PERSON)?												
	Yes. 1 No 2												
H32.	Since (REF. DATE), how many times has (PROVIDER) (or a substitute) come to see (PERSON)?												
	Once 1 (H49) 2-6 times SPECIFY NUMBER _____ . 2 (H44) 7 or more times. 3 (H33)												
H33.	Does (PROVIDER) (or a substitute) now come at least once a week?												
	Yes. 1 (H34) No 2 (H39)												
H34.	How often does (PROVIDER) (or substitute) now come to visit (PERSON)?												
	<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="border-bottom: 1px solid black; width: 100px;"></td> <td style="text-align: center;">NUMBER OF TIMES</td> <td style="text-align: center;">PER DAY. 1</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">PER WEEK 2</td> </tr> </table>		NUMBER OF TIMES	PER DAY. 1			PER WEEK 2						
	NUMBER OF TIMES	PER DAY. 1											
		PER WEEK 2											
H35.	When did (PROVIDER) (or substitute) start coming (FREQUENCY FROM H34)?												
	<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="border-bottom: 1px solid black; width: 50px;"></td> <td style="text-align: center;">/</td> <td style="border-bottom: 1px solid black; width: 50px;"></td> <td style="text-align: center;">/</td> <td style="border-bottom: 1px solid black; width: 100px;"></td> <td style="text-align: right;">(H36)</td> </tr> <tr> <td style="text-align: center;">MONTH</td> <td></td> <td style="text-align: center;">DAY</td> <td></td> <td style="text-align: center;">YEAR</td> <td></td> </tr> </table> BEFORE (REF. DATE) 1 (H47)		/		/		(H36)	MONTH		DAY		YEAR	
	/		/		(H36)								
MONTH		DAY		YEAR									
H36.	How often did (PROVIDER) (or substitute) come to provide these services for (PERSON) before (DATE IN H35)?												
	DID NOT HAVE SERVICES BEFORE THEN. . 96 (H47) LESS THAN ONCE A WEEK. 00 (H38)												
	<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="border-bottom: 1px solid black; width: 100px;"></td> <td style="text-align: center;">NUMBER OF TIMES</td> <td style="text-align: center;">PER DAY. 1 (H37)</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">PER WEEK 2 (H37)</td> </tr> </table>		NUMBER OF TIMES	PER DAY. 1 (H37)			PER WEEK 2 (H37)						
	NUMBER OF TIMES	PER DAY. 1 (H37)											
		PER WEEK 2 (H37)											
H37.	When did (PROVIDER) (or substitute) start coming (FREQUENCY IN H36)?												
	<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="border-bottom: 1px solid black; width: 50px;"></td> <td style="text-align: center;">/</td> <td style="border-bottom: 1px solid black; width: 50px;"></td> <td style="text-align: center;">/</td> <td style="border-bottom: 1px solid black; width: 100px;"></td> <td style="text-align: right;">(H38)</td> </tr> <tr> <td style="text-align: center;">MONTH</td> <td></td> <td style="text-align: center;">DAY</td> <td></td> <td style="text-align: center;">YEAR</td> <td></td> </tr> </table> BEFORE (REF. DATE) 1 (H47)		/		/		(H38)	MONTH		DAY		YEAR	
	/		/		(H38)								
MONTH		DAY		YEAR									

Exhibit 19. Home health section from the Home Health Services Booklet (continued)

H38.	<p>How many times did (PROVIDER) (or substitute) see (PERSON) between (REF. DATE) and (DATE IN H37/DATE IN H35)?</p> <p style="text-align: right;">_____ (H44)</p> <p style="text-align: center;">NUMBER OF TIMES</p> <p style="text-align: right;">NONE 0 (H47)</p>												
H39.	<p>Did (PROVIDER) (or substitute) ever come to see (PERSON) at least once a week since (REF. DATE)?</p> <p style="text-align: right;">Yes. 1 (H40)</p> <p style="text-align: right;">No 2 (H44)</p>												
H40.	<p>When did (PROVIDER) (or substitute) begin coming at least once a week to provide these services for (PERSON)?</p> <p style="text-align: right;">_____ / _____ / _____ (H41)</p> <p style="text-align: center;">MONTH DAY YEAR</p> <p style="text-align: right;">BEFORE (REF. DATE) 1 (H41)</p>												
H41.	<p>When did (PROVIDER) (or substitute) stop coming at least once a week to see (PERSON)?</p> <p style="text-align: right;">_____ / _____ / _____</p> <p style="text-align: center;">MONTH DAY YEAR</p>												
H42.	<p>How often did (PROVIDER) (or substitute) see (PERSON) between (DATE IN H40/REF. DATE) and (DATE IN H41)?</p> <p style="text-align: right;">_____ NUMBER OF TIMES</p> <p style="text-align: right;">PER DAY. 1</p> <p style="text-align: right;">PER WEEK 2</p>												
H43.	<p>Since (DATE IN H41) how many times did (PROVIDER) (or substitute) visit (PERSON)?</p> <p style="text-align: right;">_____ (H44)</p> <p style="text-align: center;">NUMBER</p> <p style="text-align: right;">NO OTHER TIMES 0 BOX H5</p>												
H44.	<p>(Not counting the last visit,) what were the dates of those (other) visits? (I just need the dates of the most recent six visits.)</p> <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 33%;">1. _____ / _____</td> <td style="width: 33%;">2. _____ / _____</td> <td style="width: 33%;">3. _____ / _____</td> </tr> <tr> <td style="text-align: center;">MONTH DAY</td> <td style="text-align: center;">MONTH DAY</td> <td style="text-align: center;">MONTH DAY</td> </tr> <tr> <td>4. _____ / _____</td> <td>5. _____ / _____</td> <td>6. _____ / _____</td> </tr> <tr> <td style="text-align: center;">MONTH DAY</td> <td style="text-align: center;">MONTH DAY</td> <td style="text-align: center;">MONTH DAY</td> </tr> </table>	1. _____ / _____	2. _____ / _____	3. _____ / _____	MONTH DAY	MONTH DAY	MONTH DAY	4. _____ / _____	5. _____ / _____	6. _____ / _____	MONTH DAY	MONTH DAY	MONTH DAY
1. _____ / _____	2. _____ / _____	3. _____ / _____											
MONTH DAY	MONTH DAY	MONTH DAY											
4. _____ / _____	5. _____ / _____	6. _____ / _____											
MONTH DAY	MONTH DAY	MONTH DAY											

Exhibit 19. Home health section from the Home Health Services Booklet (continued)

BOX H5	IS THERE A DATE IN H40?	
	YES.	1 (H45)
	NO	2 (H47)

H45. You told me that (PROVIDER) (or substitute) began coming at least once a week on (DATE IN H40). Between (REF. DATE) and (DATE IN H40), how many times did (PROVIDER) (or substitute) see (PERSON)?

_____ (H46)
NUMBER
NONE. 0 (H47)

H46. What were the dates of those visits? (I just need the dates of the last six visits up to (DATE IN H40).)

1. _____ / _____ MONTH DAY	2. _____ / _____ MONTH DAY	3. _____ / _____ MONTH DAY
4. _____ / _____ MONTH DAY	5. _____ / _____ MONTH DAY	6. _____ / _____ MONTH DAY

H47. How long (does/did) (PROVIDER) usually stay?

_____ NUMBER MINUTES. 1
HOURS. 2

H48. Not counting the care providers (or substitutes for these providers) that we've already talked about, did any other doctors or medical persons visit (PERSON) at home since (REF. DATE)?

Yes. 1 (COMPLETE A HOME HEALTH SERVICES BOOKLET FOR THE NEXT PROVIDER FOR THIS PERSON.)
No 2 (H49)

Exhibit 19. Home health section from the Home Health Services Booklet (continued)

H49. Again, not counting the care providers (or substitutes) we've already talked about, did anyone who does not live with (PERSON) provide personal care or household help in (his/her) home because of a particular health problem or condition? Be sure to include friends, neighbors, and relatives who do not live with (PERSON).

Yes. 1 (COMPLETE A HOME HEALTH SERVICES BOOKLET FOR THE NEXT PROVIDER FOR THIS PERSON.)

No 2 (GO TO NEXT HOME HEALTH SERVICES BOOKLET FOR NEXT PERSON OR ADMINISTER ALL REQUIRED MEDICAL PROVIDER VISIT AND/OR TRADITIONAL MEDICINE BOOKLETS. IF ALL BOOKLETS COMPLETED, CONTINUE WITH BOX C2(b), pg.33 IN CENTRAL QUESTIONNAIRE.)

Exhibit 20. Household Survey/SAIAN (Round 2) medical provider visit section from the Medical Provider Visit Booklet

PERSON NAME: _____

PERSON #: _____

MEDICAL PROVIDER VISIT #: _____

(Besides the visits we already talked about,) You told me that (PERSON) had seen or talked to a medical provider (NUMBER) time(s) since (REF. DATE).

J1. On what date did (PERSON) (first/next) see or talk to a medical provider?

_____/_____/_____
MONTH DAY YEAR

BOX J1	CHECK CONTROL CARD: IS PERSON A MEMBER OF AN HMO?
	YES. 1 (J2)
	NO 2 (J3)

J2. Was this medical provider from (PERSON'S) HMO, was it someone to whom (PERSON) was referred by (his/her) HMO, or was it someone not connected with the HMO?

From HMO 1 (J4)
Referred by HMO. 2 (J4)
Someone not connected with HMO 3 (J3)
DON'T KNOW -8 (J3)

J3. Was (PERSON) referred for this particular visit or telephone call by another physician or medical provider?

Yes. 1
No 2

J4. Did (PERSON) actually see a medical provider on (DATE), or did (PERSON) just talk to a medical provider on the telephone?

SAW PROVIDER 1 (J5)
TELEPHONE VISIT. 2 (J9)

Exhibit 20. Household Survey/SAIAN (Round 2) medical provider visit section from the Medical Provider Visit Booklet (continued)

J5. Where did (PERSON) see the medical provider on (DATE)?
 PROBE: Is this a clinic, hospital, doctor's office, or some other place?

IF CLINIC, ASK: Was it a hospital outpatient clinic, a company clinic, or some other kind of clinic?

IF SOME OTHER PLACE, ASK: Where was this?

Doctor's office or group practice.	1	} BOX J3
Doctor's clinic.	2	
Neighborhood/family health center.	3	
Free standing surgical center.	4	
Company clinic.	5	
School clinic.	6	
Other clinic.	7	
Home.	8	BOX J2
Laboratory.	9	BOX J3
Walk-in urgent center.	10	BOX J3
Hospital outpatient clinic, hospital inpatient clinic, emergency room.	11	BOX J2
Other SPECIFY _____		
_____	91	BOX J3

BOX J2	COMPLETE A HOSPITAL STAY, EMERGENCY ROOM, HOSPITAL OUTPATIENT OR HOME HEALTH CARE BOOKLET FOR THIS VISIT. INVALIDATE THIS MEDICAL PROVIDER VISIT BOOKLET AND GO TO NEXT VISIT.
--------	--

BOX J3	REFER TO CONTROL CARD: IS "VET" BOX CHECKED [✓]? YES. 1 (J6) NO 2 (J7)
--------	--

J6. Was this (place/medical provider from) a facility of the Veterans Administration?

Yes. 1
 No 2

Exhibit 20. Household Survey/SAIAN (Round 2) medical provider visit section from the Medical Provider Visit Booklet (continued)

J7.	For this particular visit did (PERSON) have an appointment or just walk in?		Appointment. 1 (J8) Walk in. 2 (J9) Other SPECIFY _____ 91 (J9)
J8.	Did (PROVIDER) tell (PERSON) when to come back during an earlier visit or did (PERSON) call up for an appointment?		Set by provider. 1 Patient called for appointment 2
J9.	Did (PERSON) (see/talk to) a medical doctor on that (visit/telephone call)?		Yes. 1 No 2 DON'T KNOW -8
J10.	What is the complete name, address, and phone number of the (doctor/medical provider) (PERSON) (saw/talked to) on (DATE)? RECORD ON DR ROSTER. RECORD PROVIDER'S LAST NAME AND ROSTER NUMBER HERE. LAST NAME: _____ DR #: _____		

BOX J4	DID (PERSON) SEE/TALK TO A MEDICAL DOCTOR THIS VISIT (J9 CODED 1)? YES. 1 BOX J5 NO 2 (J11)
-----------	---

J11.	Does (PROVIDER) work for a doctor?		Yes. 1 (J12) No 2 BOX J5 DON'T KNOW -8 BOX J5
J12.	What is the name of the doctor that (PROVIDER) works for? RECORD ON DR ROSTER ON SAME LINE WITH PROVIDER'S NAME. DOCTOR'S NAME: _____ DR #: _____		

Exhibit 20. Household Survey/SALAN (Round 2) medical provider visit section from the Medical Provider Visit Booklet (continued)

BOX J5	REFER TO J4: IS THIS A "TELEPHONE" VISIT?
	YES. 1 (J15)
	NO 2 (J13)

J13. What is the main reason (PERSON) visited (PROVIDER) on (DATE)?

Diagnosis or treatment	1 (J15)
General checkup.	2 (J14)
Vision exam for glasses.	3 (J20)
Maternity care (pre/postnatal) . . .	4 (J15)
Well child exam.	5 (J16)
Immunizations.	6 (J18)
Psychotherapy/mental health counseling	7 (J15)
Other SPECIFY _____	
_____	91 (J14)

J14. Was this for any specific condition?

Yes.	1 (J15)
No	2 (J16)

J15. For what condition did (PERSON) (visit/talk to) (PROVIDER) on (DATE)?
PROBE: Any other condition?

NO CONDITION	95	BOX J6
------------------------	----	--------

1. _____	CC#:
2. _____	CC#:
3. _____	CC#:
4. _____	CC#:

Exhibit 20. Household Survey/SAIAN (Round 2) medical provider visit section from the Medical Provider Visit Booklet (continued)

BOX J6	a. IS BOX J5 CODED "1" "TELEPHONE VISIT?"
	YES. 1 BOX J11, pg.11
	NO 2 (b)
	b. IS J13 CODED "7" "PSYCHOTHERAPY/MENTAL HEALTH COUNSELING?"
	YES. 1 (J20)
	NO 2 (J16)

J16.	Did (PROVIDER) discover any (other) condition?
	Yes. 1 (J17)
	No 2 (J18)
J17.	What was it?
	PROBE: Any other condition?
1.	CC#:
2.	CC#:
3.	CC#:
4.	CC#:

Exhibit 20. Household Survey/SAIAN (Round 2) medical provider visit section from the Medical Provider Visit Booklet (continued)

J18. During this visit on (DATE), did (PERSON) have . . .			
	YES	NO	DON'T KNOW
a. x-rays?	1	2	-8
b. CATSCAN's, sonograms, body scans that use radioactive materials or other similar procedures?	1	2	-8
c. throat or other cultures, laboratory tests requiring blood, urine, or other body fluids?	1	2	-8
d. diagnostic tests such as EKG's, EEG's, stress tests, and so on?	1	2	-8
e. surgery or other surgical procedures like setting bones, stitching or removing growths, etc.?	1 (J19)	2 (J20)	-8 (J20)

J19. What surgical procedure did (PERSON) have done?	
PROBE: Any other procedure?	
<hr/> NAME OF PROCEDURE	
<hr/> NAME OF PROCEDURE	

Exhibit 21. SAIAN traditional medicine section from the Round 2 Central Questionnaire

K1.	<p>You told me that (PERSON) had a health condition for which someone who practices traditional medicine was consulted. What type of traditional practitioner was consulted for (PERSON)?</p> <p>PROBE: What do people call this person? What type of health care does this person offer to people?</p> <p>RECORD VERBATIM.</p> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div>
K2.	<p>For what condition was (TRADITIONAL PRACTITIONER) consulted?</p> <p>PROBE: Any other condition?</p> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> 1. <div style="border-bottom: 1px solid black; width: 70%;"></div> CC# </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> 2. <div style="border-bottom: 1px solid black; width: 70%;"></div> CC# </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> 3. <div style="border-bottom: 1px solid black; width: 70%;"></div> CC# </div>
K3.	<p>Where was (TRADITIONAL PRACTITIONER) consulted for (CONDITION) -- was it at a facility operated by the Indian Health Service, at a facility operated by a tribe or intertribal organization, or someplace else?</p> <div style="text-align: right; margin-top: 20px;"> IHS facility 1 Tribal/Intertribal facility. 2 Someplace else SPECIFY. 91 </div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-top: 10px; width: 100%;"></div>
K4.	<p>Did or will anyone give or pay anything for the services (TRADITIONAL PRACTITIONER) provided for (PERSON'S) (CONDITION)?</p> <div style="text-align: right; margin-top: 20px;"> Yes. 1 (K5) No 2 (K7) </div>
K5.	<p>Who did or will give or pay something?</p> <p>PROBE: Anyone else?</p> <div style="text-align: right; margin-top: 20px;"> SOURCE 1. <div style="border-bottom: 1px solid black; width: 100%;"></div> SOURCE 2. <div style="border-bottom: 1px solid black; width: 100%;"></div> SOURCE 3. <div style="border-bottom: 1px solid black; width: 100%;"></div> </div>

Exhibit 21. SAIAN traditional medicine section from the Round 2 Central Questionnaire
(continued)

K6. What did or will (EACH SOURCE) give or pay? IF PAYMENT IN KIND, RECORD VERBATIM.			
	AMOUNT	PERCENT	PAYMENT IN KIND
SOURCE 1.	\$ _____	OR _____ %	OR _____
SOURCE 2.	\$ _____	OR _____ %	OR _____
SOURCE 3.	\$ _____	OR _____ %	OR _____

K7. Not counting the [TRADITIONAL PRACTITIONER(S)] we have already talked about, has anyone else who practices traditional medicine been consulted for (PERSON) since (REF. DATE)?	
Yes	1 (GO TO NEXT TRADITIONAL MEDICINE BOOKLET FOR PERSON)
No	2 BOX K1

BOX K1	IS THE TRADITIONAL MEDICINE ("TM") BOX ON THE CONTROL CARD CHECKED [✓] FOR ANY OTHER RU MEMBER?	
	YES	1 (NEXT TRADITIONAL MEDICINE BOOKLET)
	NO	2 BOX C2(b). PAGE 33 IN CENTRAL QUESTIONNAIRE

E. Prescribed Medicines and Other Medical Expenses

These two sections collected information on prescribed medicines bought or obtained by survey participants during the reference period and on other medical expenses, including expenses for eyeglasses or contact lenses, orthopedic items, hearing aids or similar devices, diabetic equipment or supplies, ambulance services, prostheses, medically necessary alterations to a house or car, or any other medical equipment. Each of these sections comprises a set of probes in the Central Questionnaire to determine utilization, a roster (on a flap attached to the back cover of the Central Questionnaire) to record each person-medicine or person-expense pair, and a set of detailed questions in a separate booklet if the RU did obtain prescribed medicines or had other medical expenses.

The booklet questions ask for the condition(s) associated with the medicine or expense, the first and last dates taken and the number of times obtained (medicines), and the first date in the reference period that the expense was incurred. Each booklet concludes with a charge series. The booklets are laid out with answer columns, each answer column being used for one person-medicine or person-expense type pair.

Exhibit 22 presents the Prescribed Medicine Section, probes and booklet questions (except for the charge series). Exhibit 23 presents the same set of items for the Other Medical Expense Section. Exhibit 24 is the questionnaire flap with the rosters for the two sections.

Exhibit 22. Household Survey/SAIAN prescribed medicine section from the Round 2 Central Questionnaire

PRESCRIBED MEDICINE PROBES

Now I'd like to ask about prescribed medicines.

N1.	Since (REF. DATE) did you (or anyone in the family) <u>have any prescriptions refilled?</u>
	Yes. 1 (N2)
	No 2 (N4)
N2.	For whom was this prescription refilled? PROBE: Was medicine refilled for anyone else? RECORD PERSON NAME AND NUMBER IN PRESCRIBED MEDICINES ROSTER. USE A SEPARATE LINE FOR EACH PERSON.
N3.	FOR EACH PERSON MENTIONED IN N2: What is the name of the medicine refilled for (PERSON)? PROBE: Were any other medicines refilled for (PERSON) since (REF. DATE)? RECORD NAME OF MEDICINE IN PRESCRIBED MEDICINES ROSTER. USE A SEPARATE ROW FOR EACH PERSON/MEDICINE COMBINATION.
N4.	(Not counting the medicines you just told me about,) Since (REF. DATE) did you (or anyone in the family) <u>buy</u> or obtain any kind of medicine prescribed by a doctor?
	Yes. 1 (N5)
	No 2 (N7)
N5.	For whom was this medicine bought? PROBE: Was medicine bought for anyone else? RECORD PERSON NAME AND NUMBER IN PRESCRIBED MEDICINES ROSTER.
N6.	FOR EACH PERSON MENTIONED IN N5: What is the name of the medicine purchased for (PERSON)? PROBE: Were any other medicines purchased for (PERSON) since (REF. DATE)? RECORD NAME OF MEDICINE IN PRESCRIBED MEDICINES ROSTER. USE A SEPARATE ROW FOR EACH PERSON/MEDICINE COMBINATION.

Exhibit 22. Household Survey/SAIAN prescribed medicine section from the Round 2 Central Questionnaire (continued)

N7. (Not counting the medicines you just told me about,) Since (REF. DATE) did you (or anyone in the family) get any medicine prescribed by a doctor in a telephone call to the pharmacist or drug store?

Yes 1 (NB)
No 2 BOX N1

N8. For whom was medicine prescribed by telephone?

PROBE: Was medicine prescribed by telephone for anyone else?
RECORD PERSON NAME AND NUMBER IN PRESCRIBED MEDICINES ROSTER.

N9. FOR EACH PERSON MENTIONED IN N8: What is the name of the medicine prescribed for (PERSON)?

PROBE: Were any other medicines prescribed for (PERSON) since (REF. DATE)?
RECORD NAME OF MEDICINE IN PRESCRIBED MEDICINES ROSTER. USE A SEPARATE ROW FOR EACH PERSON/MEDICINE COMBINATION.

BOX N1	<p>REVIEW PRESCRIBED MEDICINES ROSTER: ARE ANY MEDICINES LISTED?</p> <p>YES 1 (TRANSFER INFORMATION FROM ROSTER TO PRESCRIBED MEDICINES BOOKLET — DARK BLUE. USE SEPARATE COLUMN FOR EACH PERSON/MEDICINE COMBINATION. CONTINUE WITH N10 IN PRESCRIBED MEDICINE BOOKLET.)</p> <p>NO. 2 (CONTINUE WITH NEXT CENTRAL SECTION, "OTHER MEDICAL EXPENSES.")</p>
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Exhibit 22. Household Survey/SALAN prescribed medicine section from the Round 2 Central Questionnaire (continued)

<p>N10. RECORD NAME, PERSON #, AND NAME OF MEDICINE FROM ROSTER IN MEDICINE COLUMN.</p> <p>You said (PERSON) had obtained (MEDICINE) since (REF. DATE).</p>	
<p>N11. What condition was that for? PROBE: Any other conditions?</p>	<p>CONDITION 1:</p> <p>_____</p> <p>_____</p> <p>CC#: _____</p> <p>CONDITION 2:</p> <p>_____</p> <p>_____</p> <p>CC#: _____</p>
<p>N12. On what date since (REF. DATE) was this medicine <u>first</u> taken?</p>	<p>FIRST TAKEN:</p> <p>_____/_____ MONTH DAY</p>
<p>N13. When was this medicine <u>last</u> taken?</p>	<p>LAST TAKEN:</p> <p>_____/_____ MONTH DAY</p>
<p>N14. How many times was this medicine obtained or purchased for (PERSON) since (REF. DATE)?</p> <p>DON'T KNOW ⑧</p>	<p>_____</p> <p>TIMES</p> <p>..... -8</p>

Exhibit 23. Household Survey/SAIAN other medical expenses section from the Round 2 Central Questionnaire

OTHER MEDICAL EXPENSES PROBES

Many people have expenses for special medical equipment.

<p>P1. Since (REF. DATE) did you (or anyone in the family) . . .</p> <p>. . . buy, replace, or pay for repairs for eyeglasses or contact lenses?</p> <p>Yes. 1 (P2)</p> <p>No 2 (P3)</p> <p>P2. Who was that?</p> <p>PROBE: Anyone else?</p> <p>RECORD PERSON NAME AND NUMBER AND CODE "GLASSES" IN OTHER MEDICAL EXPENSES ROSTER. USE A SEPARATE ROW FOR EACH PERSON.</p>
<p>P3. . . . buy or rent orthopedic items, such as crutches, wheelchairs, walkers, or corrective shoes?</p> <p>Yes. 1 (P4)</p> <p>No 2 (P5)</p> <p>P4. Who was that?</p> <p>PROBE: Anyone else?</p> <p>RECORD PERSON NAME AND NUMBER AND CODE "ORTHOPEDIC" IN NEXT UNUSED ROW OF OTHER MEDICAL EXPENSES ROSTER. USE A SEPARATE ROW FOR EACH PERSON.</p>
<p>P5. . . . buy, replace, or repair a hearing aid or similar device to help hear or speak?</p> <p>Yes. 1 (P6)</p> <p>No 2 (P7)</p> <p>P6. Who was that?</p> <p>PROBE: Anyone else?</p> <p>RECORD PERSON NAME AND NUMBER AND CODE "HEARING AID" IN NEXT UNUSED ROW OF OTHER MEDICAL EXPENSES ROSTER. USE A SEPARATE ROW FOR EACH PERSON.</p>

Exhibit 23. Household Survey/SALAN other medical expenses section from the Round 2 Central Questionnaire (continued)

<p>P7. . . . buy diabetic equipment or supplies (you did not tell me about already), such as insulin, syringes or test paper?</p> <p style="text-align: right;">Yes. 1 (P8) No 2 (P9)</p>
<p>P8. Who was that? PROBE: Anyone else? RECORD PERSON NAME AND NUMBER AND CODE "DIABETIC ITEMS" IN NEXT UNUSED ROW OF OTHER MEDICAL EXPENSES ROSTER. USE A SEPARATE ROW FOR EACH PERSON.</p>
<p>P9. . . . use any ambulance service?</p> <p style="text-align: right;">Yes. 1 (P10) No 2 (P11)</p>
<p>P10. Who was that? PROBE: Anyone else? RECORD PERSON NAME AND NUMBER AND CODE "AMBULANCE" IN NEXT UNUSED ROW OF OTHER MEDICAL EXPENSES ROSTER. USE A SEPARATE ROW FOR EACH PERSON.</p>
<p>P11. . . . buy any prostheses, such as an artificial limb or other similar item?</p> <p style="text-align: right;">Yes. 1 (P12) No 2 (P13)</p>
<p>P12. Who was that? PROBE: Anyone else? RECORD PERSON NAME AND NUMBER AND CODE "PROSTHESES" IN NEXT UNUSED ROW OF OTHER MEDICAL EXPENSES ROSTER. USE A SEPARATE ROW FOR EACH PERSON.</p>
<p>P13. . . . make any alterations or modify the <u>inside</u> or <u>outside</u> of your house or car because of some illness or injury? For example, did you install ramps, hand-rails, elevators, special bathroom fixtures, or buy or rent specially designed household or automobile equipment?</p> <p style="text-align: right;">Yes. 1 (P14) No 2 (P15)</p>
<p>P14. For whom was that done? PROBE: Anyone else? RECORD PERSON NAME AND NUMBER AND CODE "ALTERATIONS" IN NEXT UNUSED ROW OF OTHER MEDICAL EXPENSES ROSTER. USE A SEPARATE ROW FOR EACH PERSON.</p>

Exhibit 23. Household Survey/SAIAN other medical expenses section from the Round 2 Central Questionnaire (continued)

P15. . . . buy or rent any other medical equipment besides what we have talked about?

Yes. 1 (P16)

No 2 ☐ BOX P1

P16. What kind of equipment was that?

PROBE: Anything else?

EQUIPMENT

EQUIPMENT

P17. FOR EACH SEPARATE ITEM ASK: Who used that item?

PROBE: Anyone else?

FOR EACH SEPARATE ITEM USED BY A SPECIFIC PERSON, RECORD PERSON NAME AND NUMBER AND WRITE THE NAME OF THE ITEM IN THE SPACE PROVIDED IN NEXT UNUSED ROW OF OTHER MEDICAL EXPENSES ROSTER. USE A SEPARATE ROW FOR EACH PERSON.

BOX P1	REVIEW OTHER MEDICAL EXPENSES ROSTER: DID ANY RU MEMBER HAVE ANY EXPENSE FOR SPECIAL MEDICAL EQUIPMENT?
	YES 1 (TRANSFER INFORMATION FROM ROSTER TO OTHER MEDICAL EXPENSES BOOKLET — VIOLET. USE A SEPARATE COLUMN FOR EACH PERSON/MEDICAL EXPENSE COMBINATION. CONTINUE WITH P18 IN OTHER MEDICAL EXPENSES BOOKLET.)
	NO. 2 <input type="checkbox"/> BOX P1

BOX P1a	a. ADMINISTER ALL CONDITION BOOKLETS (YELLOW), IF APPLICABLE.
	b. CIRCLE ONE CODE:
	HOUSEHOLD SURVEY 1 (c)
	SAIAN. 2 (d)
	c. CONTINUE WITH NEXT SECTION IN CENTRAL QUESTIONNAIRE, "CAREGIVER PROBES," PG.42.
	d. GO TO SECTION S, "EMPLOYMENT," PG.43 IN CENTRAL QUESTIONNAIRE.

Exhibit 23. Household Survey/SAIAN other medical expenses section from the Round 2 Central Questionnaire (continued)

<p>P18. CODE SPECIAL MEDICAL ITEM:</p> <p>GLASSES/CONTACT LENSES ①</p> <p>ORTHOPEDIC ITEMS ②</p> <p>HEARING AID/COMMUNICATION DEVICE..... ③</p> <p>DIABETIC ITEMS ④</p> <p>AMBULANCE ⑤</p> <p>PROSTHESES ⑥</p> <p>ALTERATIONS ⑦</p> <p>OTHER SPECIFY 91</p>	<p>..... 1</p> <p>..... 2</p> <p>..... 3</p> <p>..... 4</p> <p>..... 5</p> <p>..... 6</p> <p>..... 7</p> <p>..... 91</p>
<p>P19. You said (PERSON) had expenses for (ITEM) since (REF. DATE).</p> <p>IF DIABETIC ITEMS CODED IN P18, WRITE DIABETES IN P19, AND DO NOT ASK.</p> <p>OTHERWISE ASK: What condition(s) (was/were) (ITEM) for?</p> <p>PROBE: Any other condition?</p>	<p>CONDITION 1:</p> <p>_____</p> <p>_____</p> <p>CC#: _____</p> <p>CONDITION 2:</p> <p>_____</p> <p>_____</p> <p>CC#: _____</p> <p>CONDITION 3:</p> <p>_____</p> <p>_____</p> <p>CC#: _____</p>
<p>P20. On what date since (REF. DATE) did (PERSON) first (buy/rent/use/make) (ITEM)?</p> <p>DON'T KNOW ⑧</p>	<p>_____ / _____ / _____</p> <p>MO DAY YR</p> <p>..... -8</p>

Exhibit 24. Household Survey/SAIAN Prescribed Medicines and Other Medical Expenses Rosters from the Round 2 Central Questionnaire

PRESCRIBED MEDICINES ROSTER

PM #	PERSON'S NAME	PERSON #	NAME OF MEDICINE
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

OTHER MEDICAL EXPENSES ROSTER

OM #	PERSON'S NAME	PERSON #	TYPE OF EXPENSE
1.			
2.			
3.			
4.			
5.			
6.			

F. Summary of Responses

In Rounds 2-4, the Core Interview included a review of a Summary of selected responses from previous rounds' interviews. The primary purpose of this review was to obtain information that was not available in the previous interview, such as the charge for a doctor visit for which a bill had not been received. The Summary review also served as a means of bounding the respondent's recall by reminding him/her of medical events just outside of the reference period for the current interview. Finally, the Summary included information necessary for the conduct of the current round interview, such as the names of employers and health insurance coverage reported in the previous interview. A sample Summary, for a Round 4 interview, is presented in Exhibit 25. (This Summary was used in interviewer training, and describes fictional people and events.)

In the Round 2 interview, the interviewer conducted a line-by-line review of the Summary with the respondent, verifying existing data items and probing for missing or unknown items. A series of messages was printed on the Summary, called "reask codes," to describe the missing or unknown information. These reask codes, all except the general "? _____" keyed to the charge series where the items were reported missing, included:

- ? _____
- bill expected
- (additional) reimbursement expected
- (additional) family payment expected
- (additional) payment expected

When the interviewer encountered one of these codes during the Summary review, she asked the appropriate question(s) from the Summary Review Card (Exhibit 26). The interviewer added or changed information about an event directly on the Summary. If a new event was reported for the reference period covered by the Summary, the interviewer completed the appropriate visit/stay/expense section of the questionnaire.

The Summary design anticipated the likelihood of a survey participant receiving an insurance refund covering several medical events for which the respondent was unable to allocate

specific reimbursement amounts to individual events. For such "refund situations," interviewers recorded all available information on a separate page of the Summary, cross-referencing all events to which the refund applied.

The Summary review also included some special features associated with medical conditions, employment, and health insurance, which are described in the following sections.

Exhibit 25. Household Survey/SAIAN (Round 4) Sample Summary of selected responses

OMB NO.: 0937-0179
EXPIRES: 11/30/88

NATIONAL MEDICAL EXPENDITURE STUDY
SPONSORED BY THE
NATIONAL CENTER FOR HEALTH SERVICES RESEARCH
AND HEALTH CARE TECHNOLOGY ASSESSMENT
INTERVIEW SUMMARY REPORT

FOR: 992246C
ROUND 3 REFERENCE PERIOD 07/27/87 - 10/04/87
REFERENCE PERSON: ROBERT FRANK DOE

INTERVIEWER: WERE ANY CHANGES
MADE TO THIS FORM?

YES . . . 1

NO . . . 2

WERE ANY NEW BOOKLET(S) SECTIONS COMPLETED AS PART
OF SUMMARY REVIEW?

YES . . . 1 TYPE: _____ NUMBER: _____

NO . . . 2

SUMMARY ADMINISTRATION TIME _____ MINUTES

ASSURANCE OF CONFIDENTIALITY

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

Exhibit 25. Household Survey/SAIAN (Round 4) Sample Summary of selected responses
(continued)

NATIONAL MEDICAL EXPENDITURE SURVEY
SUMMARY OF RESPONSES

PAGE 2

NAME: ROBERT FRANK DOE

ROUND 1 REFERENCE PERIOD 01/01/87 - 02/16/87
ROUND 2 REFERENCE PERIOD 02/16/87 - 07/27/87
ROUND 3 REFERENCE PERIOD 07/27/87 - 10/04/87

PID: 99224012
RU ID: 992246C

CHECK IF CHANGES MADE /___/

• • • DENTAL VISITS • • •

DATE/ (EVID)	DENTIST/FACILITY	SERVICES RECEIVED	TOTAL CHARGE	PAYMENT/REIMBURSEMENT SOURCES	PAYMENT AMOUNTS	REIMBURSED AMOUNTS
01/19/87 (0017)R1	DENNIS SMILE (992240120)	X-RAYS FILLINGS ROOT CANAL	\$172.00	FAMILY	\$172.00 ----- \$172.00	----- \$0.00

• • • NO EMERGENCY ROOM VISITS • • •

• • • NO OUTPATIENT DEPARTMENT VISITS • • •

• • • NO HOSPITAL STAYS • • •

• • • NO HOME HEALTH VISITS • • •

• • • MEDICAL PROVIDER VISITS • • •

DATE (EVID)	PROVIDER NAME & ADDRESS	REASON FOR VISIT SERVICES	TOTAL CHARGE	PAYMENT/REIMBURSEMENT SOURCES	PAYMENT AMOUNTS	REIMBURSED AMOUNTS
01/30/87 (0039)R1	CHARLES L CARLTON ? NEWCLOND OH 44121 216-497-3819 (992240154)	DIAGNOSIS/TREATMENT TESTS	\$135.00	BILL SENT TO WORLD-MED CP2		

• • • NO INSTITUTIONAL CARE • • •

• • • PRESCRIBED MEDICINES • • •

DATE (EVID)	NAME OF PRESCRIBED MEDICINE	HOW OFTEN?	TOTAL CHARGE	PAYMENT/REIMBURSEMENT SOURCES	PAYMENT AMOUNTS	REIMBURSED AMOUNTS
01/19/87 TO 01/24/87 (0024)R1	TYLENOL 4	1	\$8.00	FAMILY	\$8.00 ----- \$8.00	----- \$0.00

• • • NO OTHER MEDICAL EXPENSES • • •

• • • NO CONDITIONS TO BE REVIEWED • • •

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Exhibit 25. Household Survey/SAIAN (Round 4) Sample Summary of selected responses
(continued)

NATIONAL MEDICAL EXPENDITURE SURVEY
SUMMARY OF RESPONSES

PAGE 3

NAME: BECKY JOSEPHINE DOE

ROUND 1 REFERENCE PERIOD: 01/01/87 - 02/18/87
ROUND 2 REFERENCE PERIOD: 02/18/87 - 03/06/87

PID: 99224025
RU ID 992246C

CHECK IF CHANGES MADE /___/

• • • NO DENTAL VISITS • • •

• • • NO EMERGENCY ROOM VISITS • • •

• • • NO OUTPATIENT DEPARTMENT VISITS • • •

• • • NO HOSPITAL STAYS • • •

• • • HOME HEALTH VISITS • • •

DATE (EVID)	PROVIDER TYPE AND NAME	SERVICES RECEIVED	TOTAL CHARGE	PAYMENT/REIMBURSEMENT SOURCES	PAYMENT AMOUNTS	REIMBURSED AMOUNTS
----------------	------------------------	-------------------	-----------------	----------------------------------	--------------------	-----------------------

01/15/87 (0011)R1	MARY WORKOUT HEALTHSHIELD INC. HMO 38 WEST MAIN NEWCLOUD OH 44144 216-453-7839 (992240095)	MEDICAL/NURSING SERVICES		CHARGES PAID BY HMO		
----------------------	---	-----------------------------	--	---------------------	--	--

OTHER VISITS FROM THIS PROVIDER: 3 PER WEEK SINCE BEFORE 1/1/87

03/05/87 (0034)R2	CHARLES MCBRIDE MEDICAL ARTS BUILDING 417 RANSOME BLVD NEWCLOUD OH 44146 216-325-8329 (992240127)	MEDICAL/NURSING SERVICES		CHARGES PAID BY WELFARE/MEDICAID		
----------------------	--	-----------------------------	--	----------------------------------	--	--

OTHER VISITS FROM THIS PROVIDER: 02/25/87

• • • NO MEDICAL PROVIDER VISITS • • •

• • • INSTITUTIONAL CARE • • •

DATE ENTERED	DATE LEFT	FACILITY NAME AND ADDRESS
--------------	-----------	---------------------------

03/06/87 (0049)R2	STILL IN FACILITY	SAFE HAVEN NURSING HOME 4711 JEKVELL ST NEWCLOUD OH 44147 216-324-7809 (992240132)
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Exhibit 25. Household Survey/SAIAN (Round 4) Sample Summary of selected responses
(continued)

NATIONAL MEDICAL EXPENDITURE SURVEY
SUMMARY OF RESPONSES

PAGE 4

NAME: BECKY JOSEPHINE DOE

ROUND 1 REFERENCE PERIOD: 01/01/87 - 02/16/87
ROUND 2 REFERENCE PERIOD: 02/16/87 - 03/06/87

PID: 99224025
RU ID 992246C

CHECK IF CHANGES MADE /___/

• • • NO PRESCRIBED MEDICINES • • •

• • • OTHER MEDICAL EXPENSES • • •

DATE (EVID)	TYPE OF MEDICAL EXPENSE	TOTAL CHARGE	PAYMENT/REIMBURSEMENT SOURCES	PAYMENT AMOUNTS	REIMBURSED AMOUNTS
01/01/87 (0028)R1	ORTHOPEDIC ITEMS	\$12.00	FAMILY MEDICARE HEALTHSHIELD INC	\$2.00 \$10.00 ----- \$12.00	\$2.00 ----- \$2.00
• • • NO CONDITIONS TO BE REVIEWED • • •					

Exhibit 25. Household Survey/SAIAN (Round 4) Sample Summary of selected responses
(continued)

NATIONAL MEDICAL EXPENDITURE SURVEY
SUMMARY OF RESPONSES

PAGE 5

NAME: JOSEPH PETER DOE

ROUND 1 REFERENCE PERIOD 01/01/87 - 02/16/87
ROUND 2 REFERENCE PERIOD 02/16/87 - 07/27/87
ROUND 3 REFERENCE PERIOD 07/27/87 - 10 04/87

PID: 99224089
RU ID: 992246C

CHECK IF CHANGES MADE /___/

• • • NO DENTAL VISITS • • •
• • • NO EMERGENCY ROOM VISITS • • •
• • • NO OUTPATIENT DEPARTMENT VISITS • • •
• • • NO HOSPITAL STAYS • • •
• • • NO HOME HEALTH VISITS • • •
• • • NO MEDICAL PROVIDER VISITS • • •
• • • NO INSTITUTIONAL CARE • • •
• • • NO PRESCRIBED MEDICINES • • •
• • • NO OTHER MEDICAL EXPENSES • • •

- - - CONDITIONS - - -

CONDITION NAME	INJURY/ACCIDENT	DATE BEGAN	STILL HAVE?	CURED/UNDER CONTROL?	DATE CURED
RASH	NO CR1	08/15/87	YES. . . . 1 NO 2	CURED. . . . 1 CONTROL. . . . 2	MM DD YY / /

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Exhibit 25. Household Survey/SAIAN (Round 4) Sample Summary of selected responses
(continued)

NATIONAL MEDICAL EXPENDITURE SURVEY
SUMMARY OF RESPONSES

PAGE 6

FOR: 992246C
ROUND 3 REFERENCE PERIOD 07/27/87 - 10/04/87
REFERENCE PERSON: ROBERT FRANK DOE

CHECK IF CHANGES MADE /___/

* * * NO FLAT FEES * * *

- - - EMPLOYMENT - - -

NAME	EMPLOYER #	EMPLOYER NAME AND ADDRESS	STATUS
ROBERT FRANK DOE (99224012)	0059	PETERSON ROOFING CO 830 N SPRINGFIELD EVERGREEN CITY OH 44190	CURRENT MAIN JOB
JOSEPH PETER DOE (99224069)	0062	SUBURBAN LANDSCAPERS 100 E. STATE ST NEWCLOUD OH 44140	CURRENT MAIN JOB

- - - HEALTH INSURANCE - - -

TYPE OF PLAN	PLAN #	POLICYHOLDER'S NAME	SOURCE OF PLAN	PERSONS COVERED
FEDERAL OH STATE			MEDICARE	BECKY JOSEPHINE DOE (99224025)
PRIVATE PLAN	014	ROBERT FRANK DOE (99224012)	LOCAL 14 INTERNATIONAL CARPENTER'S UNION (99224012)	ROBERT FRANK DOE MIKE ROBERT DOE (99224041) JOSEPH PETER DOE (99224069)
	043	JOSEPH PETER DOE (99224069)	HMO GREAT LAKES	
SPECIAL PLAN	052		BEST BET INSURANCE CO	JOSEPH PETER DOE (99224069)

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Exhibit 25. Household Survey/SALAN (Round 4) Sample Summary of selected responses
(continued)

NATIONAL MEDICAL EXPENDITURE SURVEY
SUMMARY OF RESPONSES

PAGE 7

REFERENCE PERSON: ROBERT FRANK DOE

RU ID: 992246C
CHECK IF CHANGES MADE / /

- - - REFUND SITUATION PAGE - - -

RS#	PERSON'S NAME	EVENT ID'S	PAYMENT SOURCE	AMOUNT	PAYMENT OR REIMBURSEMENT
-----	---------------	------------	----------------	--------	-----------------------------

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Exhibit 26. Household Survey/SAIAN (Round 2) Summary Review Card

SUMMARY REVIEW CARD

REVIEW QUESTIONS FOR CHARGES, PAYMENTS AND REIMBURSEMENTS

IF BILL EXPECTED; ASK:

RQ1. Have you received a bill or statement for this (visit/stay/ITEM)?

Yes -> (CP1 on P3)

No, DK (RQ2)

RQ2. Do you still expect to receive a bill or statement?

Yes (LEAVE MESSAGE: END)

No, DK (DELETE MESSAGE: RQ3)

RQ3. Why is that? RECORD CATEGORY BELOW UNDER "TOTAL CHARGE."

Bill sent to (SPECIFY SOURCE) (RQ4)

Paid by HMO (RQ7)

..... VA (END)

..... Military facility (END)

..... Welfare/Medicaid (END)

..... Indian Health Service (END)

..... Indian tribe/inter-tribal council/Alaska Native Corp (END)

Free from provider (END)

Included with Flat Fee ____ (FF PROCEDURE)

RQ4. Do you know what the total charge was for this (visit/stay/ITEM)?

Yes (RQ5)

No (RQ6)

RQ5. Including any amounts that maybe paid by health insurance, Medicare, Medicaid, or other sources, how much was the total charge for this (visit/stay/ITEM)? RECORD UNDER "TOTAL CHARGE"; RQ7.

RQ6. Will you ever know the total charge?

Yes (ENTER "DK" UNDER TOTAL CHARGE: RQ7)

No (ENTER "NEVER KNOW" UNDER TOTAL CHARGE: RQ7)

RQ7. Have you (or anyone in your family) paid any amount for this (visit/stay/ITEM)?

Yes (ENTER "FAMILY" AS SOURCE: RQ8)

No (RQ9)

RQ8. How much have you paid? ENTER UNDER PAYMENT AMOUNT. (RQ9)

RQ9. Do you expect to pay any (additional) amount for this (visit/stay/ITEM)?

Yes (FAMILY PMT EXPECTED: END)

No (END)

Exhibit 26. Household Survey/SAIAN (Round 2) Summary Review Card (continued)

SUMMARY REVIEW CARD

IF TOTAL CHARGE "?", ASK: (IF "BILL EXPECTED," ASK RQ1 FIRST)

RQ10. Do you (now) know what the total charge was for this (visit/stay/ITEM)?

Yes -> (CP1)
No (RQ11)

RQ11. Will you ever know the total charge?

Yes (SLASH "?" AND ENTER "OK")
No (SLASH "?" AND ENTER "NEVER KNOW")

IF (ADDITIONAL) REIMBURSEMENT EXPECTED, ASK:

RQ12. Have you received any (additional) reimbursement for what you paid?

Yes -> (CP4 on P3)
No (RQ13)

RQ13. Do you still expect any source to reimburse or pay you back (any additional amount)?

Yes (END)
No (DELETE MESSAGE: END)

IF (ADDITIONAL) FAMILY PAYMENT EXPECTED, ASK:

RQ14. Have you (or anyone in your family) paid any (additional) amount for this (visit/stay/ITEM)?

Yes -> (CP2)
No (RQ15)

RQ15. Do you still expect to pay any (additional) amount for this (visit/stay/ITEM)?

Yes (END)
No (DELETE MESSAGE: END)

IF (ADDITIONAL) PAYMENT EXPECTED, ASK:

RQ16. Has any source paid any (additional) amount for this (visit/stay/ITEM)?

Yes -> (CP9)
No (RQ17)

RQ17. Do you still expect any (other) source to pay any (additional) amount?

Yes (END)
No (DELETE MESSAGE: END)

IF REIMBURSEMENT AMOUNT "?", ASK:

RQ18. Do you now know how much (SOURCE) reimbursed or paid you back?

Yes -> (CP5)
No (RQ19)

RQ19. Will you ever know that amount?

Yes (SLASH "?" AND ENTER "OK")
No (SLASH "?" AND ENTER "NEVER KNOW")

Exhibit 26. Household Survey/SAIAN (Round 2) Summary Review Card (continued)

SUMMARY REVIEW CARD

IF PAYMENT AMOUNT "?", ASK:

RQ20. Do you know how much (SOURCE) has paid?

Yes, family is source -> (CP2)
 Yes, any other source -> (CP10)
 No (RQ21)

RQ21. Will you ever know that amount?

Yes (SLASH "?" AND ENTER "DK")
 No (SLASH "?" AND ENTER "NEVER KNOW")

CHARGE PAYMENT SERIES FOR SUMMARY

IF TOTAL CHARGE ALREADY ON SUMMARY, SKIP TO CP2

CP1. Including any amounts that may be paid by health insurance, Medicare, Medicaid, or other sources, how much was the total charge for this (visit/stay/ITEM)? RECORD UNDER "TOTAL CHARGE."

CP2. How much of the total charge have you (or any member of your family) already paid?

ANY FAMILY PAYMENT (ENTER "FAMILY" AS SOURCE.
 ENTER PAYMENT AMOUNT: CP3)
 NO FAMILY PAYMENT (CP8)

CP3. Has any (other) source reimbursed you or paid (you/your family) back for the amount you paid?

Yes (CP4)
 No (CP6)

CP4. Who reimbursed or paid you back? ENTER NAME UNDER SOURCE.

CP5. How much did (SOURCE) reimburse or pay you back? ENTER REIMBURSE AMOUNT: RETURN TO CP3.

CP6. Do you expect any (other) source to reimburse or pay you back? IF YES, ENTER "REIMBURSEMENT EXPECTED."

CP7. HAS FAMILY PAID TOTAL CHARGE?

Yes (END)
 No, DK (CP8)

CP8. Has any (other) source already paid any part of the total charge for this (visit/stay/ITEM)?

Yes (CP9)
 No, DK (CP11)

CP9. Who (else) paid? ENTER NAME UNDER SOURCE.

CP10. How much did (SOURCE) pay? ENTER PAYMENT AMOUNT: RETURN TO CP8.

CP11. Do you expect any (other) source to pay any part of the charge? IF YES, ENTER "PAYMENT EXPECTED." IF NO, LEAVE BLANK

Exhibit 26. Household Survey/SAIAN (Round 2) Summary Review Card (continued)

SUMMARY REVIEW CARD

MEDICAL EVENTS

IF "STILL IN HOSPITAL," VERIFY THAT A HOSPITAL STAY IS RECORDED ON CONTROL CARD FOR THAT PERSON.

IF MESSAGE READS, "CONTROL CARD, PROVIDER PROBES AND NUMBER OF BOOKLETS DID NOT AGREE IN ROUND 1," ASK:

ME1. There may have been some problem getting what you told me last time into the computer exactly right. Did (PERSON) have any (other) (VISIT/EXPENSE TYPE) between January 1 and (REF. DATE)? IF YES, COMPLETE SECTIONS AS NEEDED. LABEL BOOKLETS "SUMMARY REVIEW."

CONDITION REVIEW

IF CONDITION NOT ACCIDENT/INJURY, ASK:

CR1. Does (PERSON) still have this condition? RECORD ANSWER ON SUMMARY.

Yes (END)
No (CR2)

CR2. Is the condition cured or is it under control? RECORD ANSWER ON SUMMARY.

Cured (CR3)
Under control/other (END)

CR3. On what date would you say (PERSON) fully recovered from (CONDITION)? RECORD ON SUMMARY. (END)

IF CONDITION IS ACCIDENT/INJURY, ASK:

CR4. Is (PERSON) fully recovered from the effects of the accident or injury?

Yes (CODE "NO" UNDER "STILL HAVE" ON SUMMARY; CR5)
No (CODE "YES" UNDER "STILL HAVE" ON SUMMARY; END)

CR5. About what month and day would you say (PERSON) fully recovered from the accident or injury. RECORD ON SUMMARY. NOTE: DO NOT CODE "CURED/UNDER CONTROL" (END)

HEALTH INSURANCE

NOTE: RECORD CHANGES TO HEALTH INSURANCE ON SUMMARY ONLY IF THE CHANGE WAS IN EFFECT BETWEEN 1/1/87 AND THE DATE OF THE ROUND 1 INTERVIEW.

IF PERSONS COVERED NOT LISTED ON SUMMARY, ASK FOR EACH PERSON IN ROUND 1 RU:

HI1. Was (PERSON) covered by (POLICYHOLDER'S) (SOURCE) plan at any time between January 1, 1987, and (REF. DATE)? RECORD EACH COVERED PERSON'S NAME AND PID ON SUMMARY.

REFUND SITUATION

IF THE RESPONDENT MENTIONS AN INSURANCE REFUND THAT COVERS MORE THAN ONE VISIT OR SERVICE:

PROBE TO SEPARATE AMOUNTS BY VISIT OR SERVICE. IF THE R CANNOT SEPARATE AMOUNTS:

1. ASSIGN NEXT CONSECUTIVE NUMBER (1, 2, ETC.) TO EACH REFUND REPORTED.
2. RECORD "SEE RS # ____" UNDER PAYMENT SOURCE FOR EACH COVERED VISIT OR SERVICE.
3. COMPLETE REFUND SITUATION PAGE OF SUMMARY FOR EACH REFUND REPORTED.

AT THE END OF THE SUMMARY REVIEW, RETURN TO BOX C2, PAGE 31 IN CENTRAL QUESTIONNAIRE.

G. Condition Section

As described in Section B of this chapter, medical conditions associated with disability days, medical provider visit/stays, prescribed medicines, or other medical expenses were collected for each person during the interview. The interviewer maintained a list of conditions in the Condition Columns on the Control Card. For each new condition reported during an interview, the interviewer also asked a Condition Section (Exhibit 27).

The primary purpose of the Condition Section was to obtain enough information about each condition to classify it according to the National Health Interview Survey modification of the International Classification of Diseases, Ninth Revision. Some condition names require no further amplification for classifying; these are listed on Card K from the Round 2 Central Questionnaire (Exhibit 28).

Another aspect of the classification system is a distinction between "chronic" and "acute" conditions. A number of conditions are considered chronic by definition; these are listed on Card L from the Round 2 Central Questionnaire (also Exhibit 28). Other conditions may be either chronic or acute, depending on their duration: a condition otherwise considered acute lasting three months or more is classified as chronic. The 1977 and 1980 surveys did not allow fully accurate coding of this acute/chronic distinction. Although these surveys collected date of onset, they did not reliably determine the date a person recovered from or was no longer troubled by a condition. The 1987 questionnaire included several modifications to allow this distinction to be made, and also to determine the duration of a condition "episode." Questions R14-R16 (illnesses) and R32-R34 (accidents or injuries) of the Condition Section determined whether a person had recovered from an acute condition during the reference period. Conditions not on Card L from which a person had not recovered at the time of the interview appeared on the Summary for review at the next interview. (See Summary Review Card, Exhibit 26, for the review questions.)

The Condition Section also asks whether the person was worried or bothered by the condition during the reference period, how soon after its discovery the person first contacted a doctor or other medical person, how serious the person thought the condition was when it was first noticed or discovered, and (for accidents or injuries), where the accident occurred and whether a motor vehicle was involved.

Exhibit 27. Household Survey/SAIAN (Round 2) condition section

PERSON NAME: _____

PERSON #: _____

CONDITION NAME: _____

CONDITION #: _____

Earlier you told me (PERSON) had (CONDITION). I'd like to ask some more details about (his/her) (CONDITION).

BOX R1	IS CONDITION LISTED ON CARD K?
	YES. 1 (R9, pg.3)
	NO 2 (R1)

R1.	Has (PERSON) ever seen or talked to a doctor or other medical person about (CONDITION)?	Yes. 1 (R2) No 2 (R4) DON'T KNOW -8 (R4)
R2.	Did the doctor or other medical person call the (CONDITION) by a medical or more technical name?	Yes. 1 (R3) No 2 (R4) DON'T KNOW -8 (R4)
R3.	What did he or she call the condition? RECORD VERBATIM.	_____ _____ _____
R4.	Did the (CONDITION) result from an accident or injury?	Yes. 1 (R17, pg.6) No 2 (R5) DON'T KNOW -8 (R5)
R5.	What was the cause of (CONDITION)? RECORD VERBATIM.	_____ _____ _____

Exhibit 27. Household Survey/SAIAN (Round 2) condition section (continued)

BOX R2	DOES THE CONDITION NAME OR EITHER OF THE RESPONSES TO R3 OR R5 INCLUDE ONE OF THE WORDS LISTED BELOW?				
	YES				1 (R6)
	NO.				2 <input type="checkbox"/> BOX R3
	AILMENT ANEMIA ASTHMA	ATTACK CANCER CONDITION CYST	DEFECT DISEASE DISORDER	GROWTH MEASLES PROBLEM RUPTURE	TROUBLE TUMOR ULCER

R6. What kind of (WORD FROM ☐ BOX R2) is it?
RECORD VERBATIM.

BOX R3	AS ABOVE, ARE ANY RESPONSES IN R3, R5 OR R6 "ALLERGY" OR "STROKE"?	
	YES 1 (R7)	
	NO. 2 <input type="checkbox"/> BOX R4	

R7. How does the (allergy/stroke) affect (PERSON)?
RECORD VERBATIM.

BOX R4	AS ABOVE, DO ANY OF THE RESPONSES TO R3, R5, R6 OR R7 INCLUDE AN IMPAIRMENT, A PART OF THE BODY, OR ANY OF THE WORDS BELOW?				
	YES				1 (R8)
	NO.				2 (R9)
	ABCESS ACHE (NOT HEAD OR EAR) BLEEDING BLOOD CLOT BOIL	CANCER CRAMPS (NOT MENSTRUAL) CYST DAMAGE GROWTH	HEMORRHAGE INFECTION INFLAMMATION NEURALGIA NEURITIS PAIN	PALSY PARALYSIS RUPTURE SORE SORENESS STIFF(NESS)	TUMOR ULCER VARICOSE VEINS WEAK WEAKNESS

Exhibit 27. Household Survey/SAIAN (Round 2) condition section (continued)

R8. What part of the body is affected?
 RECORD VERBATIM. USE BODY PROBE **BOX R5** BELOW TO GET DETAILED DESCRIPTION.

BODY PROBE BOX																	
BOX R5	<table border="0"> <tr> <td>HEAD</td> <td>SKULL, SCALP, FACE</td> <td>LEG</td> <td>RIGHT, LEFT OR BOTH HIP, UPPER, KNEE, LOWER, ANKLE</td> </tr> <tr> <td>BACK, SPINE OR VERTEBRA ...</td> <td>UPPER, MIDDLE, LOWER</td> <td>HAND</td> <td>ENTIRE HAND OR FINGERS ONLY; RIGHT, LEFT, OR BOTH</td> </tr> <tr> <td>EAR</td> <td>RIGHT, LEFT, OR BOTH; OUTER, MIDDLE, OR INNER</td> <td>FOOT</td> <td>ENTIRE FOOT, ARCH, OR TOES ONLY; RIGHT, LEFT, OR BOTH</td> </tr> <tr> <td>ARM</td> <td>RIGHT, LEFT, OR BOTH; SHOULDER, UPPER, ELBOW LOWER, WRIST</td> <td>SIDE</td> <td>RIGHT OR LEFT</td> </tr> </table>	HEAD	SKULL, SCALP, FACE	LEG	RIGHT, LEFT OR BOTH HIP, UPPER, KNEE, LOWER, ANKLE	BACK, SPINE OR VERTEBRA ...	UPPER, MIDDLE, LOWER	HAND	ENTIRE HAND OR FINGERS ONLY; RIGHT, LEFT, OR BOTH	EAR	RIGHT, LEFT, OR BOTH; OUTER, MIDDLE, OR INNER	FOOT	ENTIRE FOOT, ARCH, OR TOES ONLY; RIGHT, LEFT, OR BOTH	ARM	RIGHT, LEFT, OR BOTH; SHOULDER, UPPER, ELBOW LOWER, WRIST	SIDE	RIGHT OR LEFT
	HEAD	SKULL, SCALP, FACE	LEG	RIGHT, LEFT OR BOTH HIP, UPPER, KNEE, LOWER, ANKLE													
	BACK, SPINE OR VERTEBRA ...	UPPER, MIDDLE, LOWER	HAND	ENTIRE HAND OR FINGERS ONLY; RIGHT, LEFT, OR BOTH													
	EAR	RIGHT, LEFT, OR BOTH; OUTER, MIDDLE, OR INNER	FOOT	ENTIRE FOOT, ARCH, OR TOES ONLY; RIGHT, LEFT, OR BOTH													
ARM	RIGHT, LEFT, OR BOTH; SHOULDER, UPPER, ELBOW LOWER, WRIST	SIDE	RIGHT OR LEFT														

R9. Was the condition first noticed by (PERSON) or was it discovered by a doctor?

Noticed by person. 1
 Discovered by doctor 2

R10. When was (CONDITION) first [noticed by (PERSON)]/discovered by a doctor]?

_____/_____/_____
 MONTH DAY YEAR

R11. Since (REF. DATE), was (PERSON) worried or concerned about (CONDITION)?

Yes. 1
 No 2

Exhibit 27. Household Survey/SAIAN (Round 2) condition section (continued)

BOX R6	a. REFER TO R10: WAS CONDITION FIRST NOTICED/DISCOVERED IN 1987?
	YES. 1 (b)
	NO 2 BOX R7
	b. REFER TO R9: WAS CONDITION FIRST . . .
	NOTICED BY PERSON? 1 (R12)
	DISCOVERED BY DOCTOR? 2 (R13)

R12.	About how soon after (PERSON) first noticed the (CONDITION) did (PERSON) actually get in touch with a doctor or other medical provider?									
	<table> <tr> <td>NUMBER</td> <td>HOURS</td> <td>1</td> </tr> <tr> <td></td> <td>DAYS.</td> <td>2</td> </tr> <tr> <td></td> <td>WEEKS</td> <td>3</td> </tr> </table>	NUMBER	HOURS	1		DAYS.	2		WEEKS	3
NUMBER	HOURS	1								
	DAYS.	2								
	WEEKS	3								
R13.	When [(PERSON) first noticed/a doctor first discovered] the (CONDITION), how serious did (PERSON) think it was--very serious, somewhat serious, or not serious at all?									
	<table> <tr> <td>Very serious</td> <td>1</td> </tr> <tr> <td>Somewhat serious</td> <td>2</td> </tr> <tr> <td>Not serious at all</td> <td>3</td> </tr> <tr> <td>DON'T KNOW</td> <td>-8</td> </tr> </table>	Very serious	1	Somewhat serious	2	Not serious at all	3	DON'T KNOW	-8	
Very serious	1									
Somewhat serious	2									
Not serious at all	3									
DON'T KNOW	-8									

Exhibit 27. Household Survey/SAIAN (Round 2) condition section (continued)

BOX R7	IS CONDITION ON CARD L?	
	YES.	1 BOX R9, pg.8
	NO	2 (R14)

R14. Does (PERSON) still have this condition?	
Yes.	1 BOX R9, pg.8
No	2 (R15)
DON'T KNOW	-8 BOX R9, pg.8
R15. Is this condition cured or is it under control?	
Cured.	1 (R16)
Under control.	2 BOX R9, pg.8
Other SPECIFY	91 BOX R9, pg.8
R16. What month and day would you say (PERSON) fully recovered from (CONDITION)?	
<div style="text-align: center;"> _____ / _____ / _____ MONTH DAY YEAR </div> <div style="text-align: right;">BOX R9, pg.8</div>	

Exhibit 27. Household Survey/SAIAN (Round 2) condition section (continued)

<p>R17. On what date did the accident or injury happen?</p> <div style="text-align: center; margin-top: 10px;"> <div style="display: inline-block; width: 150px; border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="display: inline-block; width: 10px; border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="display: inline-block; width: 150px; border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="display: inline-block; width: 10px; border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="display: inline-block; width: 150px; border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="display: inline-block; width: 10px; border-bottom: 1px solid black; margin-bottom: 2px;"></div> </div> <div style="display: flex; justify-content: space-around; font-size: small; margin-top: 2px;"> MONTH DAY YEAR </div>	
<p>R18. At the time of the accident, what part of the body was hurt? PROBE: Any other part?</p>	<p>R19. FOR EACH PART OF BODY: What kind of injury to (BODY PART) was it? PROBE: Anything else?</p>
1.	
2.	
3.	
4.	
<p>R20. What part of the body is affected now? PROBE: Any other part? NONE. 0 (R22)</p>	<p>R21. FOR EACH PART OF BODY AFFECTED NOW: How is (PART OF BODY) affected? PROBE: Any other way?</p>
1.	
2.	
3.	
4.	
<p>R22. Where did the accident happen?</p> <div style="margin-top: 10px;"> <div style="display: flex; justify-content: space-between;"> At home (inside house) 1 </div> <div style="display: flex; justify-content: space-between;"> At home (adjacent premises). 2 </div> <div style="display: flex; justify-content: space-between;"> Street and highway (includes roadways and public sidewalks). 3 </div> <div style="display: flex; justify-content: space-between;"> Farm 4 </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Industrial place (includes premises) 5 </div> <div style="display: flex; justify-content: space-between;"> School (includes premises) 6 </div> <div style="display: flex; justify-content: space-between;"> Place of recreation and sports, except at school 7 </div> <div style="display: flex; justify-content: space-between;"> Other SPECIFY _____ </div> <div style="display: flex; justify-content: flex-end; margin-top: 5px;"> 91 </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> DON'T KNOW -8 </div> </div>	

Exhibit 27. Household Survey/SAIAN (Round 2) condition section (continued)

R23. Was a car, truck, bus or other motor vehicle involved in the accident in any way?	
Yes.	1 (R24)
No	2 BOX R8
DON'T KNOW	-8 BOX R8
R24. Was more than one vehicle involved?	
Yes.	1
No	2
R25. Was (it/either one) moving at the time?	
Yes.	1
No	2

BOX R8	a. REFER TO R17: DID ACCIDENT OCCUR IN 1987?
	YES. 1 (R26)
	NO 2 (R28)

R26. About how soon after the accident or injury did (PERSON) actually get in touch with a doctor or other medical person?	
NUMBER	HOURS 1
	DAYS. 2
	WEEKS 3

QUESTIONS R27-R30 HAVE BEEN OMITTED.

R31. At the time of the accident, how serious did (PERSON) think the (CONDITION) was--very serious, somewhat serious, or not serious at all?	
Very serious	1
Somewhat serious	2
Not serious at all	3
DON'T KNOW	-8

Exhibit 27. Household Survey/SAIAN (Round 2) condition section (continued)

R32.	<p>Since (REF. DATE) was (PERSON) worried or concerned about the injury (he/she) suffered in the accident?</p> <p style="text-align: right;">Yes. 1 No 2</p>
R33.	<p>Is (PERSON) fully recovered from the effects of the injury (he/she) suffered in the accident?</p> <p style="text-align: right;">Yes. 1 (R34) No 2 BOX R9 DON'T KNOW -8 BOX R9</p>
<p>R34. About what month and day would you say (PERSON) became fully recovered from the injuries?</p> <p style="text-align: center;"> / / MONTH DAY YEAR </p>	

BOX R9	<p>GO TO NEXT CONDITION BOOKLET. IF ALL CONDITION BOOKLETS COMPLETED, GO TO SECTION DD, "CAREGIVER PROBES," PAGE 42 IN CENTRAL QUESTIONNAIRE. SAIAN ONLY, GO TO SECTION S, "EMPLOYMENT," PG.43 IN CENTRAL QUESTIONNAIRE.</p>
-----------	--

CARD K

ACNE
ALZHEIMER'S DISEASE
APPENDICITIS
ARTERIOSCLEROSIS
ARTHRITIS (ANY KIND)
ATHLETE'S FOOT
BRONCHITIS
BUNIONS
BURSITIS
CALLUSES
CHICKENPOX
COLD
CORN
CROUP
DIABETES (ALL TYPES)
EPILEPSY (ANY KIND)
GALLSTONES
GOITER
HARDENING OF THE ARTERIES
HAY FEVER
HEMORRHOIDS OR PILES
(ALL KINDS)

HERNIA (ALL TYPES)
KIDNEY STONES
LARYNGITIS
MIGRAINE (ANY KIND)
MUMPS
NORMAL DELIVERY
PHLEBITIS
(THROMBOPHLEBITIS)
PNEUMONIA
PREGNANCY
SCIATICA
SINUS (ANY KIND)
STREP (STREPTOCOCCUS)
THROAT
TONSILLITIS
TUBAL LIGATION/TUBES TIED
ULCER (DUODENAL, STOMACH,
PEPTIC OR GASTRIC ONLY)
VASECTOMY
WARTS
WHOOPIING COUGH

Exhibit 28. Household Survey/SAIAN Cards K and L from the Round 2 condition section
(continued)

CARD L

ABSENCE (LOSS) OF BREAST, EAR,
EYE, KIDNEY, LARYNX (VOICE BOX),
LIP, LIMB(S), LUNG, NOSE,
OR TONGUE
ALCOHOLISM
ALLERGY
ALZHEIMER'S DISEASE
ANGINA
ARTERIOSCLEROSIS
ARTHRITIS
ASTHMA (ANY)
ATROPHY (ANY BODY PART)
BRONCHIECTASIS
CALCULI (KIDNEY, URETER,
GALL, ETC.)
CANCER (ANY)
CARDIAC (HEART) CONDITION (ANY)
CARDIOVASCULAR DISEASE
CEREBRAL PALSY (AND SYMPTOMS)
CEREBROVASCULAR DISEASE
CIRRHOSIS OF LIVER
CLAWFOOT
CLEFT PALATE
CLUBFOOT
COLOR BLINDNESS
CONGENITAL CONDITIONS (ANY)
CURVATURE
CORONARY CONDITION
DEAFMUTISM; OTHER TOTAL DEAFNESS
DEGENERATION (ANY BODY PART)
DIABETES (ANY)
DRUG ADDICTION OR DEPENDENCE
EMPHYSEMA
EPILEPSY
FLATFOOT, FALLEN ARCHES
GLAUCOMA (ANY TYPE OR ORIGIN)

HARELIP
HARDENING OF ARTERIES
HEART CONDITION
HEART OR CARDIAC DISEASE (ANY)
HEMERALLOPIA (DAY BLINDNESS)
HIGH BLOOD PRESSURE
HYPERTENSION
LOSS--SEE ABSENCE
MENTAL DEFICIENCY OR RETARDATION
MENTAL DISORDERS
MONGOLISM, DOWN SYNDROME
(OR SYNONYM)
MULTIPLE SCLEROSIS
NEOPLASM (ANY)
NEUROSIS
NYCTALLOPIA (NIGHT BLINDNESS)
OPTIC NERVE DISORDERS
PARKINSON'S DISEASE
PERSONALITY DISORDERS
PREGNANCY, NORMAL DELIVERY
PROSTATE CONDITION
PSYCHOSIS (ANY)
REFRACTIVE ERRORS - (MYOPIA,
HYPEROPIA, NEARSIGHTED,
FARSIGHTED, ETC.)
RETARDATION, MENTAL
RETINAL CONDITIONS
RETROLENTAL FIBROPLASIA
RHEUMATISM (MUSCULAR)
STONES (SEE CALCULI)
STROKE (CEREBROVASCULAR DISEASE)
TRICK KNEE
TUBAL LIGATION/TUBES TIED
VARICOSE VEINS
VASECTOMY

H. Employment Section

Most Americans with private health insurance coverage obtain this coverage through their jobs. Consequently, designers of the 1987 NMES Household Survey were eager to obtain more complete information on employment, particularly for persons with multiple jobs or changing jobs during 1987. The purposes of the Employment Section were (1) to obtain the employment status of each participant 16 years of age or older for all of 1987, (2) to identify periods with and without jobs for comparison with periods of health insurance coverage, (3) to obtain a complete list of employers in 1987 for each participant, and (4) to identify multiple-job holders.

Table 9 presents the content and question numbers of the Rounds 1-4 Employment Sections. For each person employed at any time during the reference period, the Employment Section asks in some detail about the job held at the date of the interview (or December 31, 1987, for Round 4 interviews), and in somewhat less detail about any other jobs the person may have held during the reference period, including second jobs held at the same time as a "main" job. Beginning in Round 2, the interviewer asked whether persons employed at the previous interview were with the same jobs; the detailed questions were not repeated for "current main jobs" persons held from Round to Round (the most common situation).

Exhibit 29 presents part of the Employment Section from the Round 2 Central Questionnaire. Since the job-specific questions for jobs other than the "current main job" are a subset of the questions for that job, they are not reproduced here.

The names and addresses of all employers not previously mentioned were recorded on an Employer Roster (Exhibit 30), on a foldout from the front cover of the Central Questionnaire. The Summary provided a cumulative list of all employers reported for each person in previous interviews.

Table 9. Content and question numbers of employment section, Household Survey and SAIAN

	<u>Not Job-specific⁺</u>	<u>Job 1²⁺</u>	<u>Job 2¹⁺</u>	<u>Job 3¹</u>	<u>Job 4²</u>	<u>Job 5²</u>
Have a job since REF DATE?	B1-B2 ^{1,*}					
Have a job last week?	S1 ¹					
How many weeks worked since REF DATE?	S2 ¹					
Ever work?	S3 ¹					
Layoff, looking for work since REF DATE	S4-S8 ¹					
Why not work (some of time) since REF DATE?	S9 ¹					
Ever without a job for more than 1 yr. since age 21?	S10-S12 ²					
Ever retired from a job?	S13 ²					
Details of job						
Another job	--	--	S20c ³	S42	S60	S65
Receive health benefits	S14	--	--	--	S63	--
When last worked at job	S15	S24, S20a ³ , S20b ³	S21	S47	--	--
Self-employed	S16	--	S21	S43	--	--
Name of business/employer	S17, Employer Roster ^x	S22-S23, Employer Roster ^x	S44-S45, Employer Roster ^x	S64, Employer Roster ^x	S66, Employer Roster ^x	
Industry, occupation	S18-S20	S25-S27	S48-S50	--	--	
Amount worked per wk. since REF DATE	--	S28-S29	S51-S52	S61	--	
Wage/salary	--	S30	S53	S62	--	
Paid time off/sick leave	--	S31-S32	--	--	--	
Belong to labor union	--	S33	S54	--	--	
Establishment size	--	S34-S35	S54a	--	--	
(Self-employed) Business details	--	S36-S40	S55-S59	--	--	
When started w/job	--	S41	S46	--	--	

Job 1 = Most recent job (if not employed); job retired from.

Job 2 = Current main job.

Job 3 = REF DATE job (if different from current job).

Job 4 = Job(s) held at same time as Job 2 or Job 3.

Job 5 = Any other job(s).

¹ Asked in all rounds.

² Asked only in Round 1 or first round for new person.

³ Asked only in Rounds 2-4 for "current main job" from Summary.

* Reproduced in Exhibit 9.

⁺ Reproduced in Exhibit 29.

^x Reproduced in Exhibit 30.

Exhibit 29. Household Survey/SAIAN employment section from the Round 2 Central Questionnaire

EMPLOYMENT SECTION

BOX S1	<p>a. PERSON'S AGE IS . . .</p> <p>0 - 15 ①</p> <p>16 OR OVER ②</p> <p>b. REFER TO EMPLOYMENT STATUS ON CONTROL CARD:</p> <p>PERSON "EMPLOYED" ①</p> <p>PERSON "NOT EMPLOYED"..... ②</p> <p>c. IS PERSON NEW IN RU THIS ROUND?</p> <p>YES ①</p> <p>NO ②</p>	<p>..... 1 (NP/SECTION T pg.75)</p> <p>..... 2 (b)</p> <p>↓</p> <p>..... 1 (S1)</p> <p>..... 2 (c)</p> <p>..... 1 (S3)</p> <p>..... 2 (S4)</p>
<p>S1. You told me before that (PERSON) was employed between (REF. DATE) and now. Did (PERSON) have a job for pay or (his/her) own business <u>last week</u>? PROBE IF "NO": Did (PERSON) happen to be on paid vacation or sick leave from a job?</p> <p>Yes ①</p> <p>No ②</p>	<p>..... 1</p> <p>..... 2</p>	
<p>S2. Since (REF. DATE), how many weeks, including paid vacation and sick leave, did (PERSON) work for pay, either full- or part-time?</p> <p>The whole time ⑨⑤</p>	<p># OF WEEKS: _____ (S4)</p> <p>..... 95 BOX 52, pg.47</p>	
<p>S3. You said earlier that (PERSON) has not worked at a job for pay since (REF. DATE). Has (PERSON) <u>ever</u> worked at a job for pay?</p> <p>Yes ①</p> <p>No ②</p>	<p>..... 1 (S4)</p> <p>..... 2 (S8)</p>	

Exhibit 29. Household Survey/SAIAN employment section from the Round 2 Central Questionnaire
(continued)

<p>S4. [IF "NOT EMPLOYED" SAY: You said earlier that (PERSON) has not worked at a job for pay during the time between (REFERENCE DATE) and now.]</p> <p>Did (PERSON) spend any time on layoff since (REF. DATE)?</p> <p>Yes ①</p> <p>No ②</p>	<p>..... 1 (S5)</p> <p>..... 2 (S8)</p>
<p>S5. Is (PERSON) currently on layoff from a job?</p> <p>Yes ①</p> <p>No ②</p>	<p>..... 1 (S6)</p> <p>..... 2 (S8)</p>
<p>S6. When was (PERSON) laid off (the last time)?</p>	<p>____/____/____</p> <p>MONTH DAY YEAR</p>
<p>S7. Does (PERSON) expect to be recalled to that job within the next thirty days?</p> <p>Yes ①</p> <p>No ②</p>	<p>..... 1</p> <p>..... 2</p>
<p>S8. Did (PERSON) spend any time looking for work since (REF. DATE)?</p> <p>Yes ①</p> <p>No ②</p>	<p>..... 1</p> <p>..... 2</p>
<p>S9. What was the <u>main</u> reason (PERSON) did not work (some of the time) since (REF. DATE)?</p> <p>PROBE: Were there any other reasons?</p> <p>CODE ALL THAT APPLY.</p> <p>Could not find work ①</p> <p>Retired/Too old ②</p> <p>Unable to work because ill or disabled ③</p> <p>On temporary layoff ④</p> <p>Going to school ⑤</p> <p>Taking care of home or family ⑥</p> <p>Wanted some time off ⑦</p> <p>Other SPECIFY 91</p>	<p>..... 1</p> <p>..... 2</p> <p>..... 3</p> <p>..... 4</p> <p>..... 5</p> <p>..... 6</p> <p>..... 7</p> <p>..... 91</p>

Exhibit 29. Household Survey/SALAN employment section from the Round 2 Central Questionnaire (continued)

BOX S2	a. IS PERSON NEW IN RU THIS ROUND?	
	YES	①
	NO	②
	b. REFER TO EMPLOYMENT STATUS ON CONTROL CARD. IS PERSON. . .	
	EMPLOYED	①
	NOT EMPLOYED	②
	c. REFER TO S3, PAGE 45: HAS PERSON <u>EVER</u> WORKED?	
	YES	①
	NO	②
	d. AGE OF PERSON IS:	
	16 - 21	①
	22 - 64	②
65 OR OVER	③	

..... 1 (b)
..... 2 **BOX S5, pg.53**

..... 1 (d)
..... 2 (c)

..... 1 (d)
..... 2 (NP: **BOX S1** /
SECTION I,
pg.75)

..... 1 **BOX S3**
..... 2 (S10)
..... 3 (S13)

Exhibit 29. Household Survey/SAIAN employment section from the Round 2 Central Questionnaire (continued)

<p>S10. Since (PERSON) was 21 years old, has (PERSON) ever been without a job for more than one year for any reason?</p> <p style="margin-left: 40px;">Yes ① No ②</p>	<p>..... 1 (S11) 2 BOX S3</p>		
<p>S11. For what reasons was (PERSON) without a job for more than a year? CODE ALL THAT APPLY.</p> <p style="margin-left: 40px;">OWN ILLNESS OR DISABILITY ① THE ILLNESS OR DISABILITY OF A FAMILY MEMBER ② TAKING CARE OF HOME OR FAMILY ③ GOING TO SCHOOL ④ OTHER REASON SPECIFY 91</p>	<p>..... 1 2 3 4 91</p>		
<p>S12. Since (PERSON) was 21 years old, what is the total number of years (he/she) was without a job?</p>	<p># OF YRS. _____</p>		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; padding: 5px; text-align: center;">BOX S3</td> <td style="padding: 5px;"> <p>REFER TO AGE BOX AND EMPLOYMENT STATUS ON CONTROL CARD. (PERSON) IS . . .</p> <p style="margin-left: 20px;">AGE 16-54 AND EMPLOYED ① AGE 16-54 AND NOT EMPLOYED ② AGE 55 OR OVER ③</p> </td> </tr> </table>	BOX S3	<p>REFER TO AGE BOX AND EMPLOYMENT STATUS ON CONTROL CARD. (PERSON) IS . . .</p> <p style="margin-left: 20px;">AGE 16-54 AND EMPLOYED ① AGE 16-54 AND NOT EMPLOYED ② AGE 55 OR OVER ③</p>	<p>..... 1 (S21) 2 (S15) 3 (S13)</p>
BOX S3	<p>REFER TO AGE BOX AND EMPLOYMENT STATUS ON CONTROL CARD. (PERSON) IS . . .</p> <p style="margin-left: 20px;">AGE 16-54 AND EMPLOYED ① AGE 16-54 AND NOT EMPLOYED ② AGE 55 OR OVER ③</p>		
<p>S13. Has (PERSON) ever retired from a job or business?</p> <p style="margin-left: 40px;">Yes ① No ②</p>	<p>..... 1 (S14) 2 BOX S5, pg.53</p>		
<p>S14. Does (PERSON) receive health insurance benefits from any job or business (PERSON) retired from?</p> <p style="margin-left: 40px;">Yes ① No ②</p>	<p>..... 1 2</p>		

Exhibit 29. Household Survey/SAIAN employment section from the Round 2 Central Questionnaire (continued)

<p>S15. FOR RETIRED PERSON ASK: I'd like to know a little bit about the [job (PERSON) retired from with health benefits/the first job (PERSON) retired from.] When did (PERSON) retire from that job?</p> <p>FOR NOT EMPLOYED PERSON ASK: I'd like to know a little bit about (PERSON'S) last job. When did (PERSON) last stop working at a job for pay?</p>	<div style="display: flex; justify-content: space-around; border-top: 1px solid black; border-bottom: 1px solid black;"> MONTH DAY YEAR </div>		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 5px; text-align: center;">BOX S4</td> <td style="padding: 5px;"> IS DATE IN S15 SINCE (REF. DATE)? YES ① NO ② </td> </tr> </table>	BOX S4	IS DATE IN S15 SINCE (REF. DATE)? YES ① NO ②	<div style="display: flex; justify-content: space-between;"> 1 BOX S5 </div> <div style="display: flex; justify-content: space-between;"> 2 (S16) </div>
BOX S4	IS DATE IN S15 SINCE (REF. DATE)? YES ① NO ②		
<p>S16. Was (PERSON) self-employed at that job or did (he/she) work for someone else?</p> <p style="text-align: center;">Self-employed ① Worked for someone else ②</p>	<div style="display: flex; justify-content: space-between;"> 1 </div> <div style="display: flex; justify-content: space-between;"> 2 </div>		
<p>S17. What was the name and address of the place where (PERSON) worked? RECORD NAME AND ADDRESS OF EMPLOYER ON ROSTER. RECORD EMPLOYER NAME AND NUMBER IN PERSON COLUMN.</p>	<p style="text-align: center;">NAME</p> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <p style="text-align: center;">EMP.#:</p> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>		
<p>S18. What kind of business or industry was that? That is, what did they make or do at (PLACE)? RECORD VERBATIM.</p>	<p style="text-align: center;">BUSINESS/INDUSTRY</p> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>		
<p>S19. What was (PERSON'S) job called? RECORD VERBATIM.</p>	<p style="text-align: center;">JOB TITLE</p> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>		
<p>S20. What were (PERSON'S) most important activities or duties on that job? RECORD VERBATIM.</p>	<p style="text-align: center;">JOB ACTIVITIES</p> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>		

Exhibit 29. Household Survey/SAIAN employment section from the Round 2 Central Questionnaire (continued)

BOX S5	<p>a. IS PERSON NEW IN RU THIS ROUND?</p> <p>YES ①</p> <p>NO ②</p> <p>b. IS PERSON . . . (REFER TO CONTROL CARD)</p> <p>EMPLOYED..... ①</p> <p>NOT EMPLOYED..... ②</p> <p>c. [EMPLOYED] REFER TO SUMMARY - FOR THIS PERSON, IS . . .</p> <p>JOB LISTED ON SUMMARY? ①</p> <p>NO JOB LISTED ON SUMMARY? ②</p> <p>d. [NOT EMPLOYED] REFER TO SUMMARY - FOR THIS PERSON, IS . . .</p> <p>JOB LISTED ON SUMMARY? ①</p> <p>NO JOB LISTED ON SUMMARY? ②</p>	<p>..... 1 (S21)</p> <p>..... 2 (b)</p> <p>..... 1 (c)</p> <p>..... 2 (d)</p> <p>..... 1 (S20a)</p> <p>..... 2 (S21)</p> <p>..... 1 (S20b)</p> <p>..... 2 (NP: <u>BOX S1</u> / SECTION I, pg.75)</p>
<p>S20a. REFER TO EMPLOYER NAME ON SUMMARY.</p> <p>Is (PERSON) still employed at (EMPLOYER)?</p> <p>Yes ①</p> <p>No ②</p>		<p>..... 1 (S60, pg.71)</p> <p>..... 2 (S20b)</p>
<p>S20b. REFER TO EMPLOYER NAME ON SUMMARY.</p> <p>When did (PERSON) stop working at (EMPLOYER)? •</p>		<p>_____/_____/_____ MONTH DAY YEAR</p>
BOX S5a	<p>REFER TO S1, pg. 43: DID (PERSON) HAVE A JOB LAST WEEK?</p> <p>YES ①</p> <p>NO ②</p>	<p>..... 1 (S21)</p> <p>..... 2 (S20c)</p>

Exhibit 29. Household Survey/SAIAN employment section from the Round 2 Central Questionnaire (continued)

<p>S20c. Has (PERSON) worked at another job since leaving (EMPLOYER)?</p> <p>Yes ①</p> <p>No ②</p>	<p>..... 1 (S21)</p> <p>..... 2 (S65, pg.73)</p>
<p>S21. ASK S21-S41, AS APPLICABLE, FOR PERSON'S CURRENT MAIN JOB OR BUSINESS. IF PERSON DID NOT WORK LAST WEEK, ASK ABOUT PERSON'S MOST RECENT JOB/BUSINESS.</p> <p>Now I'd like to ask you some questions about (PERSON'S) (current/most recent) job.</p> <p>(Is/Was) (PERSON) self-employed, or (does/did) (PERSON) work for someone else at (PERSON'S) (current/most recent) job?</p> <p>Self-employed ①</p> <p>For someone else ②</p>	<p>..... 1 (S23)</p> <p>..... 2 (S22)</p>
<p>S22. What is the name and address of the place where (PERSON) (works/worked) at (his/her) (current/most recent) job?</p> <p>RECORD NAME AND ADDRESS OF EMPLOYER ON ROSTER.</p> <p>RECORD EMPLOYER NAME AND NUMBER IN PERSON COLUMN.</p> <p>IF ALREADY ON EMPLOYER ROSTER, ENTER EMPLOYER NUMBER ONLY.</p>	<p>NAME</p> <p>_____</p> <p>_____</p> <p>EMP. #: _____</p> <p>BOX 56</p>
<p>S23. What (is/was) the name and address of (PERSON'S) business?</p> <p>RECORD NAME AND ADDRESS ON ROSTER.</p> <p>RECORD NAME AND EMPLOYER NUMBER IN PERSON COLUMN.</p>	<p>_____</p> <p>_____</p> <p>EMP #: _____</p>

Exhibit 29. Household Survey/SAIAN employment section from the Round 2 Central Questionnaire
(continued)

BOX 56	REFER TO 51, pg.45: DID (PERSON) HAVE JOB LAST WEEK?
	YES ① NO ②

..... 1 (S25)

..... 2 (S24)

<p>S24. When did (PERSON) stop working at that (job/business)?</p>	<p>____/____/____ MONTH DAY YEAR</p>
<p>S25. What kind of business or industry is that? PROBE: What do they make or do? RECORD VERBATIM.</p>	<p>BUSINESS/INDUSTRY</p> <p>_____ _____ _____ _____ _____</p>
<p>S26. What (is/was) (PERSON'S) job called? RECORD VERBATIM.</p>	<p>JOB TITLE</p> <p>_____ _____ _____ _____</p>
<p>S27. What (does/did) (PERSON) actually do (on that job/in that business)? What (are/were) some of (his/her) most important activities or duties? RECORD VERBATIM.</p>	<p>JOB ACTIVITIES</p> <p>_____ _____ _____ _____</p>

Exhibit 29. Household Survey/SAIAN employment section from the Round 2 Central Questionnaire
(continued)

<p>S28. Since (REF. DATE), how many hours a week (has/did) (PERSON) usually work(ed) at (EMPLOYER)?</p> <p>PROBE: Do not include unpaid hours spent traveling to and from this job.</p>	<p># OF HRS. _____</p>		
<p>S29. Since (REF. DATE), how many days a week (has/did) (PERSON) usually work(ed) at this job?</p>	<p># OF DAYS _____</p>		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 5px; text-align: center;">BOX S7</td> <td style="padding: 5px;"> <p>REFER TO S21, pg.55: IS (PERSON) SELF-EMPLOYED?</p> <p>YES ①</p> <p>NO ②</p> </td> </tr> </table>	BOX S7	<p>REFER TO S21, pg.55: IS (PERSON) SELF-EMPLOYED?</p> <p>YES ①</p> <p>NO ②</p>	<p>..... 1 (S36, pg.63)</p> <p>..... 2 (S30)</p>
BOX S7	<p>REFER TO S21, pg.55: IS (PERSON) SELF-EMPLOYED?</p> <p>YES ①</p> <p>NO ②</p>		
<p>S30. What (is/was) (PERSON'S) wage rate or salary before deductions (for taxes or anything else) at this job?</p> <p>CIRCLE ONE CODE:</p> <p>Per Hour ①</p> <p>Per Day ②</p> <p>Per Week ③</p> <p>Per Two-week period ④</p> <p>Per Month ⑤</p> <p>Per Year ⑥</p> <p>Other SPECIFY 91</p>	<p style="text-align: center;">AMOUNT</p> <p>\$ _____</p> <p>..... 1</p> <p>..... 2</p> <p>..... 3</p> <p>..... 4</p> <p>..... 5</p> <p>..... 6</p> <p>..... 91</p> <p>_____</p>		

Exhibit 29. Household Survey/SAIAN employment section from the Round 2 Central Questionnaire
(continued)

<p>S31. On this job, (does/did) (PERSON) have paid time off if (PERSON) (is/was) sick?</p> <p>Yes ①</p> <p>No ②</p>	<p>..... 1 (S32)</p> <p>..... 2 (S33)</p>
<p>S32. (Can/Could) (PERSON) (take/have taken) paid sick leave if (PERSON) (has/had) to visit a doctor?</p> <p>Yes ①</p> <p>No ②</p>	<p>..... 1</p> <p>..... 2</p>
<p>S33. (Does/Did) (PERSON) belong to a labor union at (EMPLOYER)?</p> <p>Yes ①</p> <p>No ②</p>	<p>..... 1</p> <p>..... 2</p>
<p>S34. About how many persons are employed by (EMPLOYER) in a usual week at the location where (PERSON) (works/worked) — would you say it was. . .</p> <p>less than 10, ①</p> <p>10 to 25, ②</p> <p>26 to 100, ③</p> <p>101 to 500, ④</p> <p>or more than 500? ⑤</p> <p>DON'T KNOW -8</p>	<p>..... 1</p> <p>..... 2</p> <p>..... 3</p> <p>..... 4</p> <p>..... 5</p> <p>..... -8</p>
<p>S35. Does (EMPLOYER) have facilities in more than one location?</p> <p>Yes ①</p> <p>No ②</p>	<p>..... 1 (S41)</p> <p>..... 2 (S41)</p>

Exhibit 29. Household Survey/SAIAN employment section from the Round 2 Central Questionnaire (continued)

<p>IF (PERSON) IS SELF-EMPLOYED, ASK:</p> <p>S36. Is (PERSON'S) business incorporated?</p> <p>Yes ① 1</p> <p>No ② 2</p>	
<p>S37. IF ONE-PERSON RU, GO TO S39.</p> <p>Does any other member of the household now work regularly at (PERSON'S) business?</p> <p>Yes ① 1 (S38)</p> <p>No ② 2 (S39)</p>	
<p>S38. How many other household members now work regularly at this business?</p> <p># OF MEMBERS _____</p>	
<p>S39. (Does/Did) (PERSON) have health insurance through this business?</p> <p>Yes ① 1</p> <p>No ② 2</p>	
<p>S40. What was the total number of employees who worked at (EMPLOYER) [last week/just before (PERSON) stopped working at (EMPLOYER)]? Be sure to include the owner (and all other household members you just told me about).</p> <p># OF EMPLOYEES _____</p>	
<p>S41. When did (PERSON) start working at (EMPLOYER)? PROBE FOR DAY IF IN 1987, FOR MONTH IF IN 1985 OR 1986.</p> <p>_____/_____/_____ MONTH DAY YEAR</p>	

Exhibit 30. Household Survey/SAIAN Employer Roster from the Round 2 Central Questionnaire

EMP. #	EMPLOYER OR UNION	(✓) If health insurance through this employer is mentioned in I16-I29.	I44a. Does anyone in this family have health insurance through (EMPLOYER)?	I44b. Was anyone in this family eligible for health insurance through (EMPLOYER)?
1.	NAME: _____ STREET: _____ CITY: _____ STATE: _____ ZIP: _____ <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		YES 1 NO 2 (I44b)	YES 1 NO 2
2.	NAME: _____ STREET: _____ CITY: _____ STATE: _____ ZIP: _____ <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		YES 1 NO 2 (I44b)	YES 1 NO 2
3.	NAME: _____ STREET: _____ CITY: _____ STATE: _____ ZIP: _____ <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		YES 1 NO 2 (I44b)	YES 1 NO 2
4.	NAME: _____ STREET: _____ CITY: _____ STATE: _____ ZIP: _____ <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		YES 1 NO 2 (I44b)	YES 1 NO 2
5.	NAME: _____ STREET: _____ CITY: _____ STATE: _____ ZIP: _____ <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		YES 1 NO 2 (I44b)	YES 1 NO 2

GO TO BOX 15, pg. 103
IN CENTRAL HEALTH INSURANCE SECTION.

I. Health Insurance Section

Like the Health Insurance Sections of the 1977 and 1980 surveys, that of the 1987 Household Survey and SAIAN obtained information on coverage from both public and private plans. The previous surveys, however, had provided information only for the interview dates, a series of point measurements. The design of the 1987 Health Insurance Section was intended to identify coverage and gaps in coverage for all of 1987. It also allowed specific links between health insurance coverage and employers reported in the Employment Section.

The content and numbering of questions in the Health Insurance Section is presented in Table 10. Coverage by public plans was asked afresh in each round's interview, as was coverage by "special" (dread disease and extra cash) plans. Coverage by other private health insurance plans was asked in each Round as well, but the coverage of a plan reported in one round was only verified or amended in subsequent rounds. The content of questions on the private plans varied somewhat by rounds as well: interviewers asked for and copied information from plan cards in Round 2 (for plans reported in Rounds 1 and 2) and Round 4 (for plans reported in Rounds 3 and 4 and for cards not obtained in Round 2).

As shown in Table 10, as more plans were reported, many of the questions for private plans were repeated. Exhibit 31 presents the questions from the Round 2 Health Insurance Section, with only one set of the repeated series.

The coverage questions for Medicaid (T6-T10) represent one of the design approaches to obtaining continuous coverage information for the year. For each person covered at any time during the reference period, the interviewer asked whether he/she had been covered the whole time or only part, and, if part of the time, during which months. Another approach is that for private plans, represented by the "Card Questions" (CQ3-CQ8), which identified changes in coverage by private plans and the date of such changes.

Explicit linkage between insurance plans and employers was fashioned in both directions. For each private plan reported, interviewers asked for the source of the plan (T17-T18) and compared the source name with the employer roster. For each employer on the employer roster not linked in this way with a plan, interviewers asked whether anyone in the RU was covered by a plan from that employer (T44a and T44b on the Employer Roster, Exhibit 30).

Table 10. Content and question numbers of health insurance section, Household Survey and SAIAN

	<u>RU-level</u>	<u>Plan 1</u>	<u>Plan 2</u>	<u>Plan 3</u>	<u>Plan 4</u>	<u>Plan 5</u>
Public health insurance						
Medicare coverage	T1-T3 ¹⁺					
CHAMPUS/CHAMPVA coverage	T4-T5 ¹⁺					
Medicaid coverage	T6-T10 ¹⁺					
Other public assistance coverage	T11-T15 ¹⁺					
Private health insurance						
Probe for coverage		T16 ²⁺	T23 ¹	T30 ⁴	T37 ⁴	T44 ¹⁺
Source of coverage, primary insured person		T17-T22 ²⁺	T24-T29 ¹	T31-T36 ⁴	T38-T43 ⁴	CONTINUATION
HMO		T46 ²⁺	T51 ¹	T56 ⁴	T61 ⁴	↓
Coverage of RU members		T47-T49 ²⁺	T52-T54 ¹	T57-T59 ⁴	T62-T64 ⁴	
Card available		CQ1 ³⁺	CQ9 ³	CQ17 ³	CQ25 ³	
Card information		CQ2 ³⁺	CQ10 ³	CQ18 ³	CQ26 ³	
Review of RU coverage, changes		CQ3-CQ8 ³⁺	CQ11-CQ16 ³	CQ19-CQ24 ³	CQ27-CQ32 ³	
Coverage through employers on roster	T44a,b ^x					
Experience purchasing health insurance	T65-T67 ⁴					
Special plans						
"Dread disease"		T68-T70 ¹⁺	T71-T73 ¹⁺			
"Extra cash"		T74-T76 ¹⁺	T77-T79 ¹⁺			

¹Asked in each round.

²Asked once for each plan, in first round plan reported.

³Asked once for each plan, in Round 2 or Round 4.

⁴Asked only in Round 1.

^x Reproduced in Exhibit 30.

⁺ Reproduced in Exhibit 31.

Exhibit 31. Household Survey/SAIAN health insurance section from the Round 2 Central Questionnaire

HEALTH INSURANCE SECTION

<div style="border: 1px solid black; padding: 2px; width: fit-content;"> SHOW CARD X </div>	<p>Medicare is a Social Security health insurance program for disabled persons and for persons 65 years old or over. People covered by Medicare have a card that looks like this.</p> <p>T1. Is anyone in the family covered by Medicare now?</p> <p style="text-align: right;">Yes 1 (T2) No 2 (T4)</p>
	<p>T2. Is (PERSON) covered now? REFER TO AGE BOX ON CONTROL CARD; PROBE IF PERSON 65+ NOT REPORTED AS COVERED.</p> <p style="text-align: right;">COVERED 1 NOT COVERED 2</p> <div style="text-align: right; margin-top: 20px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">BOX T_a</div> 1 2 (NP/T4) </div>
<div style="border: 1px solid black; padding: 2px; width: fit-content;"> BOX T_a </div>	<p>REFER TO SUMMARY: HAS (PERSON'S) MEDICARE COVERAGE BEEN REPORTED IN A PREVIOUS ROUND?</p> <p style="text-align: right;">YES ① NO ②</p> <div style="text-align: right; margin-top: 20px;"> 1 (NP:T2/T4) 2 (T3) </div>
	<p>T3. May I please see the Medicare card for (PERSON) to determine the type and date of coverage and record the number? The Medicare Social Security number is needed to allow (PERSON'S) Medicare records to be easily and accurately located and identified for statistical research purposes. In accordance with the Privacy Act of 1974, provision of (PERSON'S) Medicare Social Security number is voluntary and will in no way affect any benefits (PERSON) may be receiving under this program. The National Medical Expenditure Survey is being conducted under the authority of Section 304 of the Public Health Service Act. CODE TYPE OF COVERAGE, EFFECTIVE DATE AND MEDICARE NUMBER FROM CARD.</p> <p style="text-align: right;">HOSPITAL ONLY ① MEDICAL AND HOSPITAL ② MEDICAL ONLY ③ CARD NOT AVAILABLE ④</p> <div style="text-align: right; margin-top: 20px;"> 1 2 3 4 </div> <div style="text-align: right; margin-top: 10px;"> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> MONTH / DAY / YEAR </div> <div style="font-size: 3em; line-height: 1;">}</div> <div> (NP: T2/T4) </div> </div> <div style="margin-top: 10px;"> <div style="display: flex; justify-content: space-between; width: 100%;"> <div>_____</div> <div>_____</div> <div>_____</div> </div> <div style="text-align: center;"> M E D I C A R E # </div> </div> </div>

Exhibit 31. Household Survey/SAIAN health insurance section from the Round 2 Central Questionnaire (continued)

<p>T4. Is anyone in the family now covered by CHAMPUS (which covers both active duty and retired career military personnel, their dependents and survivors) or CHAMPVA (which covers disabled Veterans, their dependents, and survivors)?</p> <p>Yes 1 (T5) No 2 (T6)</p>	
<p>T5. Is (PERSON) now covered? CODE IN EACH PERSON COLUMN.</p> <p>COVERED ① NOT COVERED ②</p>	<p>..... 1 (NP/T6) 2 (NP/T6)</p>

Exhibit 31. Household Survey/SAIAN health insurance section from the Round 2 Central Questionnaire (continued)

<p>T6. At any time since (REF. DATE) has anyone in the family been covered by (Medicaid/STATE NAME FOR MEDICAID)?</p> <p>People covered by (Medicaid/STATE NAME FOR MEDICAID) usually have a card that looks like this.</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin: 5px;"> SHOW CARD Y </div> <p>Yes 1 (T7)</p> <p>No 2 (T11)</p>															
<p>T7. Has (PERSON) been covered (now or at any time) since (REF. DATE)?</p> <p>COVERED ①</p> <p>NOT COVERED ②</p>	<div style="text-align: center;">↓</div> <p>..... 1 (T8)</p> <p>..... 2 (NP/T11)</p>														
<p>T8. Has (PERSON) been covered the whole time from (REF. DATE) until today, or only part of the time?</p> <p>The whole time ①</p> <p>Part of the time ②</p>	<p>..... 1 (T10)</p> <p>..... 2 (T9)</p>														
<p>T9. Since (REF. DATE), in which months was (PERSON) covered by (Medicaid/STATE NAME FOR MEDICAID) for the entire month?</p> <p>CODE ALL THAT APPLY.</p>	<table border="0"> <tr> <td>Jan</td><td>Feb</td><td>Mar</td><td rowspan="4" style="font-size: 3em; vertical-align: middle;">}</td><td rowspan="4">(T10)</td> </tr> <tr> <td>Apr</td><td>May</td><td>Jun</td> </tr> <tr> <td>Jul</td><td>Aug</td><td>Sep</td> </tr> <tr> <td>Oct</td><td>Nov</td><td>Dec</td> </tr> </table>	Jan	Feb	Mar	}	(T10)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Jan	Feb	Mar	}	(T10)											
Apr	May	Jun													
Jul	Aug	Sep													
Oct	Nov	Dec													
<p>T10. May I please (see/check) the (Medicaid/STATE NAME FOR MEDICAID) card(s) for (PERSON) to determine the type and date of coverage?</p> <p>IF DATE NOT SHOWN, CODE AS "CURRENT".</p> <p>CARD AVAILABLE, CURRENT ①</p> <p>CARD AVAILABLE, EXPIRED ②</p> <p>CARD NOT AVAILABLE ③</p> <p>OTHER CARD SEEN 91</p> <p>OTHER PROGRAM NAME</p>	<table border="0"> <tr> <td>..... 1</td><td rowspan="4" style="font-size: 3em; vertical-align: middle;">}</td><td rowspan="4">(NP:T7/T11)</td> </tr> <tr> <td>..... 2</td> </tr> <tr> <td>..... 3</td> </tr> <tr> <td>..... 91</td> </tr> </table> <hr/> <p>OTHER PROGRAM</p> 1	}	(NP:T7/T11) 2 3 91								
..... 1	}	(NP:T7/T11)													
..... 2															
..... 3															
..... 91															

Exhibit 31. Household Survey/SALAN health insurance section from the Round 2 Central Questionnaire (continued)

<p>T11. At any time since (REF. DATE), has anyone in the family been covered by any other public assistance program (besides Medicaid/STATE NAME FOR MEDICAID) that pays for medical care?</p> <p>Yes 1 (T12) No 2 <input type="checkbox"/> BOX CQ1</p>	
<p>T12. Has (PERSON) been covered now or at any time since (REF. DATE)?</p> <p>COVERED ① NOT COVERED ②</p>	<p>..... 1 (T13) 2 (NP/ <input type="checkbox"/> BOX CQ1)</p>
<p>T13. What is the name of the program that (covers/covered) (PERSON)?</p>	<p>PROGRAM</p> <p>_____</p>
<p>T14. Has (PERSON) been covered the whole time from (REF. DATE) until today, or only part of the time?</p> <p>The whole time ① Part of the time ②</p>	<p>..... 1 (NP:T12/ <input type="checkbox"/> BOX CQ1) 2 (T15)</p>
<p>T15. Since (REF. DATE), in which months was (PERSON) covered by (PROGRAM) for the entire month?</p>	<p>Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec</p> <p>} (NP:T12/ <input type="checkbox"/> BOX CQ1)</p>

CARD SERIES QUESTIONS

BOX CQ1	<p>REFER TO SUMMARY:</p> <p>PRIVATE INSURANCE LISTED..... 1 (CQ1) NO PRIVATE INSURANCE..... 2 (T16, pg.99)</p>
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Exhibit 31. Household Survey/SALAN health insurance section from the Round 2 Central Questionnaire (continued)

CQ1. FOR FIRST PLAN LISTED ON SUMMARY, ENTER PLAN NUMBER, POLICYHOLDER'S NAME AND SOURCE..

PLAN #: P _____

POLICYHOLDER: _____ SOURCE: _____

At the last interview, your family had health insurance coverage from (POLICYHOLDER'S) (SOURCE) plan.

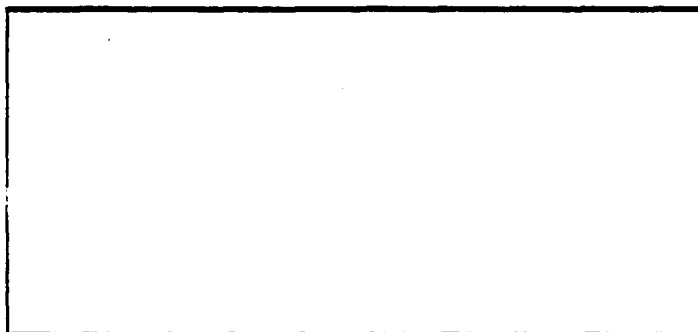
May I please see the identification card or cards for (POLICYHOLDER'S) (SOURCE) plan?

Yes, card available 1 (CQ2)

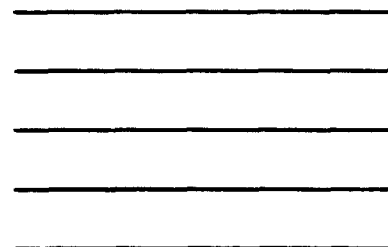
No, card not available..... 2 (CQ3)

Refused -7 (CQ3)

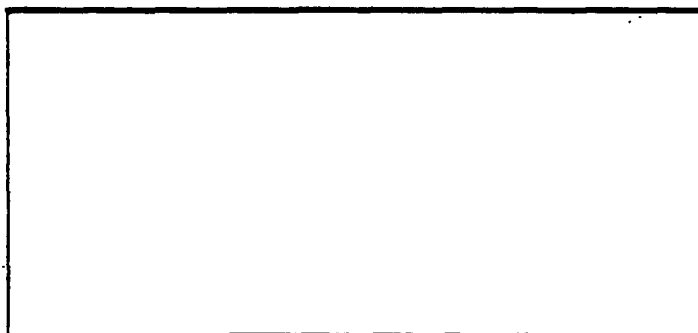
CQ2. ENTER NAME OF GROUP AND INSURANCE COMPANY, NAME OF POLICYHOLDER, ALL POLICY NUMBERS AND NAMES IN SAME RELATIVE POSITION AS THEY APPEAR ON THE FRONT OF THE CARD. IF ANY OF THIS DATA APPEARS ONLY ON THE BACK OF THE CARD, RECORD ON LINES BELOW. IF MORE THAN ONE PERSON'S NAME APPEARS ON CARD, ENTER TOP NAME ONLY.



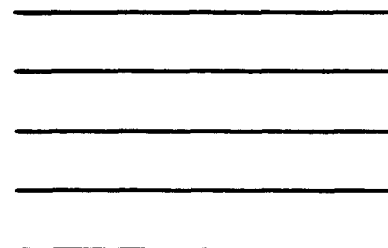
FRONT OF CARD 1



BACK OF CARD 1



FRONT OF CARD 2



BACK OF CARD 2

Exhibit 31. Household Survey/SAIAN health insurance section from the Round 2 Central Questionnaire (continued)

CQ3.	Is anyone in the family still covered by that plan?
	Yes 1 (CQ5) No 2 (CQ4)
CQ4.	In what month did that coverage end?
	MONTH: _____ BOX CQ3
CQ5.	IF ONE-PERSON RU, GO TO PI BOX . At the last interview, (POLICYHOLDER'S) (SOURCE) plan covered (READ NAMES FROM SUMMARY). Does this plan still cover (him/her/all of them)?
	Yes, everyone still covered 1 No, someone no longer covered 2
CQ6.	IF ALL RU MEMBERS LISTED AS COVERED ON SUMMARY THEN SKIP TO BOX CQ2 . Does this plan now cover anyone else in the family?
	Yes, now covers someone else 1 No, no one else covered 2

BOX CQ2	HAS COVERAGE CHANGED: IS CQ5 CODED "2" OR CQ6 CODED "1"?
	YES 1 (CQ7) NO 2 PI BOX

PI BOX	CHECK [<input checked="" type="checkbox"/>] "PI" BOX ON CONTROL CARD FOR (PERSON) AND GO TO BOX CQ3 .
-----------	---

Exhibit 31. Household Survey/SAIAN health insurance section from the Round 2 Central Questionnaire (continued)

<p>CQ7. Who is now covered by (POLICYHOLDER'S) (SOURCE) plan? CODE IN EACH PERSON COLUMN. →</p> <p>COVERED ①</p> <p>NOT COVERED ②</p>	<p>..... 1</p> <p>..... 2</p>
<p>CQ8. In what month did this change occur?</p> <p>NO CHANGE 95</p>	<p>MONTH</p> <p>_____</p> <p>..... 95</p>

<p>PI BOX</p>	<p>CHECK [✓] "PI" BOX ON CONTROL CARD FOR EACH PERSON COVERED IN CQ7.</p>
-------------------	---

<p>BOX CQ3</p>	<p>ARE ADDITIONAL PLANS LISTED ON SUMMARY?</p> <p>YES 1 (CQ9)</p> <p>NO 2 (T16, pg.99)</p>
--------------------	--

Exhibit 31. Household Survey/SAIAN health insurance section from the Round 2 Central Questionnaire (continued)

T16. (Not counting what you've already told me about,) At any time since (REF. DATE), has anyone in the family had any (other) health insurance plan (including an HMO) that pays hospital bills, doctor bills, or surgeon bills?
 IF YES, PROBE: Don't include any health insurance that pays only for accidents, only for specific diseases like cancer or stroke or only provides extra cash while in the hospital.

Yes. 1 (T17)
 No 2 BOX T5, pg.103

T17. People get health insurance in different ways -- through jobs, retirement benefits from jobs or through unions, for example. How does your family get your health insurance or health plan -- through an employer or family business, a union, or some other group, or directly from an insurance company?

Employer/Family business 1 (T19)
 Union. 2 (T19)
 Insurance company. 3 (T18)
 Other group SPECIFY _____ 91 (T19)

T18. Does your family get this coverage directly through the insurance company, or through a job or family business, a union, or someplace else?
 PROBE: What is this other place?

Directly 1
 Job/Family business. 2
 Union. 3
 Other SPECIFY _____ 91

T19. What is the name of that (employer/family business/union/insurance company/place)?
 PROBE FOR FULL NAME OF EMPLOYER, FAMILY BUSINESS, GROUP, OR INSURANCE COMPANY.

- o IF UNION, PROBE FOR FULL NAME AND COMPLETE ADDRESS. ADD TO EMPLOYER ROSTER IF IT IS NOT ALREADY ON ROSTER.
- o IF RETIREMENT BENEFIT OR PENSION, PROBE FOR NAME OF EMPLOYER OR UNION, AS APPROPRIATE.
- o IF EMPLOYER, FAMILY BUSINESS, OR UNION, ALREADY LISTED ON ROSTER, PLACE A CHECK [✓] ON THE EMPLOYER ROSTER AND ENTER EMPLOYER OR UNION NUMBER ONLY FROM ROSTER. IF EMPLOYER, FAMILY BUSINESS, OR UNION NOT LISTED ON ROSTER, ENTER SOURCE NAME AND CODE NOT APPLICABLE.

SOURCE NAME: _____

EMPLOYER OR UNION #: _____ OR CODE NOT APPLICABLE. 95

Exhibit 31. Household Survey/SAIAN health insurance section from the Round 2 Central Questionnaire (continued)

T20.	<p>Who is the primary insured person or policy holder?</p> <p>PROBE: Who in the family [works there/belongs to this (union/group)]? Whose name is on the plan?</p> <p>ENTER NAME. ENTER PERSON # OR CODE "NOT IN RU".</p> <p style="margin-top: 10px;">NAME: _____</p> <p style="margin-top: 10px;">PERSON #: _____ NOT IN RU 95</p>
T21.	<p>REFER TO SUMMARY AND ASSIGN NEXT AVAILABLE PLAN ID TO THIS PLAN.</p> <p>From now on I will refer to this plan as (POLICYHOLDER'S) (SOURCE) plan.</p> <p style="margin-top: 10px;">PLAN P _____</p>
T22.	<p>IF ONE-PERSON RU, GO TO T23.</p> <p>Besides what we've already talked about, does (anyone else/anyone who lives here) also have a separate plan in his or her own name from (SOURCE)?</p> <p>PROBE: Are these separate plans and <u>not family</u> coverage?</p> <div style="text-align: right; margin-top: 10px;"> <p>Yes. 1 BOX T1</p> <p>No 2 (T23)</p> </div>

BOX T1	<p>REVIEW RESPONSES TO T17-T19 WITH RESPONDENT. VERIFY THAT THIS PLAN IS FROM THE SAME SOURCE.</p> <div style="text-align: right; margin-top: 10px;"> <p>SAME SOURCE 1 (T27)</p> <p>DIFFERENT SOURCE. 2 (T24)</p> </div>
-----------	--

Exhibit 31. Household Survey/SAIAN health insurance section from the Round 2 Central Questionnaire (continued)

T44. Since (REF. DATE), has anyone in the family been covered by a health insurance plan (or an HMO) from any other source?

Yes. 1 (CONTINUATION)
No 2 **BOX T5**

**BOX
T5**

a. REFER TO EMPLOYER ROSTER: ARE ANY EMPLOYERS ON ROSTER NOT CHECKED [☒]?

YES, AT LEAST ONE EMPLOYER NOT CHECKED 1 (b)

NO, ALL EMPLOYERS CHECKED OR

NO EMPLOYERS ON ROSTER 2 **BOX T6**

b. ASK T44a ON EMPLOYER ROSTER FOR EACH EMPLOYER NOT CHECKED. IF ANY "YES" TO T44a, RECORD INSURANCE INFORMATION FOR THAT EMPLOYER IN NEXT AVAILABLE PLAN SECTION (STARTING AT T16, T23) AND ASK ALL APPROPRIATE QUESTIONS UNTIL ROUTED BACK TO THIS BOX.

c. GO TO **BOX T6**.

**BOX
T6**

IS THERE A PRIMARY INSURED PERSON OR POLICYHOLDER IN . . .

a. T20, pg.100?

YES 1 → ENTER PLAN ID, POLICYHOLDER AND SOURCE
IN T45 AND CONTINUE WITH **BOX T6b**.

NO. 2 **BOX T11, pg.111**

b. T27, pg.102?

YES 1 → ENTER PLAN ID, POLICYHOLDER AND SOURCE
IN T50, page 108 AND CONTINUE WITH **BOX T6c**.

NO. 2 (c)

c. GO TO T45.

Exhibit 31. Household Survey/SALAN health insurance section from the Round 2 Central Questionnaire (continued)

T45. PLAN # P _____ POLICYHOLDER: _____

SOURCE: _____

T45a. May I please see the identification card or cards for (POLICYHOLDER'S) (SOURCE) plan?

Yes, card available 1 (T45b)

No, card not available..... 2 (T46)

Refused -7 (T46)

T45b. ENTER NAME OF GROUP AND INSURANCE COMPANY, NAME OF POLICYHOLDER, ALL POLICY NUMBERS AND NAMES IN SAME RELATIVE POSITION AS THEY APPEAR ON THE FRONT OF THE CARD. IF ANY OF THIS DATA APPEARS ONLY ON THE BACK OF THE CARD, RECORD ON LINES BELOW. IF MORE THAN ONE PERSON'S NAME APPEARS ON CARD, ENTER TOP NAME ONLY.

FRONT OF CARD 1

FRONT OF CARD 2

BACK OF CARD 1

BACK OF CARD 2

Exhibit 31. Household Survey/SALAN health insurance section from the Round 2 Central Questionnaire (continued)

<div style="border: 1px solid black; padding: 2px; text-align: center;">SHOW CARD E</div>	<p>T46. Is the name of the coverage for (POLICYHOLDER IN T45'S) (SOURCE IN T45) plan shown on this list of HMO's and other similar plans? ENTER PSU #.</p> <p>PSU #: _____</p> <p>Yes 1 No 2</p>														
<div style="border: 1px solid black; padding: 2px; text-align: center;">PI BOX</div>	<p>T47. Was (PERSON) covered by (POLICYHOLDER'S) (SOURCE) plan at any time since (REF. DATE)?</p> <p>COVERED ① NOT COVERED ②</p> <div style="text-align: right; padding-top: 20px;">↓</div> <div style="float: right; text-align: right; padding-top: 20px;"> <p>..... 1 PI BOX</p> <p>..... 2 (NP/ BOX 17)</p> </div>														
<div style="border: 1px solid black; padding: 2px; text-align: center;">PI BOX</div>	<div style="border: 1px solid black; padding: 5px;"> <p>CHECK [<input checked="" type="checkbox"/>] "PI" BOX ON CONTROL CARD FOR (PERSON) AND GO TO T48.</p> </div>														
<div style="border: 1px solid black; padding: 2px; text-align: center;">PI BOX</div>	<p>T48. Was (PERSON) covered the whole time from (REF. DATE) to today, or only part of the time?</p> <p>The whole time ① Part of the time ②</p> <div style="float: right; text-align: right; padding-top: 20px;"> <p>..... 1 (NP:T47/ BOX 17)</p> <p>..... 2 (T49)</p> </div>														
<div style="border: 1px solid black; padding: 2px; text-align: center;">PI BOX</div>	<p>T49. In what months was (PERSON) covered for the entire month?</p> <div style="float: right; text-align: right; padding-top: 20px;"> <table style="border-collapse: collapse;"> <tr> <td>Jan</td><td>Feb</td><td>Mar</td><td rowspan="4" style="font-size: 3em; padding: 0 10px;">}</td><td rowspan="4" style="vertical-align: middle;">(NP: T47/ BOX 17)</td></tr> <tr><td>Apr</td><td>May</td><td>Jun</td></tr> <tr><td>Jul</td><td>Aug</td><td>Sep</td></tr> <tr><td>Oct</td><td>Nov</td><td>Dec</td></tr> </table> </div>	Jan	Feb	Mar	}	(NP: T47/ BOX 17)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Jan	Feb	Mar	}	(NP: T47/ BOX 17)											
Apr	May	Jun													
Jul	Aug	Sep													
Oct	Nov	Dec													

Exhibit 31. Household Survey/SAIAN health insurance section from the Round 2 Central Questionnaire (continued)

BOX T10	IS A PLAN LISTED IN CONTINUATION?	
	YES	1 (CONTINUATION)
	NO	2 BOX T11

BOX T11	<p>a. REVIEW CONTROL CARD AND CODE HERE FOR EACH PERSON: IS (PERSON) COVERED BY PRIVATE INSURANCE?</p> <p>COVERED ①</p> <p>NOT COVERED..... ②</p>		→ 1
			 2
	<p>b. HOW MANY PEOPLE IN THE RU ARE COVERED?</p> <p>ALL 1 (c)</p> <p>SOME 2 (d)</p> <p>NO ONE 3 (d)</p>			
	<p>c. REVIEW WITH RESPONDENT: So these people (READ NAMES) <u>are</u> covered by private insurance? Is that correct? RECONCILE IF NECESSARY. IF CORRECT, GO TO T68, pg.113.</p>			
	<p>d. REVIEW WITH RESPONDENT: These people (READ NAMES) are <u>not</u> covered by private insurance [and these people (READ NAMES) <u>are</u> covered by private insurance]. Is that correct? RECONCILE IF NECESSARY. IF CORRECT, GO TO T68, PG.113.</p>			

Exhibit 31. Household Survey/SAIAN health insurance section from the Round 2 Central Questionnaire (continued)

QUESTIONS T65-T67 AND BOX T12 HAVE BEEN DELETED

<p>T68. Now I would like to ask you about some other types of insurance. Is anyone in the family covered by any (other) insurance that pays <u>only</u> for certain illnesses, such as cancer or stroke?</p> <p>Yes 1 (T69) No 2 (T74)</p>	
<p>T69. What is the name of this plan? REFER TO SUMMARY AND ASSIGN NEXT AVAILABLE PLAN ID TO THIS PLAN. IF THIS POLICY ALREADY LISTED ON SUMMARY, ENTER PLAN NUMBER ONLY.</p> <p>PLAN P _____</p> <p>PLAN NAME: _____</p>	
<p>T70. Is (PERSON) covered by this (PLAN NAME) plan? CODE IN EACH PERSON COLUMN.</p> <p>YES ① NO ②</p>	<p>..... 1 2</p>
<p>T71. Does anyone in the family have any other health insurance plan for certain illnesses such as cancer or stroke?</p> <p>YES 1 (T72) NO 2 (T74)</p>	
<p>T72. What is the name of this plan? ASSIGN NEXT AVAILABLE PLAN ID TO THIS PLAN. IF THIS PLAN ALREADY LISTED ON SUMMARY, ENTER PLAN NUMBER ONLY.</p> <p>PLAN P _____</p> <p>PLAN NAME: _____</p>	
<p>T73. Is (PERSON) covered by this (PLAN NAME) plan? CODE IN EACH PERSON COLUMN.</p> <p>YES ① NO ②</p>	<p>..... 1 2</p>

Exhibit 31. Household Survey/SAIAN health insurance section from the Round 2 Central Questionnaire (continued)

<p>T74. There are insurance plans called "extra cash" policies. These policies pay you cash <u>only</u> if you are a patient in a hospital. Is anyone in the family covered by such a plan?</p> <p>Yes 1 (T75) No 2 BOX T13</p>	
<p>T75. What is the name of this plan? REFER TO SUMMARY AND ASSIGN NEXT AVAILABLE PLAN ID TO THIS PLAN. IF THIS PLAN ALREADY LISTED ON SUMMARY, ENTER PLAN NUMBER ONLY.</p> <p>PLAN P _____</p> <p>PLAN NAME: _____</p>	
<p>T76. Is (PERSON) covered by this (PLAN NAME) plan? CODE IN EACH PERSON COLUMN.</p> <p>YES ① NO ②</p>	<p>..... 1 2</p>
<p>T77. Does anyone in the family have any other health insurance plan for "extra cash"?</p> <p>YES 1 (T78) NO 2 BOX T13</p>	
<p>T78. What is the name of this plan? ASSIGN NEXT AVAILABLE PLAN ID TO THIS PLAN. IF THIS PLAN ALREADY LISTED ON SUMMARY, ENTER PLAN NUMBER ONLY.</p> <p>PLAN P _____</p> <p>PLAN NAME: _____</p>	
<p>T79. Is (PERSON) covered by this (PLAN NAME) plan? CODE IN EACH PERSON COLUMN.</p> <p>YES ① NO ②</p>	<p>..... 1 2</p>

BOX T13	<p>a. CIRCLE ONE CODE:</p> <p style="margin-left: 40px;">HOUSEHOLD SURVEY 1 (b) SAIAN 2 (c)</p> <p>b. CHECK DU ROSTER. ADMINISTER CAREGIVER (BRIGHT PINK) SUPPLEMENT, IF APPLICABLE.</p> <p>c. GO TO SECTION Y ("CLOSING MATERIALS").</p>
--------------------	--

J. Closing Section

At the end of each interview in Rounds 1-4, the interviewer thanked the respondent, described and made arrangements for the next interview, and obtained or updated information for locating the family if they should move. The interviewer also coded which family members acted as respondents and what records or other recall aids respondents used. The Closing Section from Round 2 is presented in Exhibit 32.

Exhibit 32. Household Survey/SAIAN closing section from the Round 2 Central Questionnaire

CLOSING MATERIALS

BOX Y1	a. CODE IN EACH PERSON COLUMN:	
	PRESENT FOR ALL QUESTIONS	①
	PRESENT FOR SOME QUESTIONS	②
	NOT PRESENT	③
	b. ENTER PERSON # OF RESPONDENT WHO ANSWERED MOST QUESTIONS FOR (PERSON).	

..... 1

..... 2

..... 3

PERSON #

BOX Y2	WERE ANY OF THE FOLLOWING MEMORY AIDS USED BY THE RESPONDENT(S) DURING THE INTERVIEW?		
		<u>YES</u>	<u>NO</u>
	NMES CALENDAR, WITH ENTRIES.	1	2
	NMES CALENDAR, WITHOUT ENTRIES.	1	2
	NMES CALENDAR POCKETS.	1	2
	OTHER CALENDAR.	1	2
	CHECKBOOK.	1	2
	BILL FROM PROVIDER.	1	2
	INSURANCE PAYMENT STATEMENT.	1	2
	INSURANCE POLICY.	1	2
	MEDICINE BOTTLE/PRESCRIPTION.	1	2
	OTHER SPECIFY _____	1	2

Y1. That's all the health and expenses questions I have today. Thank you very much for your help.

As I mentioned earlier, the National Medical Expenditure Survey is a year-long survey. We will be recontacting you about every three months; future interviews will ask you questions like the ones you've answered today. I will contact you by phone in (MONTH) for the next interview. What is the best number where you can be reached?

() _____
Telephone Number

Exhibit 32. Household Survey/SAIAN closing section from the Round 2 Central Questionnaire
(continued)

Y2. REVIEW WITH (PERSON) TO SEE IF THEY MAY NEED A NEW CALENDAR (BECAUSE FIRST ONE WAS LOST, MISPLACED, OR DESTROYED). IF NO NEW CALENDAR REQUIRED, SKIP TO Y3.

For the next interview, I will be calling you to ask questions about health care and medical expenses your family has between tomorrow and the time I call.

As before, to get health care and cost information accurately and make the next interview easier, it will be helpful for you to write down your family's illnesses, health care and medical costs. To help you collect this information, we would like you to use the calendar we have already given you.

GIVE THE RESPONDENT THIS INFORMATION ABOUT USING THE CALENDAR (IF NECESSARY) -- VERBATIM OR IN YOUR OWN WORDS:

VISITS: You can give the most accurate information if you use the calendar to note each day that someone in the family sees or talks to a doctor, dentist, or other medical person. For each visit please write down (the name of the family member), the name of the medical person, and the total charge your family pays.

MEDICINES: In addition, please use the calendar to note each time that someone gets any prescribed medicine. In the box for that day, please write down (the person's name), the name of the medicine, and the total charge for the medicine, as well as the amount your family paid.

DISABILITY: Please use the calendar to note each day that someone has to stay in bed all or most of the day, or misses work, or has to cut down on the things he or she usually does because of illness or injury.

POCKET: Please use this pocket to keep any bills and receipts related to health care and any statements about health insurance payments that you get before the next interview.

EXPLANATION: This explanation (POINT TO EXPLANATION ACCOMPANYING CALENDAR) goes over what I just said about using the calendar.

Y3. As I explained before, for this study to be most useful, we need information that is complete and accurate. It will take some effort on your part to work with us in future interviews and to keep records. We appreciate your willingness to cooperate with us in this important research. As I mentioned earlier, we will be paying you \$10 at the end of each interview for your time and effort. PAY RESPONDENT. COMPLETE RESPONDENT AGREEMENT FORM (CHECK RECEIPT).

Exhibit 32. Household Survey/SAIAN closing section from the Round 2 Central Questionnaire
(continued)

BOX Y2a	REVIEW LOCATING INFORMATION ON DU ROSTER WITH RESPONDENT AND UPDATE AS NECESSARY. IF NEW OR SPLIT RU, ASK Y4 - Y7.
------------	---

Y4. Please give me the name, address, and telephone number of a relative or friend who would know where you could be reached in case we have trouble reaching you at the time of the next interview. (Please give me the name of someone who is not currently living with you.)

NAME

STREET ADDRESS

CITY STATE ZIP

TELEPHONE RELATIONSHIP TO R

Y5. Do you have another home, such as a vacation home, where you can sometimes be contacted?

YES. 1 (Y6)
NO 2 (Y7)

Y6. What is the address and telephone number of that home?

STREET ADDRESS

CITY STATE ZIP

TELEPHONE

Y7. IF MORE THAN ONE ADULT IN RU, ASK: If you are not available at the time of the next interview, who would be the next best person to provide the health care and expenses information for your family?

PERSON NUMBER ID NUMBER

Exhibit 32. Household Survey/SALAN closing section from the Round 2 Central Questionnaire
(continued)

Y6. We might be sending you a summary of some of the health events you told me about today. This summary would remind you about any information which you may not have been able to give me today, such as total charges for doctor bills [or amounts paid by (your insurance/Medicare/Medicaid)]. When you get the summary, please take the time to check it. You and I will review the summary together and make any changes at the time of the next interview.

☐ CHECK [☒] HERE IF SUMMARY SHOULD NOT BE SENT.

Thank you for your time today.

BOX Y3	RECORD END TIME _____ AM <input type="checkbox"/> PM <input type="checkbox"/>
-----------	---

BOX Y3a	<p>a. COLLECT SELF ADMINISTERED QUESTIONNAIRES (SAQ'S) FROM RESPONDENT. IF NOT COMPLETED OR NOT RECEIVED, ADMINISTER ADULT, BOLD TYPE QUESTIONS ONLY, AND CHILDREN, ALL QUESTIONS.</p> <p>b. ARE THERE ANY OTHER RU'S AT THIS ADDRESS?</p> <p>YES. 1 (CONDUCT INTERVIEW WITH APPROPRIATE R OR DETERMINE AVAILABILITY)</p> <p>NO 2</p>
------------	---

Part 1 of this report on data collection design and methods for the Household Survey and the Survey of American Indians and Alaska Natives of the 1987 Medical Expenditure Survey has presented the analytical objectives of the study and a description of instrument design and the content of individual questionnaires and the separate interviewing rounds. The material displayed includes the screening instruments, enumeration instruments, and the core data collection instruments based on the central questionnaire in both the Household Survey and SAIAN.

Part 2 contains a detailed description of a supplementary interview instruments, particularly those relating to long-term care in the community and health and functional status. Part 2 also provides summary appendices on the design and sampling strategies for the Household Survey (Appendix A) and the SAIAN (Appendix B).

National Medical Expenditure Survey Methods, 2

Questionnaires and Data Collection Methods
for the
Household Survey
and
the Survey of American Indians
and Alaska Natives

Part 2

Westat, Inc.
1650 Research Boulevard
Rockville, Maryland 20850

August 1989

U.S. Department of Health and Human Services
Public Health Service
Office of the Assistant Secretary for Health
National Center for Health Services Research
and Health Care Technology Assessment

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Questionnaires and Data Collection Methods
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VI. Supplementary Interview Instruments

The Core Interview for the Household Survey comprised question topics included in each of the first four data collection rounds. Generally, these were the topics for which full-year information was desired -- use of and expenditures for medical care services, health insurance coverage, and so on. For a number of other data items, measurements at a single time were sufficient (the presence of certain chronic conditions, for example) or more appropriate (annual income for 1987, for example) than a series of measurements. Such items were included in questionnaire supplements or in sections added to the Central Questionnaire for only one round. Table 1, reproduced here as Table 11, presents the content of the NMES Household Survey and SAIAN Core Interview and supplementary instruments.

Whereas the Core Interview drew heavily from the 1977 NMCES and 1980 NMCUES for its content and question wordings, the supplementary questions other than those on income and access to care were more broadly derived from previous health surveys. This difference was due in large part to the expanded analytic objectives of the 1987 survey, and in particular the interest in long-term care for the Household Survey. The Long-term Care Supplement, the Caregiver and Care Receiver Supplements, some of the increased emphasis on health status, and the addition of some of the questions on housing all came from the focus on long-term care.

For the SAIAN, health status and access to care were two areas of particular concern not included in the Core Interview. In order to compare the use of medical services between the American Indian/Alaska Native population with that of the nation as a whole, comparative measures of both health status and access to care are essential.

Such additions to the content of NMES interviews strained the limits of respondent burden felt to be both feasible and fair. Because of a concern about respondent burden, and because some question items were appropriate only for self-respondents (and the Household Survey/SAIAN design allowed a single person to report for a Reporting Unit), survey designers developed Self-administered Questionnaires (SAQ's). For the Household Survey, these were mailed to participating households before the Round 2 interview, with a request that they be completed in time for the interviewer to pick them up at the Round 2 interview. For respondents who had difficulty completing the self-administered forms or who preferred not to, interviewers administered a subset of the questions. Collection of the SAQ's continued throughout the

Household Survey. The SAIAN interviewers asked adults present to complete the SAQ's at the Round 2 visit; otherwise, interviewers asked the questions of the family respondent. The child SAQ's for SAIAN were completed in Round 3.

This chapter is arranged by subject matter of the supplementary question items, rather than strictly by survey instrument (although the two overlap considerably). Section A describes supplementary questions on health and functional status. Section B covers community-based long-term care and informal caregiving. Section C discusses questions on access to care. Section D covers income, assets, and taxes; and Section E describes questions on housing.

A. Health and Functional Status

The main objectives in collecting information about health status in the NMES Household Survey were to focus on medical and related conditions, disabilities and impairments that were most directly related to needs for acute and long-term care, and to capture as broad a range of health status indicators as possible. An important goal for the Household Survey was to collect information on persons in need of long-term care comparable to that collected in the NMES Institutional Population Component surveys. To these ends, a balance was struck between eliciting information on functional health status (in physical, social, and psychological terms) and on specific conditions associated with medical events or disability days. Because of the different analytic goals of the SAIAN, and because its sample was not expected to include sufficient persons in need of long-term care for separate analyses, the SAIAN included those health status questions most relevant to analysis of acute care services.

The Core Interview collected two kinds of health status information: the Disability Days Section asked about days in bed, days lost from work or school, and days of restricted activity associated with medical problems. Medical condition names associated with visits, stays, and other medical services were collected and asked about in detail in the Condition Section.

Table 12 lists the health and functional status items included in supplementary instruments or sections for both the Household Survey and SAIAN. The Long-term Care Supplement, asked in Household Survey Rounds 1 and 4 to allow assessment of changes in functional status over time, included the ADL, IADL, and related items. The Round 2 and 5

Caregiver Supplement, also only in the Household Survey, asked about conditions associated with long-term care, communication abilities, and social and psychological functioning for people reported as requiring long-term care in the Round 1 Long-term Care Supplement. The Self-administered Questionnaires -- for adults and children in the Household Survey, and adults only in the SAIAN -- covered health habits, self-assessed health, mental health, and functional status, health attitudes, vision and hearing, and preventive care. Finally, the Round 1 Central Questionnaire included a short series of questions on developmental disabilities for both Household Survey and SAIAN participants.

In designing the health status questions, the National Medical Expenditure Survey adopted an amalgam approach, using expert panels to select the best items from a number of recent, well-known surveys. These items were then revised (sometimes extensively) and combined to form a unified section on health status that would be straightforward to administer. The design process began in 1985 and extended through the pretest phases.

The Activities of Daily Living were drawn from the work of Sidney Katz (Katz, et al., 1963 and 1985) and others. The checklists of medical conditions and the communication items were drawn from the Long-term Care Survey and the 1985 National Nursing Home Survey, with revisions. The National Nursing Home Survey was also the primary source for the items on mental health and cognition. Items on functional status and well-being in the adult SAQ's were adapted from the Rand Health Insurance Study (Rand, 1978, 1980).

Table 11. Questionnaires of the five interview rounds of the Household Survey and three interview rounds of the SAIAN

	<u>Core Interview</u>	<u>Supplementary Questionnaires</u>
Round 1 (2/87 - 6/87, Household Survey) (4/87-7/87, SAIAN)	Enumeration Booklet Control Card Central Questionnaire Disability Days Provider Probes Dental Visits Emergency Room Visits Hospital Outpatient Department Visits Hospital (Inpatient) Stays Home Health Visits Medical Provider Visits Traditional Medicine ² Prescribed Medicines Other Medical Expenses Conditions Employment Health Insurance	Long-term Care Supplement ¹ Developmental Disabilities
Between Rounds 1 and 2	-	Self-administered Questionnaires ¹
Round 2 (6/87-9/87, Household Survey) (8/87-12/87, SAIAN)	Enumeration Booklet Control Card Central Questionnaire Summary Review	Caregiver Supplement ¹ Caregiver Probes ¹ , Care Receiver Supplement ¹ Supplement 3 ² (access) Adult Self-administered Questionnaire ²
Round 3 ¹ (9/87-12/87, Household Survey)	Enumeration Booklet Control Card Central Questionnaire Summary Review	Supplement 3 ¹ (access)
Round 4 (1/88-5/88, Household Survey and SAIAN)	Enumeration Booklet Control Card Central Questionnaire Summary Review	Supplement 4 (Income/assets) Long-term Care Supplement ¹ Permission Forms Child Self-administered Questionnaire ²
Round 5 ¹ (5/88-7/88, Household Survey)	-	Supplement 5 (taxes, other) Caregiver Supplement

¹Household Survey only.

²SAIAN only.

Table 12. Health and functional status: Household Survey and SAIAN instruments used, and location of questions within each instrument

Data Element	Long-term Care Supplement ¹ (Exhibit 33)	Adult SAQ Household Survey [SAIAN] (Exhibit 35)	Child ³ SAQ (Age 5-17) (Exhibit 36)	Child ³ SAQ (Age 0-4) (Exhibit 37)	Central Questionnaire (Exhibit 39)	Caregiver Supplement ¹ (Exhibit 34)
Activities of Daily Living (ADL):	U1-U46					
Instrumental Activities of Daily Living (IADL):	U47-U83					
Special aids or equipment	U84					
Bowel and bladder control	U85-U92					
Other functional status		11-17 [6-13]	9-12	7-9		
Self-assessed health status		10-19 [5]	6-8,10-20	4-6,10		
Epilepsy, cerebral palsy, autism, spina bifida, presence of mental retardation					B27-B34	
Checklists of medical conditions and symptoms		20-23 [14-17]	21-22	16-17		V34
Problems with hearing, speech and vision, including communication		27-30 [20-24]	13-16	11-14		V24-V33
Aspects of social and psychological functioning		46-50 [28-30]				V35-V41
Health Habits: ²						
-Height/weight; eating, sleeping, smoking, seat belts, checkups, dental hygiene		1-7,9 [1-4] 33-35 [27]	1-5	1-3		
Preventive care:						
-Checkups; Pap smear/ breast exam/mammogram; immunizations		8,24-26 [18-20]	17	15		
Mental health treatment						V42
Dental health		31-32 [25-26]				
Health attitudes		36-45				

¹Household Survey only.

²Also in Supplement 4 for SAIAN.

³The child health questionnaires were completed by the household respondent.

1. Activities of Daily Living and Instrumental Activities of Daily Living (Long-term Care Supplement)

Functional health status was assessed in NMES with questions that determined whether the sample person had difficulty performing a set of critical daily activities without help because of a mental or physical health problem. These items, called Activities of Daily Living, were first used in the early 1950's by professionals with clinical training. Since then they have been applied in a wide variety of settings, including lay interviewer surveys such as the National Health Interview Survey Supplement on Aging and the 1982 and 1984 National Long-term Care Survey of the Health Care Financing Administration and the Office of the Assistant Secretary for Planning and Evaluation.

Functional impairment was seen as a critical determinant of the need for long-term care in both the NMES Household Survey and the IPC. To insure a high level of precision in obtaining this information, use of the original ADL concepts as developed by Katz was stressed in developing questionnaire items and their sequence. This was reinforced by a special four-hour training segment which introduced interviewers to some aspects of the ADL. Four concepts were emphasized: (1) "difficulty" (i.e, pain or trouble); (2) "help" (from other people or from special equipment); (3) cause (physical or mental health problems); and (4) observed behavior (what the person actually does, rather than what the person might be able to do or might need help in doing).

The primary Activities of Daily Living items as adapted for the NMES included six activities basic to independent living: bathing; dressing; toileting (getting to the toilet room, getting on and off the toilet or carrying a bedpan, cleaning after elimination, and arranging one's clothes); transfer (getting in and out of bed or chairs); feeding oneself; and walking across a room. For each item, interviewers asked if the sample person had difficulty performing the activity without help because of a physical or mental health problem. If so, follow-up questions determined whether the sample person performed the activity at all, whether someone else usually helped with the activity by providing physical assistance, supervision or instruction, and whether special aids or equipment were used.

For persons 18 years and older, a second set of questions addressed Instrumental Activities of Daily Living (Lawton and Brody, 1969)--activities which, although not basic requirements of independent living, enhance life in important ways. This scale consisted of six

items: using the telephone; managing money; shopping for personal items; getting around the community (using any means of transportation to go beyond walking distance from one's home); preparing meals; and doing light housework. (The IADL scale was omitted for persons younger than 18 because even healthy children and adolescents are not necessarily expected to perform these activities without help.) The IADL questions were identical in wording and format to the ADL questions, except that subquestions about the supervision and standby help and the use of special equipment were omitted.

An additional series of questions addressed the use of special equipment. There was a concern that the question on special equipment, if presented only in the context of a specific ADL, might bias responses in the direction of underreporting, and yet there was a need to relate the use of special equipment to specific activities. The use of special equipment was therefore exercised in two different ways: anchored to the ADL listing itself; and independently as a checklist of precoded items.

The sensitive nature--especially in the Household Survey context--of questions about incontinence, and the need for standardized question order across the NMES components dictated placement of this series at the end of the functional health status section. The series included questions about the use of a colostomy bag, help from another person in taking care of the device, accidents or difficulty controlling bowels, and the frequency of the problem. Parallel questions were asked about urination: the use of a urinary catheter, help from others, accidents or difficulty, and frequency.

Functional status questions from the Long-term Care Supplement are presented as Exhibit 33.

Exhibit 33. Household Survey functional status items from the Long-term Care Supplement

ACTIVITIES OF DAILY LIVING (ADLS)

The next questions are about whether you (or any member of your family) have any difficulty doing everyday activities without help. By help, I mean either the help of another person, including people who live with you, or the help of special equipment.

<p>U1. OPEN FOLDOUT AND ENTER PERSON NUMBERS IN FOLDOUT COLUMNS. Because of a mental or physical health problem, do you (or anyone in the family) have any difficulty bathing or showering without help? IF PERSON "DOESN'T DO IT" OR "DOESN'T DO IT WITHOUT HELP", PROBE: Is this because of a mental or physical health problem?</p> <p>Yes 1 (U2) No 2 (U8)</p>	
<p>U2. Who is that? Anyone else? CODE IN EACH PERSON COLUMN AND CHECK DIFFICULTY 2 ON FOLDOUT.</p> <p>HAS DIFFICULTY ① DOES NOT HAVE DIFFICULTY ②</p>	<p>..... 1 (U3) 2 (NP/U8)</p>
<p>U3. Has (PERSON) had this problem for more than three months?</p> <p>Yes ① No ②</p>	<p>..... 1 2</p>
<p>U4. Does (PERSON) receive help from another person in bathing or showering?</p> <p>Yes ① No ②</p>	<p>..... 1 (U6) 2 (U5)</p>
<p>U5. Does someone usually supervise or instruct (PERSON) in bathing or showering, or stay nearby just in case (PERSON) might need help?</p> <p>Yes ① No ②</p>	<p>..... 1 (U6) 2 (U7)</p>
<p>U6. Who gives this help? Anyone else? CODE ALL THAT APPLY. IF "RU MEMBER" OR "NONRELATIVE IN DU", ENTER PERSON # OR NAME ON ADL ROSTER.</p> <p>RU MEMBER ① NONRELATIVE IN DU ② RELATIVE OUTSIDE DU ③ NONRELATIVE OUTSIDE DU ④</p>	<p>..... 1 } (F0) 2 } 3 4</p>
<p>U7. Does (PERSON) use special equipment or aids in bathing or showering?</p> <p>Yes ① No ②</p>	<p>..... 1 } (NP:U2/U8) 2 }</p>

Exhibit 33. Household Survey functional status items from the Long-term Care Supplement
(continued)

<p>U8. Because of a mental or physical health problem, do you (or anyone in the family) have any difficulty dressing without help, including getting clothes? IF PERSON "DOESN'T DO IT" OR "DOESN'T DO IT WITHOUT HELP", PROBE: Is this because of a mental or physical health problem?</p> <p>Yes 1 (U9) No 2 (U15)</p>	
<p>U9. Who is that? Anyone else? CODE IN EACH PERSON COLUMN AND CHECK DIFFICULTY 9 ON FOLDOUT.</p> <p>HAS DIFFICULTY ① DOES NOT HAVE DIFFICULTY ②</p>	<p>..... 1 (U10) 2 (NP/U15)</p>
<p>U10. Has (PERSON) had this problem for more than three months?</p> <p>Yes ① No ②</p>	<p>..... 1 2</p>
<p>U11. Does (PERSON) receive help from another person in dressing, including help getting clothes?</p> <p>Yes ① No ②</p>	<p>..... 1 (U13) 2 (U12)</p>
<p>U12. Does someone usually supervise or instruct (PERSON) in dressing, or stay nearby just in case (PERSON) might need help?</p> <p>Yes ① No ②</p>	<p>..... 1 (U13) 2 (U14)</p>
<p>U13. Who gives this help? Anyone else? CODE ALL THAT APPLY. IF "RU MEMBER" OR "NONRELATIVE IN DU", ENTER PERSON # OR NAME ON ADL ROSTER.</p> <p>RU MEMBER ① NONRELATIVE IN DU ② RELATIVE OUTSIDE DU ③ NONRELATIVE OUTSIDE DU ④</p>	<p>..... 1 } (FO) 2 } 3 4</p>
<p>U14. Does (PERSON) use special equipment or aids in dressing?</p> <p>Yes ① No ②</p>	<p>..... 1 } (NP:U9/U15) 2 }</p>

Exhibit 33. Household Survey functional status items from the Long-term Care Supplement
(continued)

<p>U15. Because of a mental or physical health problem, do you (or anyone in the family) have any difficulty using the toilet without help, including getting to the toilet? IF PERSON "DOESN'T DO IT" OR "DOESN'T DO IT WITHOUT HELP", PROBE: Is this because of a mental or physical health problem?</p> <p>Yes 1 (U16) No 2 (U23)</p>	
<p>U16. Who is that? Anyone else? CODE IN EACH PERSON COLUMN AND CHECK DIFFICULTY 16 ON FOLDOUT.</p> <p>HAS DIFFICULTY ① DOES NOT HAVE DIFFICULTY ②</p>	<p>..... 1 (U17) 2 (NP/U23)</p>
<p>U17. Has (PERSON) had this problem for more than three months?</p> <p>Yes ① No ②</p>	<p>..... 1 2</p>
<p>U18. Does (PERSON) use the toilet at all (either with or without help of any kind)?</p> <p>Yes ① No ②</p>	<p>..... 1 (U19) 2 (NP:U16/U23)</p>
<p>U19. Does (PERSON) receive help from another person in using the toilet, including help getting to the toilet?</p> <p>Yes ① No ②</p>	<p>..... 1 (U21) 2 (U20)</p>
<p>U20. Does someone usually supervise or instruct (PERSON) in using the toilet, or stay nearby just in case (PERSON) might need help?</p> <p>Yes ① No ②</p>	<p>..... 1 (U21) 2 (U22)</p>
<p>U21. Who gives this help? Anyone else? CODE ALL THAT APPLY. IF "RU MEMBER" OR "NONRELATIVE IN DU", ENTER PERSON # OR NAME ON ADL ROSTER.</p> <p>RU MEMBER ① NONRELATIVE IN DU ② RELATIVE OUTSIDE DU ③ NONRELATIVE OUTSIDE DU ④</p>	<p>..... 1 } (FO) 2 } 3 4</p>
<p>U22. Does (PERSON) use special equipment or aids in using the toilet, including help getting to the toilet?</p> <p>Yes ① No ②</p>	<p>..... 1 } 2 } (NP:U16/U23)</p>

Exhibit 33. Household Survey functional status items from the Long-term Care Supplement
(continued)

<p>U23. Do you (or anyone in the family) have any difficulty getting in or out of bed or chairs without help? IF PERSON "DOESN'T DO IT" OR "DOESN'T DO IT WITHOUT HELP", PROBE: Is this because of a mental or physical health problem?</p> <p>Yes 1 (U24) No 2 (U31)</p>	
<p>U24. Who is that? Anyone else? CODE IN EACH PERSON COLUMN AND CHECK DIFFICULTY 24 ON FOLDOUT.</p> <p>HAS DIFFICULTY ① DOES NOT HAVE DIFFICULTY ②</p>	<p>..... 1 (U25) 2 (NP/U31)</p>
<p>U25. Has (PERSON) had this problem for more than three months?</p> <p>Yes ① No ②</p>	<p>..... 1 2</p>
<p>U26. Does (PERSON) get in or out of bed or chairs at all (either with or without help of any kind)?</p> <p>Yes ① No ②</p>	<p>..... 1 (U27) 2 (NP:U24/U31)</p>
<p>U27. Does (PERSON) receive help from another person in getting in or out of bed or chairs?</p> <p>Yes ① No ②</p>	<p>..... 1 (U29) 2 (U28)</p>
<p>U28. Does someone usually supervise or instruct (PERSON) in getting in or out of bed or chairs, or stay nearby just in case (PERSON) might need help?</p> <p>Yes ① No ②</p>	<p>..... 1 (U29) 2 (U30)</p>
<p>U29. Who gives this help? Anyone else? CODE ALL THAT APPLY. IF "RU MEMBER" OR "NONRELATIVE IN DU", ENTER PERSON # OR NAME ON ADL ROSTER.</p> <p>RU MEMBER ① NONRELATIVE IN DU ② RELATIVE OUTSIDE DU ③ NONRELATIVE OUTSIDE DU ④</p>	<p>..... 1 } (FO) 2 } 3 4</p>
<p>U30. Does (PERSON) use special equipment or aids in getting in or out of bed or chairs?</p> <p>Yes ① No ②</p>	<p>..... 1 } (NP:U24/U31) 2 }</p>

Exhibit 33. Household Survey functional status items from the Long-term Care Supplement
(continued)

<p>U31. Because of a mental or physical health problem, do you (or anyone in the family) have any difficulty feeding (himself/herself) without help? IF PERSON "DOESN'T DO IT" OR "DOESN'T DO IT WITHOUT HELP", PROBE: Is this because of a mental or physical health problem?</p> <p>Yes 1 (U32) No 2 (U39)</p>	
<p>U32. Who is that? Anyone else? CODE IN EACH PERSON COLUMN AND CHECK DIFFICULTY 32 ON FOLDOUT.</p> <p>HAS DIFFICULTY ① DOES NOT HAVE DIFFICULTY ②</p>	<p>..... 1 (U33) 2 (NP/U39)</p>
<p>U33. Has (PERSON) had this problem for more than three months?</p> <p>Yes ① No ②</p>	<p>..... 1 2</p>
<p>U34. Does (PERSON) feed (himself/herself) at all (either with or without help of any kind)?</p> <p>Yes ① No ②</p>	<p>..... 1 (U35) 2 (NP:U32/U39)</p>
<p>U35. Does (PERSON) receive help from another person in feeding (himself/herself)?</p> <p>Yes ① No ②</p>	<p>..... 1 (U37) 2 (U36)</p>
<p>U36. Does someone usually supervise or instruct (PERSON) in feeding (himself/herself), or stay nearby just in case (PERSON) might need help?</p> <p>Yes ① No ②</p>	<p>..... 1 (U37) 2 (U38)</p>
<p>U37. Who gives this help? Anyone else? CODE ALL THAT APPLY. IF "RU MEMBER" OR "NONRELATIVE IN DU", ENTER PERSON # OR NAME ON ADL ROSTER.</p> <p>RU MEMBER ① NONRELATIVE IN DU ② RELATIVE OUTSIDE DU ③ NONRELATIVE OUTSIDE DU ④</p>	<p>..... 1 } (FO) 2 } 3 4</p>
<p>U38. Does (PERSON) use special equipment or aids in feeding (himself/herself)?</p> <p>Yes ① No ②</p>	<p>..... 1 } (NP:U32/U39) 2 }</p>

Exhibit 33. Household Survey functional status items from the Long-term Care Supplement
(continued)

<p>U39. Do you (or anyone in the family) have any difficulty walking across a room without help? IF PERSON "DOESN'T DO IT" OR "DOESN'T DO IT WITHOUT HELP", PROBE: Is this because of a mental or physical health problem?</p> <p>Yes 1 (U40) No 2 (U47)</p>	
<p>U40. Who is that? Anyone else? CODE IN EACH PERSON COLUMN AND CHECK DIFFICULTY 40 ON FOLDOUT.</p> <p>HAS DIFFICULTY ① DOES NOT HAVE DIFFICULTY ②</p>	<p>..... 1 (U41) 2 (NP/ BOX U1)</p>
<p>U41. Has (PERSON) had this problem for more than three months?</p> <p>Yes ① No ②</p>	<p>..... 1 2</p>
<p>U42. Does (PERSON) walk across a room at all (either with or without help of any kind)?</p> <p>Yes ① No ②</p>	<p>..... 1 (U43) 2 (NP:U40/ BOX U1)</p>
<p>U43. Does (PERSON) receive help from another person in walking across a room?</p> <p>Yes ① No ②</p>	<p>..... 1 (U45) 2 (U44)</p>
<p>U44. Does someone usually supervise or instruct (PERSON) in walking, or stay nearby just in case (PERSON) might need help?</p> <p>Yes ① No ②</p>	<p>..... 1 (U45) 2 (U46)</p>
<p>U45. Who gives this help? Anyone else? CODE ALL THAT APPLY. IF "RU MEMBER" OR "NONRELATIVE IN DU", ENTER PERSON # OR NAME IN ADL ROSTER.</p> <p>RU MEMBER ① NONRELATIVE IN DU ② RELATIVE OUTSIDE DU ③ NONRELATIVE OUTSIDE DU ④</p>	<p>..... 1 } (F0) 2 } 3 4</p>
<p>U46. Does (PERSON) use special equipment or aids in walking across a room?</p> <p>Yes ① No ②</p>	<p>..... 1 } (NP:U40/ 2 } BOX U1)</p>

Exhibit 33. Household Survey functional status items from the Long-term Care Supplement
(continued)

INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADLS)

BOX U1	<p>CODE IN EACH PERSON COLUMN:</p> <p>AGE 17 OR YOUNGER 1</p> <p>AGE 18 OR OLDER 2</p>	<p>..... 1</p> <p>..... 2</p>
<p>U47. IF ANY RU MEMBER UNDER AGE 18 AND NOT REFERENCE PERSON, READ: The next questions are about only those persons who are 18 years or older -- that is, (NAMES OF ADULTS IN RU). CONTINUE WITH U47 FOR EACH PERSON AGE 18 OR OLDER.</p> <p>Because of a mental or physical health problem, do you (or any other adult in the family) have any difficulty using the telephone without help? IF PERSON "DOESN'T DO IT" OR "DOESN'T DO IT WITHOUT HELP", PROBE: Is this because of a mental or physical health problem?</p> <p>Yes 1 (U48)</p> <p>No 2 (U53)</p>		
<p>U48. Who is that? Anyone else? CODE IN EACH ADULT'S COLUMN AND CHECK DIFFICULTY 48 ON FOLDOUT.</p> <p>HAS DIFFICULTY ①</p> <p>DOES NOT HAVE DIFFICULTY ②</p>		<p>..... 1 (U49)</p> <p>..... 2 (NP/U53)</p>
<p>U49. Has (PERSON) had this problem for more than three months?</p> <p>Yes ①</p> <p>No ②</p>		<p>..... 1</p> <p>..... 2</p>
<p>U50. Does (PERSON) use the telephone at all (either with or without help of any kind)?</p> <p>Yes ①</p> <p>No ②</p>		<p>..... 1 (U51)</p> <p>..... 2 (NP:U48/U53)</p>
<p>U51. Does (PERSON) receive help from another person in using the telephone?</p> <p>Yes ①</p> <p>No ②</p>		<p>..... 1 (U52)</p> <p>..... 2 (NP:U48/U53)</p>
<p>U52. Who gives this help? Anyone else? CODE ALL THAT APPLY. IF "RU MEMBER" OR "NONRELATIVE IN DU", ENTER PERSON # OR NAME ON IADL ROSTER.</p> <p>RU MEMBER ①</p> <p>NONRELATIVE IN DU ②</p> <p>RELATIVE OUTSIDE DU ③</p> <p>NONRELATIVE OUTSIDE DU ④</p>		<p>..... 1 } (FO;NP:U48/U53)</p> <p>..... 2 }</p> <p>..... 3 } (NP:U48/U53)</p> <p>..... 4 }</p>

Exhibit 33. Household Survey functional status items from the Long-term Care Supplement
(continued)

<p>U53. Do you (or any other adult in the family) have any difficulty managing (his/her) money, such as keeping track of expenses or paying bills, without help? IF PERSON "DOESN'T DO IT" OR "DOESN'T DO IT WITHOUT HELP", PROBE: Is this because of a mental or physical health problem?</p> <p>Yes 1 (U54) No 2 (U59)</p>	
<p>U54. Who is that? Anyone else? CODE IN EACH ADULT'S COLUMN AND CHECK DIFFICULTY 54 ON FOLDOUT.</p> <p>HAS DIFFICULTY ① DOES NOT HAVE DIFFICULTY ②</p>	<p>..... 1 (U55) 2 (NP/U59)</p>
<p>U55. Has (PERSON) had this problem for more than three months?</p> <p>Yes ① No ②</p>	<p>..... 1 2</p>
<p>U56. Does (PERSON) manage (his/her) money at all (either with or without help of any kind)?</p> <p>Yes ① No ②</p>	<p>..... 1 (U57) 2 (NP:U54/U59)</p>
<p>U57. Does (PERSON) receive help from another person in managing (his/her) money?</p> <p>Yes ① No ②</p>	<p>..... 1 (U58) 2 (NP:U54/U59)</p>
<p>U58. Who gives this help? Anyone else? CODE ALL THAT APPLY. IF "RU MEMBER" OR "NONRELATIVE IN DU", ENTER PERSON # OR NAME ON IADL ROSTER.</p> <p>RU MEMBER ① NONRELATIVE IN DU ② RELATIVE OUTSIDE DU ③ NONRELATIVE OUTSIDE DU ④</p>	<p>..... 1 } (FO;NP:U54/U59) 2 } 3 } (NP:U54/U59) 4 }</p>

Exhibit 33. Household Survey functional status items from the Long-term Care Supplement
(continued)

<p>U59. Do you (or any other adult in the family) have any difficulty shopping for personal items such as toilet items or medicines without help? IF PERSON "DOESN'T DO IT" OR "DOESN'T DO IT WITHOUT HELP", PROBE: Is this because of a mental or physical health problem?</p> <p>Yes 1 (U60) No 2 (U65)</p>	
<p>U60. Who is that? Anyone else? CODE IN EACH ADULT'S COLUMN AND CHECK DIFFICULTY 60 ON FOLDOUT.</p> <p>HAS DIFFICULTY ① DOES NOT HAVE DIFFICULTY ②</p>	<p>..... 1 (U61) 2 (NP/U65)</p>
<p>U61. Has (PERSON) had this problem for more than three months?</p> <p>Yes ① No ②</p>	<p>..... 1 2</p>
<p>U62. Does (PERSON) shop for personal items at all (either with or without help of any kind)?</p> <p>Yes ① No ②</p>	<p>..... 1 (U63) 2 (NP:U60/U65)</p>
<p>U63. Does (PERSON) receive help from another person in shopping for personal items?</p> <p>Yes ① No ②</p>	<p>..... 1 (U64) 2 (NP:U60/U65)</p>
<p>U64. Who gives this help? Anyone else? CODE ALL THAT APPLY. IF "RU MEMBER" OR "NONRELATIVE IN DU", ENTER PERSON # OR NAME ON IADL ROSTER.</p> <p>RU MEMBER ① NONRELATIVE IN DU ② RELATIVE OUTSIDE DU ③ NONRELATIVE OUTSIDE DU ④</p>	<p>..... 1 } (FO;NP:U60/U65) 2 } 3 } (NP:U60/U65) 4 }</p>

Exhibit 33. Household Survey functional status items from the Long-term Care Supplement
(continued)

<p>U65. Because of a mental or physical health problem, do you (or any other adult in the family) have any difficulty getting around the community without help? For example, driving a car or using public transportation. IF PERSON "DOESN'T DO IT" OR "DOESN'T DO IT WITHOUT HELP", PROBE: Is this because of a mental or physical health problem?</p> <p>Yes 1 (U66) No 2 (U71)</p>	
<p>U66. Who is that? Anyone else? CODE IN EACH ADULT'S COLUMN AND CHECK DIFFICULTY 66 ON FOLDOUT.</p> <p>HAS DIFFICULTY ① DOES NOT HAVE DIFFICULTY ②</p>	<p>..... 1 (U67) 2 (NP/U71)</p>
<p>U67. Has (PERSON) had this problem for more than three months?</p> <p>Yes ① No ②</p>	<p>..... 1 2</p>
<p>U68. Does (PERSON) get around the community at all (either with or without help of any kind)?</p> <p>Yes ① No ②</p>	<p>..... 1 (U69) 2 (NP:U66/U71)</p>
<p>U69. Does (PERSON) receive help from another person in getting around the community?</p> <p>Yes ① No ②</p>	<p>..... 1 (U70) 2 (NP:U66/U71)</p>
<p>U70. Who gives this help? Anyone else? CODE ALL THAT APPLY. IF "RU MEMBER" OR "NONRELATIVE IN DU", ENTER PERSON # OR NAME ON IADL ROSTER.</p> <p>RU MEMBER ① NONRELATIVE IN DU ② RELATIVE OUTSIDE DU ③ NONRELATIVE OUTSIDE DU ④</p>	<p>..... 1 } (FD;NP:U66/U71) 2 } 3 } (NP:U66/U71) 4 }</p>

Exhibit 33. Household Survey functional status items from the Long-term Care Supplement
(continued)

<p>U71. Because of a mental or physical health problem, do you (or any other adult in the family) have any difficulty preparing (his or her) meals without help? IF PERSON "DOESN'T DO IT" OR "DOESN'T DO IT WITHOUT HELP", PROBE: Is this because of a mental or physical health problem?</p> <p>Yes 1 (U72) No 2 (U77)</p>	
<p>U72. Who is that? Anyone else? CODE IN EACH ADULT'S COLUMN AND CHECK DIFFICULTY 72 ON FOLDOUT.</p> <p>HAS DIFFICULTY ① DOES NOT HAVE DIFFICULTY ②</p>	<p>..... 1 (U73) 2 (NP/U77)</p>
<p>U73. Has (PERSON) had this problem for more than three months?</p> <p>Yes ① No ②</p>	<p>..... 1 2</p>
<p>U74. Does (PERSON) prepare (his/her) meals at all (either with or without help of any kind)?</p> <p>Yes ① No ②</p>	<p>..... 1 (U75) 2 (NP:U72/U77)</p>
<p>U75. Does (PERSON) receive help from another person in preparing (his/her) meals?</p> <p>Yes ① No ②</p>	<p>..... 1 (U76) 2 (NP:U72/U77)</p>
<p>U76. Who gives this help? Anyone else? CODE ALL THAT APPLY. IF "RU MEMBER" OR "NONRELATIVE IN DU", ENTER PERSON # OR NAME ON IADL ROSTER.</p> <p>RU MEMBER ① NONRELATIVE IN DU ② RELATIVE OUTSIDE DU ③ NONRELATIVE OUTSIDE DU ④</p>	<p>..... 1 } (FO;NP:U72/U77) 2 } 3 } (NP:U72/U77) 4 }</p>

Exhibit 33. Household Survey functional status items from the Long-term Care Supplement
(continued)

<p>U77. Because of a mental or physical health problem, do you (or any other adult in the family) have any difficulty doing light housework (such as doing dishes, straightening up, or light cleaning) without help? IF PERSON "DOESN'T DO IT" OR "DOESN'T DO IT WITHOUT HELP", PROBE: Is this because of a mental or physical health problem?</p> <p>Yes 1 (U78) No 2 <input type="checkbox"/> BOX U2</p>	
<p>U78. Who is that? Anyone else? CODE IN EACH ADULT'S COLUMN AND CHECK DIFFICULTY 78 ON FOLDOUT.</p> <p>HAS DIFFICULTY ① DOES NOT HAVE DIFFICULTY ②</p>	<p>..... 1 (U79) 2 (NP/ <input type="checkbox"/> BOX U2)</p>
<p>U79. Has (PERSON) had this problem for more than three months?</p> <p>Yes ① No ②</p>	<p>..... 1 2</p>
<p>U80. Does (PERSON) do light housework at all (either with or without help of any kind)?</p> <p>Yes ① No ②</p>	<p>..... 1 (U81) 2 (NP:U78/ <input type="checkbox"/> BOX U2)</p>
<p>U81. Does (PERSON) receive help from another person in doing light housework?</p> <p>Yes ① No ②</p>	<p>..... 1 (U82) 2 (NP:U78/ <input type="checkbox"/> BOX U2)</p>
<p>U82. Who gives this help? Anyone else? CODE ALL THAT APPLY. IF "RU MEMBER" OR "NONRELATIVE IN DU", ENTER PERSON # OR NAME ON IADL ROSTER.</p> <p>RU MEMBER ① NONRELATIVE IN DU ② RELATIVE OUTSIDE DU ③ NONRELATIVE OUTSIDE DU ④</p>	<p>..... 1 } (FD; NP:U78/ 2 } <input type="checkbox"/> BOX U2 3 } (NP:U78/ 4 } <input type="checkbox"/> BOX U2</p>

Exhibit 33. Household Survey functional status items from the Long-term Care Supplement
(continued)

BOX U2	REFER TO ALL RU MEMBERS ON FOLDOUT: CODE IN EACH PERSON COLUMN: HAS AT LEAST ONE ADL OR IADL DIFFICULTY..... ① DOES NOT HAVE ANY ADL OR IADL DIFFICULTIES... ②	↓ 1 (U83) 2 (NP/ BOX U7, pg.47
U83. You've told me (PERSON) has difficulty (READ ALL DIFFICULTIES CODED ON FOLDOUT FOR PERSON). When did (PERSON) first have difficulty with (this/any of these activities) because of a mental or physical health problem? DO NOT PROBE FOR MONTH IF MORE THAN TWO YEARS AGO.			DATE _____ / _____ MONTH YEAR

Exhibit 33. Household Survey functional status items from the Long-term Care Supplement
(continued)

U84. Next, I'm going to read a list of special equipment or aids. Please tell me if (PERSON) uses any of them.

a. a shower seat or tub stool?

Yes ① 1
No ② 2

b. grab bars, handle bars, or a railing?

Yes ① 1
No ② 2

c. a raised toilet?

Yes ① 1
No ② 2

d. a portable toilet?

Yes ① 1
No ② 2

e. velcro fasteners or snaps?

Yes ① 1
No ② 2

f. special underwear or diapers?

Yes ① 1
No ② 2

g. special dishes, cups, or utensils?

Yes ① 1
No ② 2

h. a mechanical feeding machine?

Yes ① 1
No ② 2

i. a wheelchair?

Yes ① 1
No ② 2

j. a walker, a cane, or crutches?

Yes ① 1
No ② 2

k. an amplifier for the telephone?

Yes ① 1
No ② 2

Exhibit 33. Household Survey functional status items from the Long-term Care Supplement
(continued)

<p>U85. Does (PERSON) have a colostomy bag or similar device to help control bowel movements?</p> <p>Yes ①</p> <p>No ②</p>	<p>..... 1 (U86)</p> <p>..... 2 (U87)</p>
<p>U86. Does (PERSON) receive help from another person in taking care of this device?</p> <p>Yes ①</p> <p>No ②</p>	<p>..... 1 (U89)</p> <p>..... 2 (U89)</p>
<p>U87. Does (PERSON) have any accidents or difficulty controlling (his/her) bowels?</p> <p>Yes ①</p> <p>No ②</p>	<p>..... 1 (U88)</p> <p>..... 2 (U89)</p>
<p>U88. How frequently does (PERSON) have this problem -- daily, several times a week, once a week, or less than once a week?</p> <p>Daily ①</p> <p>Several times a week ②</p> <p>Once a week ③</p> <p>Less than once a week ④</p>	<p>..... 1</p> <p>..... 2</p> <p>..... 3</p> <p>..... 4</p> <p>} (U89)</p>

Exhibit 33. Household Survey functional status items from the Long-term Care Supplement (continued)

[illegible]

Exhibit 33. Household Survey functional status items from the Long-term Care Supplement
(continued)

BOX U4	IS RU MEMBER IN U93 ... SPOUSE? ① SON, SON-IN-LAW, DAUGHTER OR DAUGHTER-IN-LAW? ② ANY OTHER RELATIVE? ③ 1 <input type="checkbox"/> BOX U5 2 <input type="checkbox"/> BOX U5 3 (U94)
U94. Is (PERSON IN U93) being paid to help (IMPAIRED PERSON)? Yes ① No ②	 1 (U95) 2 <input type="checkbox"/> BOX U5
U95. How much is (PERSON IN U93) paid?		AMOUNT \$ PER HOUR 1 PER DAY 2 PER WEEK 3 PER MONTH..... 4 SOME OTHER PERIOD SPECIFY 91
U96. Who pays for (PERSON IN U93'S) help? ENTER UNDER "SOURCE". PROBE: Does any other source pay anything for (PERSON IN U93'S) help to (IMPAIRED PERSON)? U97. ASK FOR EACH SOURCE: How much does (SOURCE) pay? ENTER "AMOUNT".		SOURCE 1: AMT: \$ SOURCE 2: AMT: \$ SOURCE 3: AMT: \$

2. Conditions Associated with Long-term Care, Communication Abilities, Social and Psychological Functioning (Caregiver Supplement)

For persons identified in the Round 1 or 4 Long-term Care Supplement as receiving help with ADL's or IADL's from someone in the household, interviewers were assigned a Caregiver Supplement as part of the Round 2 or 5 interview, respectively. This supplement, to be completed with the primary caregiver of the impaired person, included questions about caregiving activities (see Table 12) as well as a number of questions on the impaired person. (These latter questions were also asked of facility caregivers and next-of-kin of sample persons in the NMES IPC.)

The general purpose of the health status questions in the Caregiver Supplement (Exhibit 34) was to help assess the overall level of functioning, the need for care, and the intensity of care required for persons with functional limitations. An important goal of the focus on long-term care in the Household Survey was to compare the needs of such persons living in the community with those in institutions (as measured in the NMES IPC).

Exhibit 34. Household Survey health status items from the Caregiver Supplement

The next questions are about communication problems (PERSON) may have.
SKIP TO V34 FOR CHILDREN UNDER THREE YEARS OF AGE.

V24. Does (PERSON) have any difficulty understanding ordinary conversation [in (PERSON'S) native language] [with a hearing aid if (PERSON) uses one]?	Yes, difficulty. 1 (V25) No difficulty. 2 (V26) DK -8 (V26)
V25. Does (PERSON) understand ordinary conversation [in (PERSON'S) native language] <u>at all</u> ?	Yes. 1 (V26) No 2 (V27) DK -8 (V26)
V26. Do people usually communicate with (PERSON) by talking, or do people usually communicate with (PERSON) in some other way?	Usually by talking 1 (V29) Usually some other way 2 (V28) DK -8 (V29)
V27. Does (PERSON) understand <u>any</u> kind of communication <u>at all</u> ?	Yes. 1 (V28) No 2 (V29) DK -8 (V29)
V28. How do people usually communicate with (PERSON)?	Standard sign language 1 Printing, or writing 2 Using a symbol system or pictures 3 Using a communication board. 4 Pointing or using gestures 5 Facial expressions only. 6 Other SPECIFY 91

Exhibit 34. Household Survey health status items from the Caregiver Supplement (continued)

<p>V29. Does (PERSON) talk at all?</p>	<p>Yes. 1 (V30) No 2 (V32) DK -8 (V32)</p>
<p>V30. Does (PERSON) have any difficulty making (himself/herself) understood when (PERSON) talks [with someone who understands (PERSON'S) native language]?</p>	<p>Yes, difficulty. 1 No, no difficulty. 2 DK -8</p>
<p>V31. Does (PERSON) usually communicate with people by talking or does (PERSON) usually communicate with people in some other way?</p>	<p>Usually by talking 1 (V34) Usually some other way 2 (V33) DK -8 (V34)</p>
<p>V32. Is (PERSON) able to communicate <u>at all</u>, even by gestures or facial expressions?</p>	<p>Yes. 1 (V33) No 2 (V34) DK -8 (V34)</p>
<p>V33. How does (PERSON) usually communicate with people?</p>	<p>Standard sign language 1 Printing, or writing 2 Using a symbol system or pictures 3 Using a communication board. 4 Pointing or using gestures 5 Facial expressions only. 6 Other SPECIFY 91</p> <hr/>

Exhibit 34. Household Survey health status items from the Caregiver Supplement (continued)

Now I have a few questions about some other problems.

V34. Does (PERSON) have problems with . . .			
	<u>YES</u>	<u>NO</u>	<u>DK</u>
a. frequent constipation?	1	2	-8
b. bedsores (decubitis ulcers)?	1	2	-8
c. insomnia, not being able to sleep?	1	2	-8
d. side effects from medication?	1	2	-8
e. obesity, being very overweight?	1	2	-8
f. being underweight?	1	2	-8
g. falling frequently?	1	2	-8

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Exhibit 34. Household Survey health status items from the Caregiver Supplement (continued)

The next questions are about how (PERSON) functions socially and mentally.

V35. Sometimes people with a disability do things that are disturbing or embarrassing to others. Does (PERSON) sometimes disturb you or anyone else by . . .			
	<u>YES</u>	<u>NO</u>	<u>DK</u>
a. getting upset or yelling?	1	2	-8
b. trying to hurt other people physically?	1	2	-8
c. trying to hurt (himself/herself) physically?	1	2	-8
Does (PERSON) sometimes disturb you or anyone else by . . .			
d. dressing inappropriately, that is, wearing less or wearing different clothes than is appropriate?	1	2	-8
e. crying for long periods of time for no apparent reason? . . .	1	2	-8
f. hoarding, that is, taking things like food or personal items and hiding them?	1	2	-8
Does (PERSON) sometimes disturb you or anyone else by . . .			
g. getting lost or wandering?	1	2	-8
h. not being able to avoid dangerous things, like places where (PERSON) might fall or hot things?	1	2	-8
i. stealing?	1	2	-8
j. exposing (himself/herself) or does (PERSON) have problem sexual behaviors?	1	2	-8
V36. Is (PERSON) frequently . . .			
	<u>YES</u>	<u>NO</u>	<u>DK</u>
a. worried or apprehensive?	1	2	-8
b. drowsy, dull, or sluggish?	1	2	-8
c. unresponsive or withdrawn?	1	2	-8
d. impatient or easily annoyed?	1	2	-8
e. suspicious (that is, not trusting people)?	1	2	-8

Exhibit 34. Household Survey health status items from the Caregiver Supplement (continued)

V37. Does (PERSON) ever seem confused about time--like not knowing morning from evening, or the season or year?				
Yes	1			
No	2 (V39)			
DK	-8 (V39)			
V38. How often does (PERSON) seem confused about time--all of the time or only some of the time?				
All of the time	1			
Some of the time	2			
DK	-8			
V39. Does (PERSON) always, sometimes or never seem . . .				
	<u>ALWAYS</u>	<u>SOMETIMES</u>	<u>NEVER</u>	<u>DK</u>
a. to know where (PERSON) is?	1	2	3	-8
b. to know or recognize family or friends (PERSON) used to recognize?	1	2	3	-8
c. to recognize you?	1	2	3	-8
V40. Does (PERSON) ever seem . . .				
	<u>YES</u>	<u>NO</u>	<u>DK</u>	
a. to forget things that happened a few minutes earlier?	1	2		-8
b. to forget important past events, like forgetting that someone died or moved away?	1	2		-8
c. to have trouble making simple decisions based on logic or reasoning, like knowing to turn lights on when it was dark or to dial a number before talking with someone on the telephone?	1	2		-8
V41. Does (PERSON) ever . . .				
	<u>YES</u>	<u>NO</u>	<u>DK</u>	
a. have delusions, beliefs not in keeping with reality?	1	2		-8
b. have hallucinations, see or hear things that aren't there? . . .	1	2		-8
c. say things like "I'm no good," or "I'm worthless"?	1	2		-8

Exhibit 34. Household Survey health status items from the Caregiver Supplement (continued)

V42. Has (PERSON) ever had any treatment by a psychiatrist, psychologist, or other mental health worker?

Yes. 1
 No 2
 DK -8

BOX
 V5

REFER TO DU ROSTER: IS ANOTHER IMPAIRED PERSON LISTED?

YES. 1 (GO TO NEXT CAREGIVER SUPPLEMENT)
 NO 2 (GO TO SECTION Y, CLOSING MATERIALS,
 PG.117 IN CENTRAL QUESTIONNAIRE)

3. Self-assessments of Health Status, Health Habits and Attitudes (Self-administered Questionnaires)

The addition of self-administered questionnaires to the NMES Household Survey and SAIAN was intended to obtain broad information on health status and health practices. The use of such a questionnaire, as well as a number of the items used, was patterned in part after the Rand Health Insurance Study (Rand, 1978, 1980). The general purpose of the items in the Self-administered Questionnaire (SAQ) was to provide additional sets of explanatory variables in analyzing health care utilization, for example to assess whether "health-conscious" persons have different patterns of utilization from persons whose habits and attitudes show less orientation to "healthy" behavior. Health habits questions were generally taken from the National Health Interview Survey, and health attitudes questions were taken from the 1970 CHAS/NORC Study (see Andersen, Lion, and Anderson, 1976). The SAQ's also included checklists of the most common chronic conditions, and checklists of symptoms that asked whether participants had had the symptoms in the previous thirty days and whether they had seen a doctor about them.

The Household Survey included three separate SAQ's -- one for adults (Exhibit 35), one for children ages 5-17 (Exhibit 36), and one for children ages 0-4 (Exhibit 37). The child questionnaires included the same kinds of items as the adult version, with appropriate changes in content. While these questionnaires were designed to be self-administered, survey procedures allowed interviewer administration with the participant or a proxy if necessary. In such cases, the interviewers asked the questions in bold print only.

Because of concerns about respondent burden in the SAIAN (compressing four rounds of Household Survey questionnaires into three), because of difference in analytic objectives between the two surveys, and because of operational difficulties, the SAQ content and procedures were somewhat different for the SAIAN. Adult SAQ's were abridged somewhat, and added a set of questions on participation in traditional activities (Exhibit 38). Child SAQ's were the same as for the Household Survey, but were administered in the final round of interviewing instead of Round 2.

HEIGHT AND WEIGHT

1. ABOUT HOW TALL ARE YOU WITHOUT SHOES?

_____ feet _____ inches

2. ABOUT HOW MUCH DO YOU WEIGH WITHOUT SHOES?

_____ pounds

HEALTH PRACTICES

3. ABOUT HOW MANY HOURS OF SLEEP DO YOU USUALLY GET AT NIGHT?

(Circle One)

6 hours or less 1
6 1/2 hours 2
7 hours 3
7 1/2 hours 4
8 hours 5
9 hours or more 6

4. HAVE YOU SMOKED AT LEAST 100 CIGARETTES IN YOUR ENTIRE LIFE?

(Circle One)

Yes 1 →

No 2



Please Go To Question 6.

About how old were you when you
first started smoking cigarettes
fairly regularly?

_____ years of age



Of the entire time you smoked, how
many cigarettes did you smoke per
day?

_____ cigarettes per day

Exhibit 35. Household Survey Adult Self-administered Questionnaire (continued)

5. DO YOU SMOKE CIGARETTES NOW?

(Circle One)
Yes 1 →

On average, about how many cigarettes a day do you smoke now?
_____ cigarettes Please Go To Question 6.

No 2 →

How old were you when you stopped smoking?
_____ years of age Please Go To Question 6.

6. HOW OFTEN DO YOU EAT BREAKFAST?

Rarely or never	Sometimes	Almost every day	Every day
1	2	3	4

7. HOW OFTEN DO YOU WEAR A SEAT BELT WHEN YOU DRIVE OR RIDE IN THE FRONT SEAT OF A CAR?

I never ride in a car or the front seat of a car	Seldom or Never	Sometimes	Nearly always	Always
1	2	3	4	5

8. SINCE A YEAR AGO TODAY, HAVE YOU HAD YOUR BLOOD PRESSURE CHECKED BY A DOCTOR OR OTHER MEDICAL PERSON?

(Circle One)

Yes 1
No 2
I don't know or don't remember -8

Exhibit 35. Household Survey Adult Self-administered Questionnaire (continued)

9. WHICH COMES CLOSEST TO DESCRIBING YOUR PHYSICAL ACTIVITY?

(Check one)

_____ I often spend at least half an hour in moderate or strenuous physical activity (three or more times a week).

OR

_____ I'm not very active when I'm at work or working around the house, and (except for ordinary activities of daily living), I don't spend too much time in physical activities.

HEALTH

THE NEXT FEW QUESTIONS ARE ABOUT YOUR HEALTH.

10. IN GENERAL, WOULD YOU SAY THAT YOUR HEALTH IS EXCELLENT, GOOD, FAIR OR POOR?

Excellent	Good	Fair	Poor
1	2	3	4

11. DOES YOUR HEALTH KEEP YOU FROM WORKING AT A JOB, DOING WORK AROUND THE HOUSE, OR GOING TO SCHOOL?

(Circle One)

Yes 1

No 2

12. ARE YOU UNABLE TO DO CERTAIN KINDS OR AMOUNTS OF WORK, HOUSEWORK, OR SCHOOLWORK BECAUSE OF YOUR HEALTH?

(Circle One)

Yes 1

No 2

13. DOES YOUR HEALTH LIMIT THE KINDS OR AMOUNTS OF MODERATE ACTIVITIES YOU CAN DO SUCH AS MOVING A TABLE, CARRYING GROCERIES, OR BOWLING?

(Circle One)

Yes 1

No 2

14. DOES YOUR HEALTH LIMIT THE KINDS OR AMOUNTS OF VIGOROUS ACTIVITIES YOU CAN DO, SUCH AS RUNNING, LIFTING HEAVY OBJECTS, OR PARTICIPATING IN STRENUOUS SPORTS?

(Circle One)

Yes 1

No 2

Exhibit 35. Household Survey Adult Self-administered Questionnaire (continued)

15. DO YOU HAVE ANY TROUBLE WALKING ONE BLOCK BECAUSE OF YOUR HEALTH?

(Circle One)

Yes 1

No 2

16. DO YOU HAVE ANY TROUBLE EITHER WALKING UPHILL OR CLIMBING A FEW FLIGHTS OF STAIRS BECAUSE OF YOUR HEALTH?

(Circle One)

Yes 1

No 2

17. DO YOU HAVE TROUBLE BENDING, LIFTING, OR STOOPING BECAUSE OF YOUR HEALTH?

(Circle One)

Yes 1

No 2

Exhibit 35. Household Survey Adult Self-administered Questionnaire (continued)

18. PLEASE READ EACH OF THE FOLLOWING STATEMENTS, AND THEN CIRCLE ONE OF THE NUMBERS ON EACH LINE TO INDICATE WHETHER THE STATEMENT IS:

- (1) DEFINITELY FALSE FOR YOU,
- (2) MOSTLY FALSE,
- (3) MOSTLY TRUE, OR
- (4) DEFINITELY TRUE FOR YOU.

THERE ARE NO RIGHT AND WRONG ANSWERS.

SOME OF THE STATEMENTS MAY LOOK OR SEEM LIKE OTHERS. BUT EACH STATEMENT IS DIFFERENT, AND SHOULD BE RATED BY ITSELF.

	Definitely False	Mostly False	Mostly True	Definitely True
I am somewhat ill.	1	2	3	4
I'm as healthy as anybody I know.	1	2	3	4
I have been feeling bad lately.	1	2	3	4
My health is excellent.	1	2	3	4

Exhibit 35. Household Survey Adult Self-administered Questionnaire (continued)

THESE NEXT QUESTIONS ARE ABOUT HOW YOU FEEL, AND HOW THINGS HAVE BEEN WITH YOU MOSTLY WITHIN THE PAST THIRTY DAYS.

19. FOR EACH OF THE FOLLOWING QUESTIONS, PLEASE CIRCLE THE NUMBER UNDER THE ANSWER THAT COMES CLOSEST TO THE WAY YOU HAVE BEEN FEELING.

DURING THE PAST THIRTY DAYS, HOW MUCH OF THE TIME

... have you been a very nervous person?

None of the time	A little of the time	Some of the time	A good bit of the time	Most of the time	All of the time
1	2	3	4	5	6

... have you felt calm and peaceful?

None of the time	A little of the time	Some of the time	A good bit of the time	Most of the time	All of the time
1	2	3	4	5	6

... have you felt downhearted and blue?

None of the time	A little of the time	Some of the time	A good bit of the time	Most of the time	All of the time
1	2	3	4	5	6

Exhibit 35. Household Survey Adult Self-administered Questionnaire (continued)

DURING THE PAST THIRTY DAYS, HOW MUCH OF THE TIME

... were you a happy person?

None of the time	A little of the time	Some of the time	A good bit of the time	Most of the time	All of the time
1	2	3	4	5	6

... have you felt so down in the dumps that nothing could cheer you up?

None of the time	A little of the time	Some of the time	A good bit of the time	Most of the time	All of the time
1	2	3	4	5	6

20. DURING THE PAST THREE MONTHS, HAVE YOU HAD

	Yes	No
... hemorrhoids (piles)?	1	2
... hay fever?	1	2
... frequent sinus problems?	1	2
... acne (pimples)?	1	2
... repeated backache?	1	2
... varicose veins?	1	2
... <u>frequent</u> headaches?	1	2

Exhibit 35. Household Survey Adult Self-administered Questionnaire (continued)

21. DID A DOCTOR EVER TELL YOU THAT YOU HAD

	Yes	No
... a stroke?	1	2
... cancer of any kind?	1	2
... a heart attack (myocardial infarction)?	1	2
... gallbladder disease?	1	2

Exhibit 35. Household Survey Adult Self-administered Questionnaire (continued)

22. HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE

	Yes	No
... high blood pressure (hypertension)?	1	2
... hardening of the arteries (arteriosclerosis)?	1	2
... rheumatism?	1	2
... emphysema?	1	2
... arthritis?	1	2
... diabetes (high blood sugar)?	1	2
... heart disease?	1	2

Exhibit 35. Household Survey Adult Self-administered Questionnaire (continued)

23. DURING THE PAST THIRTY DAYS, HAVE YOU HAD ANY OF THE FOLLOWING HEALTH PROBLEMS? IF YOU DID, DID YOU SEE A DOCTOR ABOUT IT?

PLEASE CIRCLE ONE NUMBER ON EACH LINE:

DID NOT HAVE THE PROBLEM AT ALL IN THE PAST 30 DAYS, CIRCLE 1.

HAD THE PROBLEM, BUT DID NOT SEE A DOCTOR ABOUT IT, CIRCLE 2.

HAD THE PROBLEM, AND DID SEE A DOCTOR ABOUT IT, CIRCLE 3.

DURING THE <u>PAST THIRTY DAYS</u> , HAVE YOU HAD	No, did not have this	Had it, but did not see doctor	Had it, and saw doctor
... a sudden feeling of weakness or fatigue?	1	2	3
... pain or swelling in any joints during the day?	1	2	3
... unexplained weight loss of ten pounds or more?	1	2	3
... repeated indigestion or upset stomach?	1	2	3
... sore throat or runny nose with a fever as high as 100° F <u>for at least two days?</u>	1	2	3
... unexplained bleeding from any part of the body not caused by accident or injury?	1	2	3
... abdominal pain (pain in the gut or belly) <u>for at least two days?</u>	1	2	3
... skin rash or breaking out on any part of the body?	1	2	3
... shortness of breath after even light work?	1	2	3

PLEASE ANSWER ONLY IF YOU ARE FEMALE.

24. ABOUT HOW LONG HAS IT BEEN SINCE YOU HAD A PAP SMEAR TEST?

_____ years ago

Within the last year 1

Never had pap test 2

25. ABOUT HOW LONG HAS IT BEEN SINCE YOU HAD A BREAST EXAMINATION BY A DOCTOR OR OTHER HEALTH PROFESSIONAL?

_____ years ago

Within the last year 1

Never had breast exam 2

26. HAVE YOU EVER HAD A MAMMOGRAM?

(Circle One)

Yes 1

No 2

SEEING AND HEARING

THE NEXT QUESTIONS ARE ABOUT HOW WELL YOU CAN SEE AND HEAR.

27. DO YOU WEAR EITHER EYEGLASSES OR CONTACT LENSES?

(Circle One)

Yes 1

No 2

28. DO YOU HAVE ANY DIFFICULTY SEEING (WITH GLASSES IF YOU WEAR THEM)?

(Circle One)

Yes 1 →

No 2

Can you recognize familiar people if they are two or three feet away (with glasses if you wear them)?

(Circle One)

Yes 1 → Please Go To Question 29.

No 2

Are you blind, that is, you cannot see anything at all?

(Circle One)

Yes 1

No 2

29. DO YOU WEAR A HEARING AID?

(Circle One)

Yes 1

No 2

Exhibit 35. Household Survey Adult Self-administered Questionnaire (continued)

30. DO YOU HAVE ANY DIFFICULTY HEARING (WITH A HEARING AID IF YOU WEAR ONE)?

Yes 1 →
No 2

Can you hear some of the things people say or loud noises (with a hearing aid if you wear one)?

(Circle One)

Yes 1 → Please Go To Question 31.
No 2

Are you deaf, that is, you cannot hear anything at all?

(Circle One)

Yes 1
No 2

DENTAL CARE

31. THE FOLLOWING QUESTION ASKS ABOUT THE NUMBER OF ADULT TEETH YOU HAVE LOST. DO NOT COUNT AS "LOST" MISSING WISDOM TEETH, "BABY" TEETH, OR TEETH WHICH WERE PULLED FOR ORTHODONTIA (STRAIGHTENING THE TEETH).

HAVE YOU LOST

(Circle One)

- | | | |
|---------------------------------|---|----------------------|
| all of your adult teeth? | 1 | } Go To Question 32 |
| some of your adult teeth? | 2 | |
| none of your adult teeth? | 3 | Skip To Question 33. |

32. ARE ANY OF YOUR MISSING TEETH REPLACED BY FULL OR PARTIAL DENTURES, FALSE TEETH, BRIDGES OR DENTAL PLATES?

(Circle One)

- | | |
|-----------|---|
| Yes | 1 |
| No | 2 |

33. DO YOU AVOID EATING OR HAVE TROUBLE EATING MEATS, PEANUTS, OR OTHER CHEWY THINGS BECAUSE YOU ARE MISSING TEETH OR BECAUSE YOUR TEETH OR GUMS HURT WHEN YOU CHEW SUCH FOODS?

(Circle One)

- | | |
|-----------|---|
| Yes | 1 |
| No | 2 |

34. HOW OFTEN DO YOU BRUSH YOUR TEETH?

(Circle One)

- | | |
|----------------------------|---|
| More than once a day | 1 |
| Once a day | 2 |
| Every few days | 3 |
| Every few weeks | 4 |
| Never | 5 |

Exhibit 35. Household Survey Adult Self-administered Questionnaire (continued)

35. DID YOU USE DENTAL FLOSS YESTERDAY?

(Circle One)

Yes 1

No 2

Exhibit 35. Household Survey Adult Self-administered Questionnaire (continued)

HEALTH PERCEPTIONS

PLEASE READ EACH OF THE FOLLOWING STATEMENTS, AND THEN CIRCLE ONE OF THE NUMBERS TO INDICATE WHETHER YOU (1) DISAGREE STRONGLY, (2) DISAGREE SOMEWHAT, (4) AGREE SOMEWHAT, OR (5) AGREE STRONGLY. IF YOU ARE UNCERTAIN, CIRCLE NUMBER 3.

36. I'm healthy enough that I really don't need health insurance.

Disagree Strongly	Disagree Somewhat	Uncertain	Agree Somewhat	Agree Strongly
1	2	3	4	5

37. Health insurance is not worth the money it costs.

Disagree Strongly	Disagree Somewhat	Uncertain	Agree Somewhat	Agree Strongly
1	2	3	4	5

38. I'm more likely to take risks than the average person.

Disagree Strongly	Disagree Somewhat	Uncertain	Agree Somewhat	Agree Strongly
1	2	3	4	5

39. I can overcome most illness without help from a medically trained professional.

Disagree Strongly	Disagree Somewhat	Uncertain	Agree Somewhat	Agree Strongly
1	2	3	4	5

40. Home remedies are often better than drugs prescribed by a doctor.

Disagree Strongly	Disagree Somewhat	Uncertain	Agree Somewhat	Agree Strongly
1	2	3	4	5

Exhibit 35. Household Survey Adult Self-administered Questionnaire (continued)

PLEASE READ EACH OF THE FOLLOWING STATEMENTS, AND THEN CIRCLE ONE OF THE NUMBERS TO INDICATE WHETHER YOU (1) DISAGREE STRONGLY, (2) DISAGREE SOMEWHAT, (4) AGREE SOMEWHAT, OR (5) AGREE STRONGLY. IF YOU ARE UNCERTAIN, CIRCLE NUMBER 3.

41. If I get sick, it is my own behavior which determines how soon I get well again.

Disagree Strongly	Disagree Somewhat	Uncertain	Agree Somewhat	Agree Strongly
1	2	3	4	5

42. I understand my health better than most doctors do.

Disagree Strongly	Disagree Somewhat	Uncertain	Agree Somewhat	Agree Strongly
1	2	3	4	5

43. Luck plays a big part in determining how soon I will recover from an illness.

Disagree Strongly	Disagree Somewhat	Uncertain	Agree Somewhat	Agree Strongly
1	2	3	4	5

44. Doctors never recommend surgery (an operation) unless there is no other way to solve the problem.

Disagree Strongly	Disagree Somewhat	Uncertain	Agree Somewhat	Agree Strongly
1	2	3	4	5

45. I think you can get medical care easily even if you don't have money with you.

Disagree Strongly	Disagree Somewhat	Uncertain	Agree Somewhat	Agree Strongly
1	2	3	4	5

SOCIAL ACTIVITIES

46. DURING THE PAST THIRTY DAYS, ABOUT HOW OFTEN HAVE YOU HAD FRIENDS OVER TO YOUR HOME? (DO NOT INCLUDE RELATIVES.)

(Circle One)

Every day 1
Several days a week 2
Twice a week 3
About once a week 4
2 or 3 times in the past month 5
Once in the past month 6
Not at all in the past month 7

47. ABOUT HOW OFTEN HAVE YOU VISITED WITH FRIENDS AT THEIR HOMES DURING THE PAST THIRTY DAYS? (DO NOT INCLUDE RELATIVES.)

(Circle One)

Every day 1
Several days a week 2
Twice a week 3
About once a week 4
2 or 3 times in the past month 5
Once in the past month 6
Not at all in the past month 7

48. ABOUT HOW OFTEN WERE YOU ON THE TELEPHONE WITH CLOSE FRIENDS OR RELATIVES DURING THE PAST THIRTY DAYS?

(Circle One)

Every day 1
Several days a week 2
Twice a week 3
About once a week 4
2 or 3 times in the past month 5
Once in the past month 6
Not at all in the past month 7

Exhibit 35. Household Survey Adult Self-administered Questionnaire (continued)

49. ABOUT HOW OFTEN IN THE PAST THIRTY DAYS DID YOU ATTEND CHURCH OR GO TO MEETINGS OF CLUBS, LODGES, PARENT GROUPS, OR OTHER VOLUNTARY GROUPS YOU BELONG TO?

(Circle One)

Every day 1
Several days a week 2
About once a week 3
2 or 3 times in the past month 4
Once in the past month 5
Not at all in the past month 6

50. IS THERE ANYONE IN YOUR LIFE WITH WHOM YOU CAN REALLY SHARE YOUR VERY PRIVATE FEELINGS AND CONCERNS?

(Circle One)

Yes 1
No 2

[The next question is a little different. It asks how you might make a choice about health care.]

51. SUPPOSE YOUR DOCTOR HAS TWO OFFICES, EACH THE SAME DISTANCE FROM YOUR HOME. AT ONE OFFICE YOU USUALLY WAIT 15 MINUTES TO SEE THE DOCTOR WHILE AT THE OTHER OFFICE YOU USUALLY WAIT 45 MINUTES. THE DOCTOR'S CHARGE IS HIGHER AT THE OFFICE WITH THE SHORTER WAIT. HOW MUCH MORE WOULD YOU BE WILLING TO PAY AT THE OFFICE WITH THE SHORTER WAIT.

\$ _____

Exhibit 35. Household Survey Adult Self-Administered Questionnaire (continued)

THANK YOU FOR ANSWERING THESE QUESTIONS. WE WOULD LIKE TO KNOW YOUR OPINIONS ABOUT COMPLETING THIS PART OF THE SURVEY.

52. ABOUT HOW LONG DID IT TAKE YOU TO FILL OUT THIS QUESTIONNAIRE?

(Circle One)

- Less than half an hour 1
Between half an hour and an hour 2
Between one hour and two hours 3
More than two hours 4

53. What is the date you completed this questionnaire (or most of this questionnaire)?

Month Day Year

54. IN FILLING OUT THIS QUESTIONNAIRE, DID THE PERSON WHOSE NAME IS ON THE COVER ANSWER

(Circle One)

- all of the questions 1
some of the questions 2
none of the questions 3

55. DO YOU HAVE ANY COMMENTS ABOUT THE SURVEY?

Thank you for taking the time to answer these questions. Your interviewer will pick up this questionnaire during his or her next visit to your household.

HEIGHT AND WEIGHT

THESE QUESTIONS ARE ABOUT THE HEALTH OF THE CHILD WHOSE NAME IS ON THE COVER.

1. ABOUT HOW TALL IS THIS CHILD WITHOUT SHOES?

_____ feet _____ inches

2. ABOUT HOW MUCH DOES THIS CHILD WEIGH WITHOUT SHOES?

_____ pounds

HEALTH PRACTICES

3. ABOUT HOW MANY HOURS OF SLEEP DOES THIS CHILD USUALLY GET AT NIGHT?

(Circle One)

6 hours or less	1
6 1/2 hours	2
7 hours	3
7 1/2 hours	4
8 hours	5
9 hours or more	6

4. HOW OFTEN DOES THIS CHILD EAT BREAKFAST?

Rarely or never	Sometimes	Almost every day	Every day
1	2	3	4

Exhibit 36. Household Survey/SAIAN Child Health Questionnaire (Ages 5-17) (continued)

5. HOW OFTEN DOES THIS CHILD WEAR A SEAT BELT WHEN HE OR SHE RIDES IN THE FRONT SEAT OF A CAR?

Child never rides in a car or in the front seat of a car	Seldom or Never	Sometimes	Nearly always	Always
1	2	3	4	5

GENERAL HEALTH

6. IN GENERAL, WOULD YOU SAY THAT THIS CHILD'S HEALTH IS EXCELLENT, GOOD, FAIR, OR POOR?

Excellent	Good	Fair	Poor
1	2	3	4

7. DURING THE PAST THREE MONTHS, HOW MUCH HAVE YOU WORRIED ABOUT THIS CHILD'S HEALTH?

Not at all	A little	Some	A great deal
1	2	3	4

8. DURING THE PAST THREE MONTHS, HOW MUCH PAIN OR DISTRESS HAS THIS CHILD'S HEALTH CAUSED HIM OR HER?

Not at all	A little	Some	A great deal
1	2	3	4

9. DOES THIS CHILD ATTEND A SPECIAL SCHOOL OR SPECIAL CLASSES BECAUSE OF ANY IMPAIRMENT OR HEALTH PROBLEM?

(Circle One)

Yes 1 → Please Go To Question 11.

No 2

10. DOES THIS CHILD NEED TO ATTEND A SPECIAL SCHOOL OR SPECIAL CLASSES BECAUSE OF ANY IMPAIRMENT OR HEALTH PROBLEM?

(Circle One)

Yes 1

No 2

Exhibit 36. Household Survey/SAIAN Child Health Questionnaire (Ages 5-17) (continued)

11. IS THIS CHILD LIMITED IN SCHOOL ATTENDANCE OR UNABLE TO ATTEND SCHOOL BECAUSE OF HIS OR HER HEALTH?

(Circle One)

Yes 1

No 2

12. IS THIS CHILD LIMITED IN ANY WAY IN ANY ACTIVITIES BECAUSE OF AN IMPAIRMENT OR HEALTH PROBLEM?

(Circle One)

Yes 1

No 2

SEEING AND HEARING

THE NEXT QUESTIONS ARE ABOUT HOW WELL THIS CHILD CAN SEE AND HEAR.

13. DOES THIS CHILD WEAR EITHER EYEGASSES OR CONTACT LENSES?

(Circle One)

Yes 1

No 2

14. DOES THIS CHILD HAVE ANY DIFFICULTY SEEING (WITH GLASSES IF HE OR SHE WEARS THEM)?

(Circle One)

Yes 1 →

No 2

Can this child recognize familiar people if they are two or three feet away (with glasses if he or she wears them)?

(Circle One)

Yes 1 → Please Go To Question 15.

No 2

Is this child blind, that is, can he or she not see anything at all?

(Circle One)

Yes 1

No 2

15. DOES THIS CHILD WEAR A HEARING AID?

(Circle One)

Yes 1

No 2

16. DOES THIS CHILD HAVE ANY DIFFICULTY HEARING (WITH A HEARING AID IF HE OR SHE WEARS ONE)?

(Circle One)

Yes 1 →

No 2

Can this child hear some of the things people say or loud noises (with a hearing aid if he or she wears one)?

(Circle One)

Yes 1 → Please Go To Question 17.

No 2

Is this child deaf, that is, can he or she not hear anything at all?

(Circle One)

Yes 1

No 2

IMMUNIZATIONS

17. HAS THIS CHILD EVER BEEN VACCINATED, THAT IS, RECEIVED ANY SHOTS OR IMMUNIZATIONS FOR THE FOLLOWING?

PLEASE CIRCLE ONE ANSWER FOR EACH TYPE OF IMMUNIZATION.

- a. Diphtheria, whooping cough, and tetanus (DPT)?

Yes 1 →
No 2
Don't know -8

Was this once or several times?

Once 1
Several times 2
Don't know -8

- b. Polio by mouth?

Yes 1 →
No 2
Don't know -8

Was this once or several times?

Once 1
Several times 2
Don't know -8

- c. Red measles (regular or 8-day)?

Yes 1
No 2
Don't know -8

- d. German measles (rubella or 3-day measles)?

Yes 1
No 2
Don't know -8

- e. Mumps?

Yes 1
No 2
Don't know -8

HEALTH PERCEPTIONS

THE NEXT QUESTIONS ARE ABOUT HOW THE CHILD HAS BEEN FEELING DURING THE PAST THIRTY DAYS.

18. FOR EACH QUESTION, PLEASE CIRCLE THE ANSWER THAT COMES CLOSEST TO THE WAY THIS CHILD HAS BEEN FEELING.

DURING THE PAST THIRTY DAYS, HOW MUCH OF THE TIME DID THIS CHILD SEEM TO ...

... feel relaxed and free of tension?

None of the time	A little of the time	Some of the time	A good bit of the time	Most of the time	All of the time
1	2	3	4	5	6

... enjoy the things that he or she did?

None of the time	A little of the time	Some of the time	A good bit of the time	Most of the time	All of the time
1	2	3	4	5	6

... feel depressed (downhearted and blue)?

None of the time	A little of the time	Some of the time	A good bit of the time	Most of the time	All of the time
1	2	3	4	5	6

... be a happy person?

None of the time	A little of the time	Some of the time	A good bit of the time	Most of the time	All of the time
1	2	3	4	5	6

Exhibit 36. Household Survey/SAIAN Child Health Questionnaire (Ages 5-17) (continued)

19. DURING THE PAST THIRTY DAYS, DID THIS CHILD SEEM TO BE ANXIOUS OR WORRIED?

Not at all	A little	Some	Quite a bit	Very much	Extremely
1	2	3	4	5	6

20. PLEASE READ EACH OF THE FOLLOWING STATEMENTS, AND THEN CIRCLE ONE OF THE NUMBERS ON EACH LINE TO INDICATE WHETHER THE STATEMENT IS

- (1) DEFINITELY FALSE FOR THIS CHILD,
 (2) MOSTLY FALSE,
 (3) MOSTLY TRUE, OR
 (4) DEFINITELY TRUE FOR THIS CHILD.

THERE ARE NO RIGHT OR WRONG ANSWERS.

SOME OF THE STATEMENTS MAY LOOK OR SEEM LIKE OTHERS. EACH STATEMENT IS DIFFERENT, AND SHOULD BE RATED BY ITSELF.

	Definitely False	Mostly False	Mostly True	Definitely True
This child seems to resist illness very well.	1	2	3	4
This child seems to be less healthy than other children I know.	1	2	3	4
When there is something going around, this child seems to catch it.	1	2	3	4

HEALTH PROBLEMS

21. DURING THE PAST THIRTY DAYS, DID THIS CHILD HAVE ANY OF THE FOLLOWING HEALTH PROBLEMS? IF (S)HE DID, DID (S)HE SEE A DOCTOR ABOUT IT?

PLEASE CIRCLE ONE NUMBER ON EACH LINE:

IF THE CHILD DID NOT HAVE THE PROBLEM AT ALL IN THE PAST 30 DAYS, CIRCLE 1.

IF THE CHILD HAD THE PROBLEM, BUT DID NOT SEE A DOCTOR ABOUT IT, CIRCLE 2.

IF THE CHILD HAD THE PROBLEM, AND DID SEE A DOCTOR ABOUT IT, CIRCLE 3.

DURING THE PAST THIRTY DAYS, HAS THIS CHILD HAD	No, did not have this	Had it, but did not see doctor	Had it, and saw doctor
... a stomach ache without vomiting for <u>at least two days</u> ?	1	2	3
... a stomach "flu" or virus, with vomiting or diarrhea lasting <u>at least three days</u> ?	1	2	3
... an ear infection or earache for <u>at least two days</u> ?	1	2	3
... an infection on the skin?	1	2	3
... sore throat with high fever or tonsillitis for <u>at least two days</u> ?	1	2	3
... diarrhea (loose bowel movements) lasting for <u>at least two days</u> ?	1	2	3
... poor eating habits?	1	2	3
... problems doing schoolwork or participating in school activities?	1	2	3

Exhibit 36. Household Survey/SAIAN Child Health Questionnaire (Ages 5-17) (continued)

22. WITHIN THE PAST TWELVE MONTHS, DID THIS CHILD HAVE ANY OF THE FOLLOWING CONDITIONS? IF (S)HE DID, DID (S)HE SEE A DOCTOR ABOUT IT?

PLEASE CIRCLE ONE NUMBER ON EACH LINE:

IF THE CHILD DID NOT HAVE THE CONDITION AT ALL IN THE PAST 12 MONTHS, CIRCLE 1.

IF THE CHILD HAD THE CONDITION, BUT DID NOT SEE A DOCTOR ABOUT IT, CIRCLE 2.

IF THE CHILD HAD THE CONDITION, AND DID SEE A DOCTOR ABOUT IT, CIRCLE 3.

WITHIN THE PAST TWELVE MONTHS, HAS THIS CHILD HAD	No, did not have this	Had it, but did not see doctor	Had it, and saw doctor
... asthma or wheezing?	1	2	3
... hay fever or allergies?	1	2	3
... trouble with acne (or pimples)?	1	2	3
... more than two ear infections?	1	2	3
... stammering or stuttering?	1	2	3
... migraine or frequent headaches?	1	2	3
... anemia?	1	2	3
... a heart murmur or other heart problem?	1	2	3
... bed-wetting (enuresis)	1	2	3
... parasites or worms?	1	2	3
... any constant or long-lasting digestive problem?	1	2	3

23. HOW ARE YOU RELATED TO THIS CHILD?

(Circle One)

Mother 1

Father 2

Legal guardian 3

Other relationship 4 →

What is your relationship to this
child?

24. What is the date you completed this questionnaire (or most of this questionnaire)?

Month Day Year

Thank you for taking the time to answer these questions. Your interviewer will pick
up this questionnaire during his or her next visit to your household.

Exhibit 37. Household Survey/SAIAN Child Health Questionnaire (Ages 0-4)

HEIGHT AND WEIGHT

THESE QUESTIONS ARE ABOUT THE HEALTH OF THE CHILD WHOSE NAME IS ON THE COVER.

1. ABOUT HOW TALL IS THIS CHILD WITHOUT SHOES?

_____ feet _____ inches

2. ABOUT HOW MUCH DOES THIS CHILD WEIGH WITHOUT SHOES?

_____ pounds

3. HOW OFTEN DOES THIS CHILD WEAR A SEAT BELT OR SIT IN A CHILD'S CAR SEAT WITH A SEAT BELT WHEN HE OR SHE RIDES IN THE FRONT SEAT OF A CAR?

Child never rides in a car or in the front seat of a car	Seldom or Never	Sometimes	Nearly always	Always
1	2	3	4	5

GENERAL HEALTH

4. IN GENERAL, WOULD YOU SAY THAT THIS CHILD'S HEALTH IS EXCELLENT, GOOD, FAIR, OR POOR?

Excellent	Good	Fair	Poor
1	2	3	4

5. DURING THE PAST THREE MONTHS, HOW MUCH HAVE YOU WORRIED ABOUT THIS CHILD'S HEALTH?

Not at all	A little	Some	A great deal
1	2	3	4

6. DURING THE PAST THREE MONTHS, HOW MUCH PAIN OR DISTRESS HAS THIS CHILD'S HEALTH CAUSED HIM OR HER?

Not at all	A little	Some	A great deal
1	2	3	4

7. DURING THE PAST THREE MONTHS, HAS THIS CHILD BEEN ABLE TO TAKE PART AT ALL IN THE USUAL KIND OF PLAY ACTIVITIES DONE BY MOST CHILDREN THIS AGE?

(Circle One)

Yes 1

No 2 → Please Go To Question 10.

8. DURING THE PAST THREE MONTHS, HAS THIS CHILD BEEN LIMITED IN THE KIND OR AMOUNT OF PLAY ACTIVITIES HE OR SHE CAN DO BECAUSE OF ANY IMPAIRMENT OR HEALTH PROBLEM?

(Circle One)

Yes 1

No 2 → Please Go To Question 10.

Exhibit 37. Household Survey/SAIAN Child Health Questionnaire (Ages 0-4) (continued)

9. IS THIS CHILD LIMITED IN ANY WAY IN ANY ACTIVITIES BECAUSE OF AN IMPAIRMENT OR HEALTH PROBLEM?

(Circle One)

Yes 1

No 2

10. PLEASE READ EACH OF THE FOLLOWING STATEMENTS, AND THEN CIRCLE ONE OF THE NUMBERS ON EACH LINE TO INDICATE WHETHER THE STATEMENT IS

(1) DEFINITELY FALSE FOR THIS CHILD.

(2) MOSTLY FALSE,

(3) MOSTLY TRUE, OR

(4) DEFINITELY TRUE FOR THIS CHILD.

THERE ARE NO RIGHT OR WRONG ANSWERS.

SOME OF THE STATEMENTS MAY LOOK OR SEEM LIKE OTHERS. EACH STATEMENT IS DIFFERENT, AND SHOULD BE RATED BY ITSELF.

	Definitely False	Mostly False	Mostly True	Definitely True
This child seems to resist illness very well	1	2	3	4
This child has never been seriously ill	1	2	3	4
When there is something going around, this child seems to catch it.	1	2	3	4

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Exhibit 37. Household Survey/SALAN Child Health Questionnaire (Ages 0-4) (continued)

SEEING AND HEARING

THE NEXT QUESTIONS ARE ABOUT HOW WELL THIS CHILD CAN SEE AND HEAR.

11. DOES THIS CHILD WEAR EYEGLASSES OR CONTACT LENSES?

(Circle One)

Yes 1

No 2

12. DOES THIS CHILD HAVE ANY DIFFICULTY SEEING (WITH GLASSES IF HE OR SHE WEARS THEM)?

(Circle One)

Yes 1 →

No 2

Can this child recognize familiar people if they are two or three feet away (with glasses if he or she wears them)?

(Circle One)

Yes 1 → Please Go To Question 13.

No 2

Is this child blind, that is, can he or she not see anything at all?

(Circle One)

Yes 1

No 2

13. DOES THIS CHILD WEAR A HEARING AID?

(Circle One)

Yes 1

No 2

Exhibit 37. Household Survey/SAIAN Child Health Questionnaire (Ages 0-4) (continued)

14. DOES THIS CHILD HAVE ANY DIFFICULTY HEARING (WITH A HEARING AID IF HE OR SHE WEARS ONE)?

Yes 1 →

No 2

Can this child hear some of the things people say or loud noises (with a hearing aid if he or she wears one)?

(Circle One)

Yes 1 → Please Go To Question 15.

No 2

Is this child deaf, that is, can he or she not hear anything at all?

(Circle One)

Yes 1

No 2

IMMUNIZATIONS

15. HAS THIS CHILD EVER BEEN VACCINATED, THAT IS, RECEIVED ANY SHOTS OR IMMUNIZATIONS FOR THE FOLLOWING?

PLEASE CIRCLE ONE ANSWER FOR EACH TYPE OF IMMUNIZATION.

- a. Diphtheria, whooping cough, and tetanus (DPT)?

Yes 1 →
 No 2
 Don't know -8

Was this once or several times?

Once 1
 Several times 2
 Don't know -8

- b. Polio by mouth?

Yes 1 →
 No 2
 Don't know -8

Was this once or several times?

Once 1
 Several times 2
 Don't know -8

- c. Red measles (regular or 8-day)?

Yes 1
 No 2
 Don't know -8

- d. German measles (rubella or 3-day measles)?

Yes 1
 No 2
 Don't know -8

- e. Mumps?

Yes 1
 No 2
 Don't know -8

HEALTH PROBLEMS

16. DURING THE PAST THIRTY DAYS, DID THIS CHILD HAVE ANY OF THE FOLLOWING HEALTH PROBLEMS? IF (S)HE DID, DID (S)HE SEE A DOCTOR ABOUT IT?

PLEASE CIRCLE ONE NUMBER ON EACH LINE:

IF THE CHILD DID NOT HAVE THE PROBLEM AT ALL IN THE PAST 30 DAYS. CIRCLE 1.

IF THE CHILD HAD THE PROBLEM, BUT DID NOT SEE A DOCTOR ABOUT IT. CIRCLE 2.

IF THE CHILD HAD THE PROBLEM, AND DID SEE A DOCTOR ABOUT IT. CIRCLE 3.

DURING THE <u>PAST THIRTY DAYS</u> , HAS THIS CHILD HAD	No, did not have this	Had it, but did not see doctor	Had it, and saw doctor
... a stomach ache without vomiting for <u>at least two days</u> ?	1	2	3
... a stomach "flu" or virus, with vomiting or diarrhea lasting <u>at least three days</u> ?	1	2	3
... an ear infection or earache?	1	2	3
... an infection on the skin?	1	2	3
... sore throat with high fever or tonsillitis for <u>at</u> <u>least two days</u> ?	1	2	3
... diarrhea (loose bowel movements) lasting for <u>at least two days</u> ?	1	2	3
... poor eating habits?	1	2	3

Exhibit 37. Household Survey/SAIAN Child Health Questionnaire (Ages 0-4) (continued)

17. DURING THE PAST TWELVE MONTHS, DID THIS CHILD HAVE ANY OF THE FOLLOWING CONDITIONS? IF (S)HE DID, DID (S)HE SEE A DOCTOR ABOUT IT?

PLEASE CIRCLE ONE NUMBER ON EACH LINE:

1 - CHILD DID NOT HAVE THE CONDITION AT ALL IN THE PAST 12 MONTHS.

2 - CHILD HAD THE CONDITION, BUT DID NOT SEE A DOCTOR ABOUT IT.

3 - CHILD HAD THE CONDITION, AND DID SEE A DOCTOR ABOUT IT.

WITHIN THE <u>PAST TWELVE MONTHS</u> , HAS THIS CHILD HAD	No, did not have this	Had it, but did not see doctor	Had it, and saw doctor
... asthma or wheezing?	1	2	3
... hay fever or allergies?	1	2	3
... any skin trouble or allergy (other than acne or pimples)?	1	2	3
... more than two ear infections?	1	2	3
... stammering or stuttering?	1	2	3
... migraine or frequent headaches?	1	2	3
... anemia?	1	2	3
... a heart murmur or other heart problem?	1	2	3
... parasites or worms?	1	2	3
... any constant or long-lasting digestive problem?	1	2	3
... bed-wetting (enuresis)	1	2	3

18. HOW ARE YOU RELATED TO THIS CHILD?

(Circle One)

Mother 1

Father 2

Legal guardian 3

Other relationship 4

What is your relationship to this child?

19. What is the date you completed this questionnaire (or most of this questionnaire)?

Month Day Year

Thank you for taking the time to answer these questions. Your interviewer will pick up this questionnaire during his or her next visit to your household.

Exhibit 38. Household Survey/SAIAN traditional activities items from the SAIAN Adult Self-administered Questionnaire

OTHER ACTIVITIES

28. THESE NEXT FEW QUESTIONS ARE ABOUT OTHER ACTIVITIES. DO YOU EVER ATTEND CELEBRATIONS, POWWOWS, OR OTHER SUCH SOCIAL OCCASIONS? (-)

(Circle One)

Yes 1
No 2 —> Skip to Question 29.

29. DO YOU EVER PARTICIPATE IN CELEBRATIONS, POWWOWS, OR OTHER SUCH SOCIAL OCCASIONS AS A DANCER, DRUM MEMBER, ORGANIZER, OR OTHER ACTIVE PARTICIPANT? (-)

(Circle One)

Yes 1
No 2

30. ARE YOU A MEMBER OF THE NATIVE AMERICAN CHURCH? (-)

(Circle One)

Yes 1
No 2

THANK YOU FOR TAKING THE TIME TO ANSWER THESE QUESTIONS.
THE LAST FEW ITEMS ARE ABOUT FILLING OUT THIS QUESTIONNAIRE.

31. ABOUT HOW LONG DID IT TAKE TO FILL OUT THIS QUESTIONNAIRE? (-)

(Circle One)

Less than 15 minutes 1
Between 15 minutes and half an hour 2
Between half an hour and an hour 3
More than one hour 4

4. Developmental Disabilities (Round 1 Central Questionnaire)

This set of questions (Exhibit 39) was included in the Household Survey and SAIAN principally to identify persons with developmental disabilities in the sample for comparisons with the institutionalized mentally retarded in the IPC sample.

B. Community-based Long-term Care and Informal Caregiving

The first part of the Long-term Care Supplement, described in the previous section and presented in Exhibit 33, identified Household Survey participants with functional impairments, people in need of or potentially in need of long-term care. The Core Interview asked about one class of long-term care services that may have been received by survey participants, that provided by home health care providers, homemakers, and the like, in the Home Health Visit Section. Other supplementary questions, described in this section, were intended to explore the use of other community-based services by people in need of long-term care and the provision of informal caregiving by survey participants. Table 13 summarizes the content and location of these questions.

For persons identified in the Long-term Care Supplement in Rounds 1 or 4 as having difficulty with one or more ADL or IADL, the balance of the Long-term Care Supplement (Exhibit 40) explored the use of community-based services not covered by the Home Health Visit Section. These services include the use of senior centers and adult day care centers, obtaining meals from a program for the elderly or disabled, receiving regular visits or telephone calls, the use of special transportation for the elderly or disabled, having meals delivered, and receiving regular cash or other contributions from people outside the household.

The NMES Household Survey questionnaires approached informal caregiving in several ways. The Rounds 1 and 4 Long-term Care Supplement identified informal caregivers of impaired survey participants; in the Rounds 2 and 5 Caregiver Supplement, the primary caregiver in the household (if one was identified) was asked about the kinds of caregiving activities he/she performed and the impact of these activities on his/her life. These questions, presented in Exhibit 41, were adapted from the Caregiver Survey, which contacted informal caregivers identified in the 1982 Long-term Care Survey.

The Household Survey was also concerned with informal caregiving by survey participants to persons outside of the household. The Enumeration Booklet (Chapter V, Section B) asked whether survey participants' parents living outside the household were functionally impaired. In Round 2, a set of Caregiver Probes (Exhibit 42) in the Central Questionnaire asked whether anyone in the RU regularly provided help with ADL's or IADL's to a person outside the household, or regularly contributed to the support of such a person because of that person's health problems. For any such persons identified by the Caregiver Probes, interviewers administered a Care Receiver Supplement (Exhibit 43), which asked for some details about the care receivers and their living arrangements, what kinds of help were provided by RU members, and what impact the fact of providing this help had on the caregivers.

Exhibit 39. Household Survey/SAIAN Central Questionnaire health status items

HEALTH STATUS

Now I would like to ask you about some health conditions you (and members of your family) may have experienced.

<p>B27. Does anyone in the family have <u>epilepsy</u>?</p> <p>Yes 1 (B28)</p> <p>No 2 (B29)</p>	
<p>B28. Who is that? Anyone else?</p> <p>CODE IN EACH PERSON COLUMN.</p> <p>EPILEPSY ①</p> <p>NO EPILEPSY ②</p>	<p>..... 1</p> <p>..... 2</p>
<p>B29. Does anyone in the family have <u>cerebral palsy</u>?</p> <p>Yes 1 (B30)</p> <p>No 2 (B31)</p>	
<p>B30. Who is that? Anyone else?</p> <p>CODE IN EACH PERSON COLUMN.</p> <p>CEREBRAL PALSY ①</p> <p>NO CEREBRAL PALSY ②</p>	<p>..... 1</p> <p>..... 2</p>
<p>B31. Does anyone in the family have <u>autism</u>?</p> <p>Yes 1 (B32)</p> <p>No 2 (B33)</p>	
<p>B32. Who is that? Anyone else?</p> <p>CODE IN EACH PERSON COLUMN.</p> <p>AUTISM ①</p> <p>NO AUTISM ②</p>	<p>..... 1</p> <p>..... 2</p>
<p>B33. Does anyone in the family have <u>mental retardation</u>?</p> <p>Yes 1 (B34)</p> <p>No 2 (SECTION C)</p>	
<p>B34. Who is that? Anyone else?</p> <p>CODE IN EACH PERSON COLUMN.</p> <p>MENTAL RETARDATION ①</p> <p>NO MENTAL RETARDATION ②</p>	<p>..... 1</p> <p>..... 2</p>

Table 13. Community-based long-term care and informal caregiving: Household Survey instruments used, and location of questions within each instrument

	<u>Long-term Care Supplement (Rounds 1 and 4)</u>	<u>Caregiver Supplement (Rounds 2 and 5)</u>	<u>Central Questionnaire (Round 2)</u>	<u>Care Receiver Supplement (Round 2)</u>
Use of community services	U98-U116 ⁺			
Financial help from someone outside the household	U117-U129 ⁺			
Nursing home use	U130a-U136 ⁺			
Caregiving burden (for disabled person within household)		V1-V23 ^x		
Identifying survey participants caring for a disabled person outside the household			DD1-DD3 ⁺⁺	
Description of person(s) outside household receiving help				DD4-DD13 ^{xx}
Financial help to person(s) outside the household				DD14-DD28 ^{xx}
Caregiving burden (for disabled person[s] outside the household)				DD29-DD43 ^{xx}

⁺ Included in Exhibit 40.

^x Included in Exhibit 41.

⁺⁺ Included in Exhibit 42.

^{xx} Included in Exhibit 43.

Exhibit 40. Household Survey use of community services, Long-term Care Supplement

OTHER LONG TERM CARE

BOX U5	IS PERSON . . . AGE 55 OR OVER? ① AGE 54 OR UNDER? ② 1 (U98) 2 (U102)
U98. Does (PERSON) regularly go to a senior center? Yes ① No ②	 1 (U99) 2 (U102)
U99. How often does (PERSON) go to a senior center -- about how many times per week or month?		NUMBER OF TIMES PER WEEK 1 PER MONTH 2
U100. Does (PERSON) receive any health services or therapy at the center? Yes ① No ②	 1 2
U101. Does this center provide (PERSON) with transportation between here and there? Yes ① No ②	 1 2

Exhibit 40. Household Survey use of community services, Long-term Care Supplement (continued)

<p>U102. Does (PERSON) regularly go to (a/an adult) day care center (other than the senior center)?</p> <p style="text-align: right;">Yes ① No ②</p>	<p>..... 1 (U103) 2 (U106)</p>		
<p>U103. How often does (PERSON) go to (a/an adult) day care center -- about how many times per week or month?</p>	<p>NUMBER OF TIMES</p> <hr style="width: 100%;"/> <p>PER WEEK 1 PER MONTH 2</p>		
<p>U103a. Does (PERSON) (or anyone else in the family) pay any amount for (PERSON) to use this center?</p> <p style="text-align: right;">Yes ① No ②</p>	<p>..... 1 (U103b) 2 (U104)</p>		
<p>U103b. How much does (PERSON) (or anyone else in the family) pay per day? ENTER AMOUNT AND CODE PERIOD. SPECIFY IF PAYMENT OTHER THAN "PER DAY."</p>	<p>\$ PER DAY 1 SOME OTHER PERIOD SPECIFY 91</p>		
<p>U104. Does (PERSON) receive any health services or therapy at this center?</p> <p style="text-align: right;">Yes ① No ②</p>	<p>..... 1 BOX USA 2 (U105)</p>		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 5px; text-align: center; vertical-align: middle;">BOX USA</td> <td style="padding: 5px;"> <p>IS U103a CODED "YES"?</p> <p style="text-align: right;">YES ① NO ②</p> </td> </tr> </table>	BOX USA	<p>IS U103a CODED "YES"?</p> <p style="text-align: right;">YES ① NO ②</p>	<p>..... 1 (U104a) 2 (U105)</p>
BOX USA	<p>IS U103a CODED "YES"?</p> <p style="text-align: right;">YES ① NO ②</p>		
<p>U104a. Are the health services or therapy included in the (AMOUNT IN U103b) (PERSON) pays, or not?</p> <p style="text-align: right;">YES ① NO ②</p>	<p>..... 1 2</p>		
<p>U105. Does this center provide (PERSON) with transportation between here and there?</p> <p style="text-align: right;">Yes ① No ②</p>	<p>..... 1 2</p>		

Exhibit 40. Household Survey use of community services, Long-term Care Supplement (continued)

<p>U106. Does (PERSON) eat meals in [a (senior/day care) center or in] some other place with a special meal program for (older/disabled) people?</p> <p>Yes ①</p> <p>No ②</p>	<p>..... 1 (U107)</p> <p>..... 2 (U108)</p>
<p>U107. How many meals does (PERSON) eat at such a place in a usual week or month?</p>	<p>NUMBER OF TIMES</p> <hr/> <p>PER WEEK 1</p> <p>PER MONTH 2</p>
<p>U108. Does anyone outside the household phone or visit (PERSON) regularly, just to make sure (PERSON) is all right?</p> <p>Yes ①</p> <p>No ②</p>	<p>..... 1 (U109)</p> <p>..... 2 (U111)</p>
<p>U109. About how many times per day, week, or month does that happen?</p>	<p>NUMBER OF TIMES</p> <hr/> <p>PER DAY 1</p> <p>PER WEEK 2</p> <p>PER MONTH 3</p>
<p>U110. Who does that? Anyone else? CODE ALL THAT APPLY.</p> <p>SPOUSE ①</p> <p>SON ②</p> <p>DAUGHTER ③</p> <p>OTHER RELATIVE ④</p> <p>NEIGHBOR ⑤</p> <p>FRIEND ⑥</p> <p>PERSON FROM HELPING ORGANIZATION ⑦</p> <p>SOMEONE ELSE SPECIFY..... ⑨1</p>	<p>..... 1</p> <p>..... 2</p> <p>..... 3</p> <p>..... 4</p> <p>..... 5</p> <p>..... 6</p> <p>..... 7</p> <p>..... 91</p> <hr/>

Exhibit 40. Household Survey use of community services, Long-term Care Supplement (continued)

<p>U111. Does (PERSON) use special transportation for the (elderly/handicapped), other than transportation already mentioned?</p> <p>Yes ①</p> <p>No ②</p>	<p>..... 1 (U112)</p> <p>..... 2 (U113)</p>
<p>U112. About how many times per week or month does (PERSON) use special transportation?</p>	<p>NUMBER OF TIMES</p> <hr/> <p>PER WEEK 1</p> <p>PER MONTH 2</p>
<p>U113. Does (PERSON) have meals delivered to (him/her) by an agency or organization like Meals on Wheels?</p> <p>Yes ①</p> <p>No ②</p>	<p>..... 1 (U114)</p> <p>..... 2 (U115)</p>
<p>U114. About how many times per week or month does this happen?</p>	<p>NUMBER OF TIMES</p> <hr/> <p>PER WEEK 1</p> <p>PER MONTH 2</p>
<p>U115. Sometimes friends and relatives regularly help out people who are ill or disabled, like buying them groceries or clothes, or by helping out with other expenses. Does anyone, other than people who live here, regularly buy or pay for anything for (PERSON), including cash to use as (PERSON) wished?</p> <p>Yes ①</p> <p>No ②</p>	<p>..... 1 (U116)</p> <p>..... 2 (U130a)</p>
<p>U116. In an average week or month, about how much does someone give (PERSON) or pay for things for (him/her)?</p> <p>DON'T KNOW ③</p>	<p>AMOUNT</p> <p>\$ _____</p> <p>PER WEEK.... 1 } (U130a)</p> <p>PER MONTH... 2 }</p> <p>DK..... -8 (U117)</p>

Exhibit 40. Household Survey use of community services, Long-term Care Supplement (continued)

<p>U117. Does anyone, other than people who live here, regularly buy or pay for (PERSON'S) groceries?</p> <p>Yes ①</p> <p>No ②</p>	<p>..... 1 (U118)</p> <p>..... 2 (U119)</p>
<p>U118. Does someone outside the household usually buy or pay for all of (PERSON'S) groceries or just some of them?</p> <p>All ①</p> <p>Some ②</p>	<p>..... 1</p> <p>..... 2</p>
<p>U119. Not including what you've already told me about, does anyone, other than people who live here, regularly buy or pay for (PERSON'S) clothing?</p> <p>Yes ①</p> <p>No ②</p>	<p>..... 1 (U120)</p> <p>..... 2 (U121)</p>
<p>U120. Does someone outside the household usually buy or pay for all of (PERSON'S) clothing or just some of it?</p> <p>All ①</p> <p>Some ②</p>	<p>..... 1</p> <p>..... 2</p>
<p>U121. Not including what you've already told me about, does anyone, other than people who live here, regularly pay for (PERSON'S) housing (rent or mortgage)?</p> <p>Yes ①</p> <p>No ②</p>	<p>..... 1 (U122)</p> <p>..... 2 (U123)</p>
<p>U122. Does someone outside the household usually pay for all of (PERSON'S) housing or just some of it?</p> <p>All ①</p> <p>Some ②</p>	<p>..... 1</p> <p>..... 2</p>

Exhibit 40. Household Survey use of community services, Long-term Care Supplement (continued)

<p>U123. Not including what you've already told me about, does anyone, other than people who live here, regularly pay for (PERSON'S) medical bills?</p> <p>Yes ① 1 (U124)</p> <p>No ② 2 (U125)</p>	
<p>U124. Does someone outside the household usually pay for all of (PERSON'S) medical bills or just some of them?</p> <p>All ① 1</p> <p>Some ② 2</p>	
<p>U125. Not including what you've already told me about, does anyone, other than people who live here, regularly pay for (PERSON'S) help around the house or personal care?</p> <p>Yes ① 1 (U126)</p> <p>No ② 2 (U127)</p>	
<p>U126. Does someone outside the household usually pay for all of (PERSON'S) help around the house or personal care, or just some of it?</p> <p>All ① 1</p> <p>Some ② 2</p>	
<p>U127. Not including what you've already told me about, does anyone, other than people who live here, regularly pay for anything else for (PERSON)?</p> <p>Yes ① 1 (U128)</p> <p>No ② 2 (U130a)</p>	
<p>U128. What is it that they regularly pay for (PERSON)?</p> <p>RECORD VERBATIM.</p> <p>_____</p> <p>_____</p>	
<p>U129. Does someone outside the household usually pay for all of (PERSON'S) (RESPONSE IN U128), or just some of (it/them)?</p> <p>All ① 1</p> <p>Some ② 2</p>	

BOX U6 HAS BEEN DELETED.

Exhibit 40. Household Survey use of community services, Long-term Care Supplement (continued)

<p>U130a. Has (PERSON) ever been a resident or a patient in a nursing home or similar facility?</p> <p>Yes 1</p> <p>No 2</p>		<p>..... 1</p> <p>..... 2</p>
<p>QUESTIONS U131-U134 HAVE BEEN DELETED.</p>		
<p>U135. Is (PERSON) now on a waiting list to go into a nursing home or similar facility?</p> <p>Yes ①</p> <p>No ②</p>		<p>..... 1 (U136)</p> <p>..... 2 BOX U7</p>
<p>U136. How long has (PERSON) been on a waiting list?</p> <p>LESS THAN ONE MONTH 00</p>		<p>NUMBER OF MONTHS</p> <p>_____</p> <p>..... 00</p>

<p>BOX U7</p>	<p>a. GO BACK TO BOX U2, PG.25 FOR NEXT PERSON, AS APPLICABLE. IF U83-U136 COMPLETED FOR EACH PERSON, GO TO b.</p>
	<p>b. IS THIS A "HOLDOVER" CASE?</p>
	<p>YES 1 (GO TO SECTION Y, "CLOSING MATERIALS", PG.117 IN CENTRAL QUESTIONNAIRE)</p> <p>NO 2 (ADMINISTER SUPPLEMENT #4)</p>

Exhibit 41. Household Survey questions on caregiver burden from the Caregiver Supplement

The following questions are about you and the person you help take care of.

V1.	You reported during our last interview that you were taking care of (PERSON). Are you presently taking care of that same (PERSON)?
	YES. 1 BOX V1 NO 2 (V2)

V2.	When did you stop taking care of (PERSON)?
	_____ MONTH DAY YEAR

V3.	Why did you stop taking care of (PERSON)?
	(IMPAIRED PERSON) went into a nursing home 1 (IMPAIRED PERSON) went into other institution. 2 (IMPAIRED PERSON) died 3 (IMPAIRED PERSON) no longer needs help -- is taking care of self . 4 BOX V5, pg.11 (CAREGIVER) no longer able to care for (IMPAIRED PERSON) 5 (IMPAIRED PERSON) rejected (CAREGIVER'S) help. 6 (IMPAIRED PERSON) gets other care. 7 Other SPECIFY _____ . . . 91

BOX V1	REFER TO CONTROL CARD: IS CAREGIVER PERSON'S SPOUSE? YES. 1 BOX V2b NO 2 (V4)
-----------	---

V4.	How long have you and (PERSON) lived together--about how many months or years? PROBE: The most recent, continuous time.
	YEARS _____ OR MONTHS _____ LESS THAN ONE MONTH. 00

Exhibit 41. Household Survey questions on caregiver burden from the Caregiver Supplement
(continued)

BOX V2	REFER TO CONTROL CARD:
	a. IS IMPAIRED PERSON IN SAME RU AS CAREGIVER?
	YES. 1 (b)
	NO 2 (V13)
	b. IS CAREGIVER CURRENTLY EMPLOYED (S1 IN CENTRAL QUESTIONNAIRE)?
	YES. 1 (V5)
	NO 2 (V11)

V5.	Helping a person with a disability or health problem can sometimes interfere with one's job. Do you now have to work fewer hours per week than you would normally like because you are taking care of (PERSON)?	Yes. 1	No 2
V6.	Have you had to take a different job because you were taking care of (PERSON)?	Yes. 1	No 2
V7.	Do you ever have to take time off from work to take care of (PERSON)?	Yes. 1	No 2
V8.	Do you ever have to adjust your work schedule in any other way to take care of (PERSON)?	Yes. 1	No 2

BOX V3	REFER TO V5-V8: IS ANY QUESTION ANSWERED "YES"?
	YES. 1 (V9)
	NO 2 (V13)

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Exhibit 41. Household Survey questions on caregiver burden from the Caregiver Supplement
(continued)

V9.	Taking everything into consideration, would you say you earn less than you would if you didn't have to take care of (PERSON)?
	Yes. 1 (V10) No 2 (V13)

V10.	About how much <u>more</u> do you think you would earn if you didn't have to take care of (PERSON)?																		
	AMOUNT . . . \$ _____ CIRCLE ONE CODE: <table style="margin-left: auto; margin-right: auto;"> <tr> <td>Per hour</td> <td>1</td> <td rowspan="6" style="font-size: 3em; vertical-align: middle; padding: 0 10px;">}</td> <td rowspan="6" style="vertical-align: middle;">(V13)</td> </tr> <tr> <td>Per day.</td> <td>2</td> </tr> <tr> <td>Per week</td> <td>3</td> </tr> <tr> <td>Per two-week period.</td> <td>4</td> </tr> <tr> <td>Per month.</td> <td>5</td> </tr> <tr> <td>Per year</td> <td>6</td> </tr> <tr> <td colspan="2" style="padding-top: 5px;">Other SPECIFY _____</td> <td>91</td> <td></td> </tr> </table>	Per hour	1	}	(V13)	Per day.	2	Per week	3	Per two-week period.	4	Per month.	5	Per year	6	Other SPECIFY _____		91	
Per hour	1	}	(V13)																
Per day.	2																		
Per week	3																		
Per two-week period.	4																		
Per month.	5																		
Per year	6																		
Other SPECIFY _____		91																	

V11.	Taking care of a person with a disability or health problem can sometimes interfere with other things one would like to do. Have you . . .
	a. quit a job because you were taking care of (PERSON)? <div style="text-align: right;"> Yes. 1 No 2 </div>
	b. turned down a job or not looked for a job because you were taking care of (PERSON)? <div style="text-align: right;"> Yes. 1 No 2 </div>

BOX V4	IS EITHER V11a <u>OR</u> V11b ANSWERED "YES"? <div style="text-align: right;"> YES. 1 (V12) NO 2 (V13) </div>
-----------	---

V12.	If you weren't taking care of (PERSON) now, how many hours a week would you probably work?
	_____ HOURS

Exhibit 41. Household Survey questions on caregiver burden from the Caregiver Supplement
(continued)

<p>V13. Can (PERSON) be left alone in the (house/apartment)?</p> <p style="text-align: right;">Yes. 1 (V14) No 2 (V15)</p>																								
<p>V14. How many hours at a time, on the average, can (PERSON) be left alone in the (house/apartment)?</p> <p style="text-align: right;">_____ HOURS</p> <p style="text-align: right;">LESS THAN ONE HOUR 0 NO LIMIT 95</p>																								
<p>V15. In the past six months, have you ever been away from (PERSON) overnight? (Do not count any time (PERSON) may have been in the hospital.)</p> <p style="text-align: right;">Yes. 1 (V16) No 2 (V19)</p>																								
<p>V16. How many different times (in the last six months)?</p> <p style="text-align: right;">_____ TIMES</p>																								
<p>V17. Who (usually) took care of (PERSON) when you were away? PROBE: How is (he/she) related to (PERSON)?</p> <table style="width: 100%; margin-top: 10px;"> <tr> <td>Other Ru member</td> <td></td> </tr> <tr> <td>ENTER PERSON #: _____</td> <td>1 (V19)</td> </tr> <tr> <td>Nonrelative in DU.</td> <td>2 (V18)</td> </tr> <tr> <td>Daughter outside DU.</td> <td>3</td> </tr> <tr> <td>Son outside DU</td> <td>4</td> </tr> <tr> <td>Sister outside DU.</td> <td>5</td> </tr> <tr> <td>Brother outside DU</td> <td>6</td> </tr> <tr> <td>Son-in-law or daughter-in-law outside DU</td> <td>7 (V18)</td> </tr> <tr> <td>Other relative outside DU.</td> <td>8 (V18)</td> </tr> <tr> <td>Nonrelative outside DU</td> <td>9 (V18)</td> </tr> <tr> <td>No one/took care of self</td> <td>10 (V19)</td> </tr> <tr> <td>Person placed in nursing home or similar place</td> <td>11 (V19)</td> </tr> </table>	Other Ru member		ENTER PERSON #: _____	1 (V19)	Nonrelative in DU.	2 (V18)	Daughter outside DU.	3	Son outside DU	4	Sister outside DU.	5	Brother outside DU	6	Son-in-law or daughter-in-law outside DU	7 (V18)	Other relative outside DU.	8 (V18)	Nonrelative outside DU	9 (V18)	No one/took care of self	10 (V19)	Person placed in nursing home or similar place	11 (V19)
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Nonrelative outside DU	9 (V18)																							
No one/took care of self	10 (V19)																							
Person placed in nursing home or similar place	11 (V19)																							
<p>V18. Was this person paid for helping?</p> <p style="text-align: right;">Yes. 1 No 2</p>																								

Exhibit 41. Household Survey questions on caregiver burden from the Caregiver Supplement
(continued)

V19. Often, taking care of someone causes inconveniences or problems. Please look at this card and give me the numbers of those things that are sometimes a problem for you in taking care of (PERSON).

CODE ALL THAT APPLY.

PROBE: Anything else?

SHOW
CARD
V

Lifting or moving (him/her) is difficult 1
I have to take care of (him/her) when I don't
feel well enough 2
(He/She) needs special medical care that I cannot give 3
Taking care of (him/her) is hard on me emotionally 4
None of these. 5

V20. Here are some other problems people sometimes have when taking care of a disabled person. Please look at this card and tell me the things that you have to deal with in taking care of (PERSON).

CODE ALL THAT APPLY.

PROBE: Anything else?

SHOW
CARD
H

I don't have as much privacy when I take care
of (him/her) 1
Taking care of (him/her) limits my social life
and free time. 2
I have to give (him/her) almost constant attention 3
Taking care of (him/her) has caused my health to
get worse. 4
(His/Her) care costs more than I can really afford 5
None of these. 6

V21. Thinking about all of the things you do for (PERSON) because of (his/her) disability, about how many extra hours do you spend helping (him/her) on an average day, over and above what you would normally do?

_____ HOURS

V22. Is your sleep at night ever interrupted because you have to take care of (PERSON)?

Yes. 1 (V23)

No 2 (V24)

V23. About how many times in an average week is your sleep interrupted because you have to take care of (PERSON)?

_____ TIMES

LESS THAN ONCE A WEEK. 0

Exhibit 42. Household Survey caregiver probes from the Central Questionnaire

CAREGIVER PROBES

Many people need help in performing activities of daily living.

DD1. Does anyone in the family regularly help any friend or relative outside this household with any of these activities because that person has a mental or physical health problem?

SHOW
CARD
U

Yes. 1
No 2

DD2. (Besides what you just told me about,) Does anyone in the family regularly help any friends or relatives outside this household with any of these activities because that person has a mental or physical health problem?

SHOW
CARD
V

Yes. 1
No 2

DD3. (Besides what you just told me,) Does anyone in the family regularly spend money for food, clothing, medical bills, or other things or give cash to someone outside this household because that person has a mental or physical health problem?

Yes. 1
No 2

BOX
DD1

IF DD1, DD2, AND DD3 ARE ALL CODED "NO", GO TO SECTION 5, EMPLOYMENT, PG.43 IN CENTRAL QUESTIONNAIRE.

IF DD1, DD2, OR DD3 IS CODED "YES", CONTINUE WITH DD4 IN CARE RECEIVER SUPPLEMENT (PEACH).

Exhibit 43. Household Survey Care Receiver Supplement

<p>DD4. Who are the people with mental or physical health problems that your family helps in (this way/these ways)? Anyone else? LIST EACH NAME IN A SEPARATE COLUMN. THEN, ASK DD5-DD7 FOR EACH CARE RECEIVER.</p>																															
<p>DD5. Is (CARE RECEIVER) currently married, widowed, divorced, or separated, or has (he/she) never been married?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Married</td> <td style="width: 5%; text-align: center;">①</td> <td style="width: 5%;"></td> <td style="width: 5%; text-align: center;">↓</td> <td style="width: 10%; text-align: right;">.....</td> <td style="width: 10%; text-align: right;">1</td> </tr> <tr> <td>Widowed</td> <td style="text-align: center;">②</td> <td></td> <td></td> <td style="text-align: right;">.....</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Divorced</td> <td style="text-align: center;">③</td> <td></td> <td></td> <td style="text-align: right;">.....</td> <td style="text-align: right;">3</td> </tr> <tr> <td>Separated</td> <td style="text-align: center;">④</td> <td></td> <td></td> <td style="text-align: right;">.....</td> <td style="text-align: right;">4</td> </tr> <tr> <td>Never married</td> <td style="text-align: center;">⑤</td> <td></td> <td></td> <td style="text-align: right;">.....</td> <td style="text-align: right;">5</td> </tr> </table>	Married	①		↓	1	Widowed	②			2	Divorced	③			3	Separated	④			4	Never married	⑤			5	
Married	①		↓	1																										
Widowed	②			2																										
Divorced	③			3																										
Separated	④			4																										
Never married	⑤			5																										
<p>DD6. CODE SEX IF OBVIOUS. IF NOT OBVIOUS ASK: Is (CARE RECEIVER) male or female?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Male</td> <td style="width: 5%; text-align: center;">①</td> <td style="width: 5%;"></td> <td style="width: 5%; text-align: center;">↓</td> <td style="width: 10%; text-align: right;">.....</td> <td style="width: 10%; text-align: right;">1</td> </tr> <tr> <td>Female</td> <td style="text-align: center;">②</td> <td></td> <td></td> <td style="text-align: right;">.....</td> <td style="text-align: right;">2</td> </tr> </table>	Male	①		↓	1	Female	②			2																			
Male	①		↓	1																										
Female	②			2																										
<p>DD7. How old is (CARE RECEIVER)? RECORD IN COLUMN(S).</p>	<p>AGE</p> <p>_____ (NP:DD5/ BOX DD2)</p>																														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center; vertical-align: middle;">BOX DD2</td> <td style="padding: 5px;"> <p>HOW MANY CARE RECEIVERS ARE RECORDED IN DD4?</p> <p>ONE 1 (DD9)</p> <p>MORE THAN ONE 2 (DD8)</p> </td> </tr> </table>	BOX DD2	<p>HOW MANY CARE RECEIVERS ARE RECORDED IN DD4?</p> <p>ONE 1 (DD9)</p> <p>MORE THAN ONE 2 (DD8)</p>																													
BOX DD2	<p>HOW MANY CARE RECEIVERS ARE RECORDED IN DD4?</p> <p>ONE 1 (DD9)</p> <p>MORE THAN ONE 2 (DD8)</p>																														
<p>DD8. Do any of the persons you just named live together?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Yes</td> <td style="width: 5%; text-align: center;">1</td> <td style="width: 35%; text-align: right;">BOX DD3</td> </tr> <tr> <td>No</td> <td style="text-align: center;">2</td> <td style="text-align: right;">(DD9)</td> </tr> </table>	Yes	1	BOX DD3	No	2	(DD9)																									
Yes	1	BOX DD3																													
No	2	(DD9)																													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center; vertical-align: middle;">BOX DD3</td> <td style="padding: 5px;"> <p>DOES (CARE RECEIVER) LIVE WITH ANOTHER CARE RECEIVER?</p> <p>YES, ENTER COLUMN #'S OF OTHER CARE RECEIVER(S).....</p> <p>NO ⑩</p> <p>PROBE IF UNSURE: Who does (CARE RECEIVER) live with? ASK BOX DD4 THROUGH DD36 FOR EACH CARE RECEIVER (AS APPROPRIATE)</p> </td> </tr> </table>	BOX DD3	<p>DOES (CARE RECEIVER) LIVE WITH ANOTHER CARE RECEIVER?</p> <p>YES, ENTER COLUMN #'S OF OTHER CARE RECEIVER(S).....</p> <p>NO ⑩</p> <p>PROBE IF UNSURE: Who does (CARE RECEIVER) live with? ASK BOX DD4 THROUGH DD36 FOR EACH CARE RECEIVER (AS APPROPRIATE)</p>	<p style="text-align: center;">COLUMN #</p> <p style="text-align: center;">..... 0</p>																												
BOX DD3	<p>DOES (CARE RECEIVER) LIVE WITH ANOTHER CARE RECEIVER?</p> <p>YES, ENTER COLUMN #'S OF OTHER CARE RECEIVER(S).....</p> <p>NO ⑩</p> <p>PROBE IF UNSURE: Who does (CARE RECEIVER) live with? ASK BOX DD4 THROUGH DD36 FOR EACH CARE RECEIVER (AS APPROPRIATE)</p>																														

Exhibit 43. Household Survey Care Receiver Supplement (continued)

<p>BOX DD4</p>	<p>REFER TO BOX DD3. DOES THIS CARE RECEIVER LIVE WITH A CARE RECEIVER LISTED IN A PREVIOUS COLUMN?</p> <p>YES ① NO ②</p>	<p>..... 1 (DD14, pg.5) ② (DD9)</p>
<p>DD9. Does (CARE RECEIVER) live in a private house, condominium, or apartment, or somewhere else?</p> <p>Private house/apartment/condo ① Somewhere else ②</p>		<p>..... 1 (DD11) 2 (DD10)</p>
<p>DD10. In what kind of place does (CARE RECEIVER) live?</p> <p>NURSING HOME ① REST HOME/RETIREMENT HOME ② HOSPITAL/OTHER INSTITUTION..... ③ OTHER SPECIFY 91</p>		<p>..... 1 2 (DD13) 3 91</p>
<p>DD11. IF BOX DD4 IS CODED "YES," GO TO DD12. OTHERWISE, ASK: Does (CARE RECEIVER) live alone in the (house/apartment/condo), or with another person or people?</p> <p>Alone ① With other(s) ②</p>		<p>..... 1 (DD13) 2 (DD12)</p>
<p>DD12. Who (else) lives with (CARE RECEIVER)? CODE ALL THAT APPLY.</p> <p>SPOUSE ① DAUGHTER ② SON ③</p> <p>SISTER ④ BROTHER ⑤ OTHER RELATIVE(S) SPECIFY ⑥ NONRELATIVE(S) ⑦</p>		<p>..... 1 2 3</p> <p>..... 4 5 6 _____ 7</p>
<p>DD13. About how many minutes or hours does it take to get to (CARE RECEIVER'S) home from here by the usual way?</p>		<p>HOURS: _____ OR MINUTES: _____</p>

Exhibit 43. Household Survey Care Receiver Supplement (continued)

<p>DD14. Sometimes people regularly help out friends or relatives, like buying them groceries or clothes, or by helping with other expenses.</p> <p>Does your family regularly buy or pay for anything for (CARE RECEIVER), including giving (him/her) cash to use as (he/she) wishes?</p> <p>Yes ①</p> <p>No ②</p>	<p>..... 1 (DD15)</p> <p>..... 2 (DD29)</p>
<p>DD15. IN COLUMNS 2-5 IF CO-RECEIVER NUMBER ALREADY ENTERED FOR (CARE RECEIVER) IN DD15, GO TO DD22, PG.11.</p> <p>About how much, in an average week or month, does your family give (CARE RECEIVER) or pay for things for (him/her)?</p> <p>IF AMOUNT CANNOT BE SEPARATED BY PERSON, ENTER <u>ENTIRE</u> AMOUNT IN THIS CARE RECEIVER'S COLUMN, AND ENTER THIS CARE RECEIVER'S NUMBER IN COLUMN(S) OF CO-RECEIVER(S).</p> <p>PER WEEK ①</p> <p>PER MONTH ②</p> <p>DON'T KNOW -8</p>	<p>AMOUNT</p> <p>\$ _____</p> <p>PER WEEK 1 (DD29, pg.11)</p> <p>PER MONTH 2 (DD29, pg.11)</p> <p>DON'T KNOW ... -8 (DD16)</p>
<p>DD16. Not including what you've already told me about, does your family regularly buy or pay for groceries for (CARE RECEIVER)?</p> <p>Yes ①</p> <p>No ②</p>	<p>..... 1 (DD17)</p> <p>..... 2 (DD18)</p>
<p>DD17. Does your family usually buy or pay for all of (CARE RECEIVER'S) groceries or just some of them?</p> <p>All ①</p> <p>Some ②</p>	<p>..... 1</p> <p>..... 2</p>
<p>DD18. Not including what you've already told me about, does your family regularly buy or pay for clothing for (CARE RECEIVER)?</p> <p>Yes ①</p> <p>No ②</p>	<p>..... 1 (DD19)</p> <p>..... 2 (DD20)</p>
<p>DD19. Does your family usually buy or pay for all of (CARE RECEIVER'S) clothing or just some of it?</p> <p>All ①</p> <p>Some ②</p>	<p>..... 1</p> <p>..... 2</p>

Exhibit 43. Household Survey Care Receiver Supplement (continued)

<p>DD20. Not including what you've already told me about, does your family regularly pay for housing, that is rent or mortgage, for (CARE RECEIVER)?</p> <p>Yes ①</p> <p>No ②</p>	<p>..... 1 (DD21)</p> <p>..... 2 (DD22)</p>
<p>DD21. Does your family usually pay for all of (CARE RECEIVER'S) housing or just some of it?</p> <p>All ①</p> <p>Some ②</p>	<p>..... 1</p> <p>..... 2</p>
<p>DD22. Not including what you've already told me about, does your family regularly pay for medical bills for (CARE RECEIVER)?</p> <p>Yes ①</p> <p>No ②</p>	<p>..... 1 (DD23)</p> <p>..... 2 (DD24)</p>
<p>DD23. Does your family usually pay for all of (CARE RECEIVER'S) medical bills or just some of them?</p> <p>All ①</p> <p>Some ②</p>	<p>..... 1</p> <p>..... 2</p>
<p>DD24. Not including what you've already told me about, does your family regularly buy or pay for help around the house or personal care for (CARE RECEIVER)?</p> <p>Yes ①</p> <p>No ②</p>	<p>..... 1 (DD25)</p> <p>..... 2 (DD26)</p>
<p>DD25. Does your family usually buy or pay for all of (CARE RECEIVER'S) help around the house or personal care or just some of it?</p> <p>All ①</p> <p>Some ②</p>	<p>..... 1</p> <p>..... 2</p>

Exhibit 43. Household Survey Care Receiver Supplement (continued)

<p>DD26. Not including what you've already told me about, does your family regularly buy or pay for anything else for (CARE RECEIVER)?</p> <p>Yes ①</p> <p>No ②</p>	<p>..... 1 (DD27)</p> <p>..... 2 (DD29)</p>
<p>DD27. What is it that your family regularly buy(s) or pay(s) for (CARE RECEIVER)?</p> <p>RECORD VERBATIM.</p>	<p>ITEM(S)</p> <hr/> <hr/>
<p>DD28. Does your family usually buy or pay for all of (CARE RECEIVER'S) (RESPONSE IN DD27) or just some of (it/them)?</p> <p>All ①</p> <p>Some ②</p>	<p>..... 1</p> <p>..... 2</p>

Exhibit 43. Household Survey Care Receiver Supplement (continued)

<p>DD29. Does anyone in the family help (CARE RECEIVER) with any of <u>these</u> activities?</p> <div style="display: flex; align-items: flex-start; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px; margin-right: 10px; text-align: center;"> SHOW CARD U </div> <div> <p>Yes ①</p> <p>No ②</p> </div> </div>	<p>..... 1 (DD30)</p> <p>..... 2 (DD32)</p>
<p>DD30. PROBE: Who is that? Anyone else? ENTER NAME AND PERSON #.</p> <p>DD31. ASK DD31 FOR EACH PERSON RECORDED IN DD30. How is (PERSON) related to (CARE RECEIVER)?</p> <div style="margin-top: 10px;"> MOTHER/FATHER ① SISTER/BROTHER ② DAUGHTER/SON ③ DAUGHTER-IN-LAW/SON-IN-LAW ④ OTHER RELATIVE SPECIFY ⑤ NONRELATIVE ⑥ </div> <p>PROBE: Anyone else? Who is that? ENTER NAME AND PERSON #.</p> <div style="margin-top: 10px;"> MOTHER/FATHER ① SISTER/BROTHER ② DAUGHTER/SON ③ DAUGHTER-IN-LAW/SON-IN-LAW ④ OTHER RELATIVE SPECIFY ⑤ NONRELATIVE ⑥ </div> <p>PROBE: Anyone else? Who is that? ENTER NAME AND PERSON #.</p> <div style="margin-top: 10px;"> MOTHER/FATHER ① SISTER/BROTHER ② DAUGHTER/SON ③ DAUGHTER-IN-LAW/SON-IN-LAW ④ OTHER RELATIVE SPECIFY ⑤ NONRELATIVE ⑥ </div>	<p>NAME _____</p> <p>PERSON # _____</p> <p>..... 1</p> <p>..... 2</p> <p>..... 3</p> <p>..... 4</p> <p>..... 5 _____</p> <p>..... 6</p> <p>NAME _____</p> <p>PERSON # _____</p> <p>..... 1</p> <p>..... 2</p> <p>..... 3</p> <p>..... 4</p> <p>..... 5 _____</p> <p>..... 6</p> <p>NAME _____</p> <p>PERSON # _____</p> <p>..... 1</p> <p>..... 2</p> <p>..... 3</p> <p>..... 4</p> <p>..... 5 _____</p> <p>..... 6</p>

Exhibit 43. Household Survey Care Receiver Supplement (continued)

<p>DD32. Does anyone in the family help (CARE RECEIVER) with any of these activities?</p> <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px; text-align: center; width: 10%;"> SHOW CARD V </div> <div style="width: 80%;"> <p>Yes ①</p> <p>No ②</p> </div> </div>	<p>..... 1 (DD33)</p> <p>..... 2 BOX DD5</p>
<p>DD33. PROBE: Who is that? Anyone else? ENTER NAME AND PERSON #.</p> <p>DD34. ASK DD34 FOR EACH PERSON RECORDED IN DD33. How is (PERSON) related to (CARE RECEIVER)?</p> <div style="margin-top: 10px;"> <p>MOTHER/FATHER ①</p> <p>SISTER/BROTHER ②</p> <p>DAUGHTER/SON ③</p> <p>DAUGHTER-IN-LAW/SON-IN-LAW ④</p> <p>OTHER RELATIVE SPECIFY ⑤</p> <p>NONRELATIVE ⑥</p> </div> <p>PROBE: Anyone else? Who is that? ENTER NAME AND PERSON #.</p> <div style="margin-top: 10px;"> <p>MOTHER/FATHER ①</p> <p>SISTER/BROTHER ②</p> <p>DAUGHTER/SON ③</p> <p>DAUGHTER-IN-LAW/SON-IN-LAW ④</p> <p>OTHER RELATIVE SPECIFY ⑤</p> <p>NONRELATIVE ⑥</p> </div> <p>PROBE: Anyone else? Who is that? ENTER NAME AND PERSON #.</p> <div style="margin-top: 10px;"> <p>MOTHER/FATHER ①</p> <p>SISTER/BROTHER ②</p> <p>DAUGHTER/SON ③</p> <p>DAUGHTER-IN-LAW/SON-IN-LAW ④</p> <p>OTHER RELATIVE SPECIFY ⑤</p> <p>NONRELATIVE ⑥</p> </div>	<p>NAME _____</p> <p>PERSON # _____</p> <p>..... 1</p> <p>..... 2</p> <p>..... 3</p> <p>..... 4</p> <p>..... 5 _____</p> <p>..... 6</p> <p>NAME _____</p> <p>PERSON # _____</p> <p>..... 1</p> <p>..... 2</p> <p>..... 3</p> <p>..... 4</p> <p>..... 5 _____</p> <p>..... 6</p> <p>NAME _____</p> <p>PERSON # _____</p> <p>..... 1</p> <p>..... 2</p> <p>..... 3</p> <p>..... 4</p> <p>..... 5 _____</p> <p>..... 6</p>

Exhibit 43. Household Survey Care Receiver Supplement (continued)

BOX DD5	<p>REFER TO DD29 AND DD32. IS CARE RECEIVER CODED "YES" IN EITHER QUESTION (RECEIVED ADL OR IADL HELP):</p> <p>YES, RECEIVED ADL OR IADL HELP ①</p> <p>NO, DID NOT RECEIVE ADL OR IADL HELP ②</p>	<p>..... 1 (DD35)</p> <p>..... 2 BOX DD6</p>
<p>DD35. IF CO-RECEIVER NUMBER ALREADY ENTERED FOR (CARE RECEIVER) IN DD35, GO TO BOX DD6.</p> <p>How many days per week does someone in the family usually help (CARE RECEIVER)?</p> <p>IF DAYS CANNOT BE SEPARATED BY CARE RECEIVER, ENTER TOTAL NUMBER OF DAYS PER WEEK IN THIS CARE RECEIVER'S COLUMN, AND ENTER THIS CARE RECEIVER'S NUMBER IN COLUMN OF CO-RECEIVER(S).</p>		<p>DAYS PER WEEK</p> <p>_____</p> <p>OR</p> <p>_____</p> <p>TOTAL</p>
<p>DD36. Thinking about everything your family does for (CARE RECEIVER(S)) because of (his/her/their) difficult(y)(ies), about how many hours per day does your family spend helping (CARE RECEIVER(S)) on average?</p>		<p>HOURS PER DAY</p> <p>_____</p>
BOX DD6	<p>IS THERE ANY OTHER CARE RECEIVER?</p> <p>YES ①</p> <p>NO ②</p>	<p>..... 1 (NP: BOX DD4, pg. 3)</p> <p>..... 2 BOX DD7</p>
BOX DD7	<p>REFER TO DD30-DD34. HOW MANY MEMBERS OF THE RU ARE LISTED AS PROVIDING HELP TO ANY CARE RECEIVER?</p> <p>ONE ONLY ① BOX DD8</p> <p>TWO OR MORE ② (DD37)</p> <p>NONE ③ BOX DD9</p>	

Exhibit 43. Household Survey Care Receiver Supplement (continued)

DD37. Who in the family spends the most time helping (NAMES OF ALL CARE
RECEIVERS LISTED)?

ENTER NAME AND PERSON #. CONTINUE WITH **BOX DD8** .

NAME _____

PERSON # _____

BOX DD8	REFER TO CONTROL CARD. IS PERSON IN DD37:
	EMPLOYED? 1 (DD38)
	NOT EMPLOYED? 2 (DD42)

Exhibit 43. Household Survey Care Receiver Supplement (continued)

<p>DD38. Helping a person with a disability or health problem can sometimes interfere with one's job. Does (PERSON) now have to work fewer hours per week than (he/she) would normally like because (he/she) is taking care of [CARE RECEIVER(S)]?</p>	<p>Yes. 1 No 2</p>
<p>DD39. Has (PERSON) had to take a different job because (he/she) was taking care of [CARE RECEIVER(S)]?</p>	<p>Yes. 1 No 2</p>
<p>DD40. Does (PERSON) ever have to take time off from work to take care of [CARE RECEIVER(S)]?</p>	<p>Yes. 1 No 2</p>
<p>DD41. Does (PERSON) ever have to adjust (his/her) work schedule in any other way to take care of [CARE RECEIVER(S)]?</p>	<p>Yes. 1 No 2</p>
<p>DD42. Taking care of a person with a disability or health problem can sometimes interfere with other things one would like to do. Has (PERSON) quit a job because (he/she) was taking care of [CARE RECEIVER(S)]?</p>	<p>Yes. 1 No 2</p>
<p>DD43. Has (PERSON) turned down a job or not looked for a job because (he/she) was taking care of [CARE RECEIVER(S)]?</p>	<p>Yes. 1 No 2</p>

<p>BOX DD9</p>	<p>GO TO SECTION S, EMPLOYMENT, pg. 43 IN CENTRAL QUESTIONNAIRE.</p>
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C. Access to Care

Both the 1977 and 1980 surveys included questions identifying usual sources of medical care for survey participants and asking whether participants had needed medical care that they did not obtain during the survey year. These questions were expanded for the 1987 survey to further explore the issues of access and barriers to care, particularly for groups of special policy interest such as Blacks, Hispanics, and American Indians and Alaska Natives. The questions were included in Supplement 3 (Exhibit 44), administered in Round 3 of the Household Survey and in Round 2 of the SAIAN. Since some Household Survey Reporting Units were not interviewed in Round 3 as part of a methodological experiment, Supplement 3 was also administered in Round 4. The content of Supplement 3 is summarized in Table 14 and described below.

Supplement 3 questions identified the usual source of (primary) medical care for each person in the Reporting Unit (W1-W5, W12, W14-W15), and asked for details about the person or place named. If the usual source was a particular doctor, the respondent was asked for the doctor's specialty, sex, race and ethnicity (W6-W11). Later in the supplement (W50-W54), the respondent was asked for the native language of each RU member and, if not English, whether the doctor or other person usually seen spoke that language. Other access questions include the hours the usual source of care was available (W16-W21), the distance and mode of travel usually employed (W22-W23), and the length of a typical visit, including waiting time (W24-W27). Questions new to the 1987 survey asked how long the person had been going to the usual source (W28), how the person first heard about it (W13), and how much he/she knew about it before the first visit (W29).

For persons without a usual source of care, the supplement included questions on why he/she did not have one (W30-W35), and where he/she would go if medical care were needed (W36-W42). Another series of questions (W43-W49) was intended to identify the burden on other family members of visits to the doctor by children or other persons needing accompaniment.

Finally, a series of questions (W55-W77) asked whether anyone in the RU had needed medical care during the previous year but not received it.

Exhibit 44. Household Survey/SAIAN access to care items from Supplement 3

<p>USUAL SOURCE OF HEALTH CARE</p> <p>I have some questions now about the place you (and other members of your family) <u>usually</u> go when you are sick or need advice about your health.</p> <p>W1. Is there a particular clinic, health center, doctor's office, or other place that (PERSON) usually goes to if (PERSON) is sick or needs advice about (his/her) health?</p> <p style="text-align: right;">↓</p> <p>Yes ① 1 (W2)</p> <p>No ② 2 (W30)</p>																																					
<p>W2. What kind of place is that -- a clinic, a hospital, a doctor's office, or some other place?</p> <p><u>IF CLINIC, ASK:</u> Was it a hospital outpatient clinic, a company clinic, or some other kind of clinic?</p> <p><u>IF SOME OTHER PLACE, ASK:</u> Where was this?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">Doctor's office or group practice</td> <td style="width: 5%; text-align: center;">①</td> <td style="width: 15%; text-align: right;">..... 1</td> </tr> <tr> <td>Doctor's clinic</td> <td style="text-align: center;">②</td> <td style="text-align: right;">..... 2</td> </tr> <tr> <td>Neighborhood/family health center</td> <td style="text-align: center;">③</td> <td style="text-align: right;">..... 3</td> </tr> <tr> <td>Hospital outpatient clinic</td> <td style="text-align: center;">④</td> <td style="text-align: right;">..... 4</td> </tr> <tr> <td>Company industrial clinic</td> <td style="text-align: center;">⑤</td> <td style="text-align: right;">..... 5</td> </tr> <tr> <td>School clinic</td> <td style="text-align: center;">⑥</td> <td style="text-align: right;">..... 6</td> </tr> <tr> <td>Hospital emergency room</td> <td style="text-align: center;">⑦</td> <td style="text-align: right;">..... 7</td> </tr> <tr> <td>Walk-in center</td> <td style="text-align: center;">⑧</td> <td style="text-align: right;">..... 8</td> </tr> <tr> <td>Patient's home</td> <td style="text-align: center;">⑨</td> <td style="text-align: right;">..... 9</td> </tr> <tr> <td>IHS facility</td> <td style="text-align: center;">⑩</td> <td style="text-align: right;">..... 10 (W15)</td> </tr> <tr> <td>Tribal/Alaska Native Corporation facility</td> <td style="text-align: center;">⑪</td> <td style="text-align: right;">..... 11 (W15)</td> </tr> <tr> <td>Other SPECIFY</td> <td style="text-align: center;">91</td> <td style="text-align: right;">..... 91</td> </tr> </table>		Doctor's office or group practice	① 1	Doctor's clinic	② 2	Neighborhood/family health center	③ 3	Hospital outpatient clinic	④ 4	Company industrial clinic	⑤ 5	School clinic	⑥ 6	Hospital emergency room	⑦ 7	Walk-in center	⑧ 8	Patient's home	⑨ 9	IHS facility	⑩ 10 (W15)	Tribal/Alaska Native Corporation facility	⑪ 11 (W15)	Other SPECIFY	91 91
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Other SPECIFY	91 91																																			
<div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p>BOX W1</p> </div>	<p>CIRCLE ONE CODE</p> <p>HOUSEHOLD SURVEY..... ① 1 (W4)</p> <p>SAIAN..... ② 2 (W3)</p>																																				
<p>W3. Is this an Indian Health Service (IHS) or a Tribal/Alaska Native Corporation facility?</p> <p>Yes ① 1 (W15)</p> <p>No ② 2 (W4)</p>																																					
<p>W4. Is there a particular doctor (PERSON) usually sees at (KIND OF PLACE)?</p> <p>Yes ① 1 (W5)</p> <p>No ② 2 (W12)</p>																																					

Exhibit 44. Household Survey/SAIAN access to care items from Supplement 3 (continued)

<p>W5. What is the complete name, address, and telephone number of this doctor? RECORD ON DR ROSTER.</p> <p style="text-align: right;">DOCTOR'S NAME: _____</p> <p style="text-align: right;">DR #: _____</p>		
<p>IF DR (DOCTOR) IN W5 ALREADY MENTIONED AS USUAL SOURCE FOR ANOTHER RU MEMBER, CODE W6 THROUGH W11 WITHOUT ASKING.</p> <p>W6. Is the doctor male or female?</p> <p>Male ① 1</p> <p>Female ② 2</p>		
<p>W7. Please look at Card B and tell me the group which best describes the doctor's racial background.</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">SHOW CARD B</div> <p>American Indian ① 1</p> <p>Alaska Native ② 2</p> <p>Asian or Pacific Islander ③ 3</p> <p>Black ④ 4</p> <p>White ⑤ 5</p> <p>Other ⑥ 6</p>		
<p>W8. Do any of the groups on Card C represent the doctor's main national origin or ancestry?</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">SHOW CARD C</div> <p>Yes ① 1 (W9)</p> <p>No ② 2 } (W10)</p> <p>DON'T KNOW ③ -8</p>		
<p>W9. Could you please give me the group?</p> <p>Puerto Rican ① 1</p> <p>Cuban ② 2</p> <p>Mexican, Mexicano, Mexican-American, Chicano ③ 3</p> <p>Other Latin American ④ 4</p> <p>Other Spanish ⑤ 5</p> <p>DON'T KNOW ③ -8</p>		
<p>W10. Is the doctor a general practitioner or a specialist?</p> <p>General practitioner ① 1 (W13)</p> <p>Specialist ② 2 (W11)</p> <p>DON'T KNOW ③ -8 (W13)</p>		

Exhibit 44. Household Survey/SAIAN access to care items from Supplement 3 (continued)

<p>W11. What is the doctor's specialty?</p> <p>Family Practice ①</p> <p>General Surgery ②</p> <p>Internal Medicine ③</p> <p>OB/GYN ④</p> <p>Pediatrics ⑤</p> <p>Other SPECIFY ⑨</p> <p style="text-align: center;">↓</p> <p>DON'T KNOW ⑧</p>	<p>..... 1</p> <p>..... 2</p> <p>..... 3</p> <p>..... 4</p> <p>..... 5</p> <p>..... 91</p> <hr/> <p>..... -8</p> <p style="text-align: right;">} (W13)</p>		
<p>W12. What is the complete name, address and telephone number of this place? RECORD ON DR ROSTER.</p> <p style="text-align: center;">NAME OF FACILITY:</p> <p style="text-align: center;">DR #:</p>	<p>_____</p> <p>_____</p>		
<p>W13. How did (PERSON) first find out about [(DOCTOR)/(PLACE)]? RECORD VERBATIM.</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: center; vertical-align: middle;">BOX W2</td> <td style="padding: 5px;"> <p>REFER TO CONTROL CARD: IS "VET" BOX CHECKED [✓]?</p> <p>YES ①</p> <p>NO ②</p> </td> </tr> </table>	BOX W2	<p>REFER TO CONTROL CARD: IS "VET" BOX CHECKED [✓]?</p> <p>YES ①</p> <p>NO ②</p>	<p>..... 1 (W14)</p> <p>..... 2 BOX W3</p>
BOX W2	<p>REFER TO CONTROL CARD: IS "VET" BOX CHECKED [✓]?</p> <p>YES ①</p> <p>NO ②</p>		
<p>W14. Is this place a facility of the Veterans Administration?</p> <p>Yes ①</p> <p>No ②</p>	<p>..... 1 } BOX W3</p> <p>..... 2 }</p>		
<p>W15. What is the complete name of this facility? RECORD ON DR ROSTER.</p> <p style="text-align: center;">NAME OF FACILITY:</p> <p style="text-align: center;">DR #:</p>	<p>_____</p> <p>_____</p>		

Exhibit 44. Household Survey/SAIAN access to care items from Supplement 3 (continued)

BOX W3	<p>CHECK NAME OF DOCTOR IN W5, OR PLACE IN W12 AND W15:</p> <p>a. HAS THIS PLACE BEEN NAMED BY ANOTHER RU MEMBER?</p> <p>YES ①</p> <p>NO ②</p> <p>b. WHICH RU MEMBER?</p> <p>PERSON #:</p>	<p>..... 1 (b)</p> <p>..... ② (W16)</p> <p>.....</p>
<p>W16. Does [the doctor's office/(NAME OF PLACE)] . . .</p> <p>have regular office hours on any nights during the week?</p> <p>Yes ①</p> <p>No ②</p> <p>DON'T KNOW ③</p>		<p>..... 1</p> <p>..... 2</p> <p>..... -8</p>
<p>W17. have regular office hours on Saturday mornings?</p> <p>Yes ①</p> <p>No ②</p> <p>DON'T KNOW ③</p>		<p>..... 1</p> <p>..... 2</p> <p>..... -8</p>
<p>W18. have regular office hours on weekends, besides Saturday mornings?</p> <p>Yes ①</p> <p>No ②</p> <p>DON'T KNOW ③</p>		<p>..... 1</p> <p>..... 2</p> <p>..... -8</p>
<p>W19. (make/provide) house calls?</p> <p>Yes ①</p> <p>No ②</p> <p>DON'T KNOW ③</p>		<p>..... 1</p> <p>..... 2</p> <p>..... -8</p>
<p>W20. provide treatment for emergencies after office hours?</p> <p>Yes ①</p> <p>No ②</p> <p>DON'T KNOW ③</p>		<p>..... 1</p> <p>..... 2</p> <p>..... -8</p>
<p>W21. have a separate charge for filling out forms for Medicare, health insurance, or public assistance programs such as (STATE NAME FOR MEDICAID)?</p> <p>Yes ①</p> <p>No ②</p> <p>DON'T KNOW ③</p>		<p>..... 1</p> <p>..... 2</p> <p>..... -8</p>

Exhibit 44. Household Survey/SAIAN access to care items from Supplement 3 (continued)

<p>W22. How does (PERSON) usually get there -- by walking, driving, being driven by someone else, by taxi, other public transportation, or some other way?</p> <p>Walking ① Driving ② Being driven ③ Taxi ④ Other public transportation ⑤ Dr. usually comes to home ⑥ Other SPECIFY ⑨1</p> <p>DON'T KNOW ⑧</p>	<p>..... 1 2 3 } (W23) 4 5 6 (W28) 91 -8 (W24)</p>
<p>W23. About how long does it usually take for (PERSON) to get there?</p> <p>MINUTES: <u>OR</u> HOURS:</p>	<p>MINS: _____ HRS: _____</p>
<p>W24. When (PERSON) goes there, does (he/she) usually have an appointment ahead of time, does (he/she) just walk in, or does (he/she) sometimes have an appointment and sometimes not?</p> <p>Has appointment ① Just walks in ② Sometimes has appointment ③</p>	<p>..... 1 (W25) 2 (W26) 3 (W26)</p>
<p>W25. About how long does (PERSON) usually have to wait to see the doctor after making the appointment -- about how many days, weeks, or months?</p> <p>DAYS: <u>OR</u> WEEKS: <u>OR</u> MONTHS:</p>	<p>DAYS: _____ WKS: _____ MOS: _____</p>
<p>W26. [If (PERSON) arrives on time for the appointment,] About how long does (PERSON) usually have to wait before seeing a medical person at [(DOCTOR'S) office/(PLACE)]?</p> <p>MINUTES: <u>OR</u> HOURS:</p>	<p>MINS: _____ HRS: _____</p>

Exhibit 44. Household Survey/SAIAN access to care items from Supplement 3 (continued)

<p>W27. From the time (PERSON) arrives until the time (PERSON) leaves, about how long do visits at this place usually take?</p> <p style="text-align: right;">MINUTES:</p> <p style="text-align: center;"><u>OR</u></p> <p style="text-align: right;">HOURS:</p>	<p>MINS: _____</p> <p>HRS: _____</p>
<p>W28. How long has (PERSON) been going to [(DOCTOR)/(PLACE)]?</p> <p style="text-align: right;">MONTHS:</p> <p style="text-align: center;"><u>OR</u></p> <p style="text-align: right;">YEARS:</p> <p style="text-align: right;">ALL MY LIFE</p>	<p>MOS: _____</p> <p>YRS: _____</p> <p>ALL MY LIFE <input type="checkbox"/></p>
<p>W29. IF 16 OR UNDER, ASK ABOUT PERSON'S PARENT:</p> <p>When (PERSON) went to [(DOCTOR)/(PLACE)] for the first time, did [(PERSON)/(PERSON'S PARENT)] feel as though (he/she) knew a great deal about [(DOCTOR)/(PLACE)], knew a little bit or didn't know much at all?</p> <p>Great deal ①</p> <p>A little ②</p> <p>Not much at all ③</p>	<p>..... 1)</p> <p>..... 2) } (W39)</p> <p>..... 3)</p>

Exhibit 44. Household Survey/SALAN access to care items from Supplement 3 (continued)

<p>NO USUAL SOURCE OF CARE</p> <p>W30. I am going to read some reasons that people have given for <u>not</u> having a usual place for medical care. For each one, please tell me whether or not it is a reason in (PERSON'S) case.</p> <p>There is no reason to have a usual source of medical care because (PERSON) seldom or never gets sick. [Is that a reason (PERSON) does not have a usual source of medical care?]</p> <p>Yes ① No ②</p>	<p>..... 1 2</p>
<p>W31. (PERSON) recently moved into the area. [Is that a reason (PERSON) does not have a usual source of medical care?]</p> <p>Yes ① No ②</p>	<p>..... 1 2</p>
<p>W32. (PERSON'S) usual source of medical care in this area is no longer available. [Is that a reason (PERSON) does not have a usual source of medical care?]</p> <p>Yes ① No ②</p>	<p>..... 1 2</p>
<p>W33. (PERSON) likes to go to different places for different health care needs. [Is that a reason (PERSON) does not have a usual source of medical care?]</p> <p>Yes ① No ②</p>	<p>..... 1 2</p>
<p>W34. The places where (PERSON) can receive medical care are too far away? [Is that a reason (PERSON) does not have a usual source of medical care?]</p> <p>Yes ① No ②</p>	<p>..... 1 2</p>

Exhibit 44. Household Survey/SAIAN access to care items from Supplement 3 (continued)

<p>W35. Are there any other reasons (PERSON) does not have a usual place for medical care? RECORD VERBATIM.</p> <p style="text-align: right; margin-top: 50px;">↓</p>	<hr/> <hr/> <hr/> <hr/>																																							
<p>W36. If (PERSON) were sick and needed medical care, but not in an emergency, what kind of place would (he/she) be most likely to go to -- a doctor's office, a clinic, a hospital, or some other kind of place?</p> <p><u>IF CLINIC, ASK:</u> Would that be a hospital outpatient clinic, a company clinic, or some other kind of clinic?</p> <p><u>IF SOME OTHER PLACE, ASK:</u> Where would that be?</p> <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 60%;">Doctor's office or group practice</td> <td style="width: 5%; text-align: center;">①</td> <td style="width: 35%; text-align: right;">..... 1</td> </tr> <tr> <td>Doctor's clinic</td> <td style="text-align: center;">②</td> <td style="text-align: right;">..... 2</td> </tr> <tr> <td>Neighborhood/family health center</td> <td style="text-align: center;">③</td> <td style="text-align: right;">..... 3</td> </tr> <tr> <td>Hospital outpatient clinic</td> <td style="text-align: center;">④</td> <td style="text-align: right;">..... 4</td> </tr> <tr> <td>Company industrial clinic</td> <td style="text-align: center;">⑤</td> <td style="text-align: right;">..... 5</td> </tr> <tr> <td>School clinic</td> <td style="text-align: center;">⑥</td> <td style="text-align: right;">..... 6</td> </tr> <tr> <td>Hospital emergency room</td> <td style="text-align: center;">⑦</td> <td style="text-align: right;">..... 7</td> </tr> <tr> <td>Walk-in center</td> <td style="text-align: center;">⑧</td> <td style="text-align: right;">..... 8</td> </tr> <tr> <td>Patient's home</td> <td style="text-align: center;">⑨</td> <td style="text-align: right;">..... 9 (W39)</td> </tr> <tr> <td>IHS facility</td> <td style="text-align: center;">⑩</td> <td style="text-align: right;">..... 10</td> </tr> <tr> <td>Tribal/Alaska Native Corporation facility</td> <td style="text-align: center;">⑪</td> <td style="text-align: right;">..... 11</td> </tr> <tr> <td>Other SPECIFY</td> <td style="text-align: center;">⑨①</td> <td style="text-align: right;">..... 91</td> </tr> <tr> <td colspan="2" style="margin-top: 10px;">DON'T KNOW</td> <td style="text-align: right; vertical-align: bottom;">..... -8 (W39)</td> </tr> </table>	Doctor's office or group practice	① 1	Doctor's clinic	② 2	Neighborhood/family health center	③ 3	Hospital outpatient clinic	④ 4	Company industrial clinic	⑤ 5	School clinic	⑥ 6	Hospital emergency room	⑦ 7	Walk-in center	⑧ 8	Patient's home	⑨ 9 (W39)	IHS facility	⑩ 10	Tribal/Alaska Native Corporation facility	⑪ 11	Other SPECIFY	⑨① 91	DON'T KNOW -8 (W39)	
Doctor's office or group practice	① 1																																						
Doctor's clinic	② 2																																						
Neighborhood/family health center	③ 3																																						
Hospital outpatient clinic	④ 4																																						
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IHS facility	⑩ 10																																						
Tribal/Alaska Native Corporation facility	⑪ 11																																						
Other SPECIFY	⑨① 91																																						
DON'T KNOW -8 (W39)																																						
<p>W37. About how much time would it take (PERSON) to travel to such a provider?</p> <p style="text-align: right; margin-top: 10px;">MINUTES:</p> <p style="text-align: center; margin-top: 5px;"><u>OR</u></p> <p style="text-align: right; margin-top: 5px;">HOURS:</p> <p style="margin-top: 10px;">DON'T KNOW ⑧</p>	<p style="margin-top: 10px;">MINS: _____</p> <p style="margin-top: 10px;">HRS: _____</p> <p style="margin-top: 10px;">..... -8</p>																																							
<p>W38. About how long do you think (PERSON) would have to wait to see a medical person (at this place)?</p> <p style="text-align: right; margin-top: 10px;">MINUTES:</p> <p style="text-align: center; margin-top: 5px;"><u>OR</u></p> <p style="text-align: right; margin-top: 5px;">HOURS:</p> <p style="margin-top: 10px;">DON'T KNOW ⑧</p>	<p style="margin-top: 10px;">MINS: _____</p> <p style="margin-top: 10px;">HRS: _____</p> <p style="margin-top: 10px;">..... -8</p>																																							

Exhibit 44. Household Survey/SAIAN access to care items from Supplement 3 (continued)

<p>DENTAL CARE</p> <p>W39. Is there a particular dental office or dental clinic that (PERSON) usually goes to for dental care?</p> <p>Yes ①</p> <p>No ②</p>		<p>..... 1 BOX W4</p> <p>..... 2 BOX W5</p>	
<div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>BOX W4</p> </div>	<p>CIRCLE ONE CODE:</p> <p>HOUSEHOLD SURVEY..... ①</p> <p>SAIAN SURVEY..... ②</p>		<p>..... 1 (W42)</p> <p>..... 2 (W40)</p>
<p>W40. Is this an Indian Health Service (IHS) facility?</p> <p>Yes ①</p> <p>No ②</p>		<p>..... 1 (W42)</p> <p>..... 2 (W41)</p>	
<p>W41. Is this a (tribal/ALASKA NATIVE CORPORATION) facility?</p> <p>Yes ①</p> <p>No ②</p>		<p>..... 1 } (W42)</p> <p>..... 2 }</p>	
<p>W42. About how long does it usually take for (PERSON) to get there?</p> <p style="text-align: right;">MINUTES:</p> <p style="text-align: center;"><u>OR</u></p> <p style="text-align: right;">HOURS:</p>		<p>MINS: _____</p> <p>HRS: _____</p>	

Exhibit 44. Household Survey/SAIAN access to care items from Supplement 3 (continued)

GETTING TO THE DOCTOR

BOX W5	CHECK CONTROL CARD:	
	IS PERSON 17 YEARS OR OLDER?	
	YES	①
	NO	②

..... 1 (NP:W1, pg.1/
W46)
..... 2 (W43)

W43. Does (PERSON) usually have someone accompany (him/her) when (he/she) goes to the doctor?

Yes ①
No ②

..... 1 (W44)
..... 2 (NP:W1, pg.1/
W46)

W44. Who usually goes to the doctor with (PERSON)?
RECORD NAME AND ENTER PERSON # OR CODE "95".

Not RU member ⑨⑤

NAME: _____
PERSON #: _____
..... 95

W45. Does (PERSON IN W44) ever have to take time off from work to take (PERSON) to the doctor?

Yes ①
No ②

..... 1 } (NP:W1, pg.1/
..... 2 } W46)

Exhibit 44. Household Survey/SAIAN access to care items from Supplement 3 (continued)

<p>W46. Does anyone (else) in the family [besides (CHILDREN 16 OR YOUNGER)] usually have another family member go to the doctor with (him/her)?</p> <p>Yes 1 (W47)</p> <p>No 2 <input type="checkbox"/> BOX W6</p>	
<p>W47. Who usually has another person accompany (him/her)?</p> <p>PROBE: Anyone else?</p> <p>CODE IN EACH PERSON COLUMN.</p> <p>Needs a companion ①</p> <p>Doesn't need a companion ②</p> <p>16 OR UNDER ③</p>	<p>..... 1</p> <p>..... 2</p> <p>..... 3</p>
<p>ASK W48 AND W49 FOR EACH PERSON CODED "NEEDS COMPANY":</p> <p>W48. Who usually goes to the doctor with (PERSON)?</p> <p>RECORD NAME AND ENTER PERSON # OR CODE "95".</p> <p>Not RU member ②⑤</p>	<p>NAME: _____</p> <p>PERSON #: _____</p> <p>..... 95</p>
<p>W49. Does (PERSON IN W48) ever have to take time off from work to take (PERSON) to the doctor?</p> <p>Yes ①</p> <p>No ②</p>	<p>..... 1 } (NP/ <input type="checkbox"/> BOX W6</p> <p>..... 2 }</p>

Exhibit 44. Household Survey/SAIAN access to care items from Supplement 3 (continued)

NATIVE LANGUAGE		
BOX W6	<p>CHECK CONTROL CARD:</p> <p>IS PERSON 17 YEARS OR OLDER?</p> <p>YES ①</p> <p>NO ②</p>	<p>..... 1 (W50)</p> <p>..... 2 (NP/W55)</p>
<p>W50. Is English (PERSON'S) native language?</p> <p>PROBE: The first language (PERSON) learned to speak as a child?</p> <p>Yes ①</p> <p>No ②</p>		<p>..... 1 (NP: BOX W6 / W55)</p> <p>..... 2 (W51)</p>
<p>W51. What is (PERSON'S) native language?</p> <p>Spanish ①</p> <p>German ②</p> <p>Italian ③</p> <p>French ④</p> <p>Portuguese ⑤</p> <p>American Indian/Alaska Native SPECIFY ⑥</p> <p>Other SPECIFY ⑦</p>		<p>..... 1</p> <p>..... 2</p> <p>..... 3</p> <p>..... 4</p> <p>..... 5</p> <p>..... 6</p> <p>..... 91</p>
<p>W52. Does (PERSON) usually speak (NATIVE LANGUAGE) here at home?</p> <p>PROBE: More than half the time?</p> <p>Yes ①</p> <p>No ②</p>		<p>..... 1</p> <p>..... 2</p>
<p>W53. Can (PERSON) conduct everyday activities comfortably in English?</p> <p>PROBE: Is (PERSON) fluent in English?</p> <p>Yes ①</p> <p>No ②</p>		<p>..... 1 (NP: BOX W6 / W55)</p> <p>..... 2 BOX W7</p>
BOX W7	<p>IS THERE A USUAL SOURCE OF CARE IN W5, W12 OR W15?</p> <p>YES ①</p> <p>NO ②</p>	<p>..... 1 (W54)</p> <p>..... 2 (NP: BOX W6 / W55)</p>
<p>W54. Does [(DOCTOR'S NAME)/the person (PERSON) usually sees at (NAME OF PLACE)] speak (NATIVE LANGUAGE)?</p> <p>Yes ①</p> <p>No ②</p>		<p>..... 1 } (NP: BOX W6 / W55)</p> <p>..... 2 }</p>

Exhibit 44. Household Survey/SAIAN access to care items from Supplement 3 (continued)

<p><u>BARRIERS TO CARE</u></p> <p>I'm going to read a list of different health care services. For each one, please tell me if it is a service that you or someone in your family (RU) needed during 1987 <u>but did not receive</u> for some reason.</p> <p>During 1987, did anyone in the family need but not get. . .</p> <p>W55. Emergency medical care?</p> <p>Yes 1 (W56)</p> <p>No 2 (W58)</p>	
<p>W56. Who was that?</p> <p>PROBE: Anyone else?</p> <p>CODE IN EACH PERSON COLUMN.</p> <p>Needed care ①</p> <p>Did not need care ②</p>	<p>..... 1</p> <p>..... 2</p>
<p>ASK FOR EACH PERSON CODED "NEEDED CARE" IN W56.</p> <p>W57. Did (PERSON) <u>try</u> to get this care?</p> <p>Yes ①</p> <p>No ②</p>	<p>..... 1 } (NP/W58)</p> <p>..... 2 }</p>
<p>(During 1987, did anyone in the family need but not get. . .)</p> <p>W58. An overnight hospital stay?</p> <p>Yes 1 (W59)</p> <p>No 2 (W61)</p>	
<p>W59. Who was that?</p> <p>PROBE: Anyone else?</p> <p>CODE IN EACH PERSON COLUMN.</p> <p>Needed care ①</p> <p>Did not need care ②</p>	<p>..... 1</p> <p>..... 2</p>
<p>ASK FOR EACH PERSON CODED "NEEDED CARE" IN W59.</p> <p>W60. Did (PERSON) <u>try</u> to get this care?</p> <p>Yes ①</p> <p>No ②</p>	<p>..... 1 } (NP/W61)</p> <p>..... 2 }</p>

Exhibit 44. Household Survey/SAIAN access to care items from Supplement 3 (continued)

<p>(During 1987, did anyone in the family need but not get. . .)</p> <p>W61. Services at home, such as a visiting nurse, doctor, or therapist?</p> <p>Yes 1 (W62)</p> <p>No 2 (W64)</p>	
<p>W62. Who was that?</p> <p>PROBE: Anyone else?</p> <p>CODE IN EACH PERSON COLUMN.</p> <p>Needed care ①</p> <p>Did not need care ②</p>	<p>..... 1</p> <p>..... 2</p>
<p>ASK FOR EACH PERSON CODED "NEEDED CARE" IN W62.</p> <p>W63. Did (PERSON) <u>try</u> to get this care?</p> <p>Yes ①</p> <p>No ②</p>	<p>..... 1 } (NP/W64)</p> <p>..... 2 }</p>
<p>(During 1987, did anyone in the family need but not get. . .)</p> <p>W64. Mental health services or psychiatric counseling?</p> <p>Yes 1 (W65)</p> <p>No 2 (W67)</p>	
<p>W65. Who was that?</p> <p>PROBE: Anyone else?</p> <p>CODE IN EACH PERSON COLUMN.</p> <p>Needed care ①</p> <p>Did not need care ②</p>	<p>..... 1</p> <p>..... 2</p>
<p>ASK FOR EACH PERSON CODED "NEEDED CARE" IN W65.</p> <p>W66. Did (PERSON) <u>try</u> to get this care?</p> <p>Yes ①</p> <p>No ②</p>	<p>..... 1 } (NP/W67)</p> <p>..... 2 }</p>

Exhibit 44. Household Survey/SAIAN access to care items from Supplement 3 (continued)

<p>(During 1987, did anyone in the family need but not get. . .)</p> <p>W67. Services of a pediatrician or children's doctor?</p> <p>Yes 1 (W68)</p> <p>No 2 (W70)</p>		
<p>W68. Who was that?</p> <p>PROBE: Anyone else?</p> <p>CODE IN EACH PERSON COLUMN.</p> <p>Needed care ①</p> <p>Did not need care ②</p>	<p>..... 1</p> <p>..... 2</p>	
<p>ASK FOR EACH PERSON CODED "NEEDED CARE" IN W68.</p> <p>W69. Did (PERSON) <u>try</u> to get this care?</p> <p>Yes ①</p> <p>No ②</p>		<p>..... 1 } (NP/W70)</p> <p>..... 2 }</p>
<p>(During 1987, did anyone in the family need but not get. . .)</p> <p>W70. Any prescribed medicines?</p> <p>Yes 1 (W71)</p> <p>No 2 (W73)</p>		
<p>W71. Who was that?</p> <p>PROBE: Anyone else?</p> <p>CODE IN EACH PERSON COLUMN.</p> <p>Needed medicine ①</p> <p>Did not need medicine ②</p>	<p>..... 1</p> <p>..... 2</p>	
<p>ASK FOR EACH PERSON CODED "NEEDED MEDICINE" IN W71.</p> <p>W72. Did (PERSON) <u>try</u> to get this medicine?</p> <p>Yes ①</p> <p>No ②</p>		<p>..... 1 } (NP/W73)</p> <p>..... 2 }</p>

Exhibit 44. Household Survey/SAIAN access to care items from Supplement 3 (continued)

<p>(During 1987, did anyone in the family need but not get. . .)</p> <p>W73. Any other medical items, such as eyeglasses, diabetic supplies or orthopedic items?</p> <p>Yes 1 (W74)</p> <p>No 2 BOX W8</p>		
<p>W74. Who was that?</p> <p>PROBE: Anyone else?</p> <p>CODE IN EACH PERSON COLUMN.</p> <p>Needed medical items..... ①</p> <p>Did not need medical items..... ②</p>	<p>..... 1</p> <p>..... 2</p>	
<p>ASK FOR EACH PERSON CODED "NEEDED MEDICAL ITEMS" IN W74.</p> <p>W75. Did (PERSON) <u>try</u> to get this medical item?</p> <p>Yes ①</p> <p>No ②</p>		<p>..... 1 } (NP/ BOX W8)</p> <p>..... 2 }</p>

BOX WB	IS THERE A "YES" FOR PERSON IN W56, W59, W62, W65, W68, W71, OR W74?		
	YES	① 1 (W76)
	NO	② 2 (NP/ BOX W10)

PROBE: Any other reasons?

[illegible]

BOX W9	IS THERE MORE THAN ONE REASON IN W76?	
	YES	①
	NO	②

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..... 1 (W77)
..... 2 (NP: BOX W8 /
          BOX W10)

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RECORD ANSWER VERBATIM.

NP: BOX W8 / BOX W10

	CIRCLE ONE CODE:	
BOX	HOUSEHOLD SURVEY	1 (ADMINISTER LONG TERM CARE SUPPLEMENT)
W10	SAIAN SURVEY	2 (ADMINISTER SUPPLEMENT #4)

Table 14. Content and question numbers of Supplement 3 (access to care), Household Survey and SALAN

	<u>Supplement 3</u>
Usual source of medical or dental care	W1-W29, W39-W42 ⁺
If no usual source of care	W30-W38 ⁺
Getting to the doctor	W43-W49 ⁺
Native language	W50-W54 ⁺
Barriers to care	W55-W77 ⁺

⁺ Included in Exhibit 44.

D. Income and Housing (Supplement 4)

Detailed income questions for the 1987 survey were included in Supplement 4, administered early in 1988 in both the Household Survey (Round 4) and the SAIAN (Round 3). Supplement 4 is presented as Exhibit 45; Table 15 summarizes its content.

The income questions (X1-X135) include a new series asking about contributions to the family's food supply from fishing, hunting, trapping, or farming. These questions were prompted by concern that the usual income questions would understate the socioeconomic status of groups, Alaska Natives in particular, for whom such activities represent an important part of a family's resources.

Supplement 4 also includes a number of questions on housing, for several purposes. First, since a home is the largest asset of many families, a series of questions (X136-X153b) explored the value of the home if owned by an RU member. The interest in assets is related to a family's ability to pay for health care, long-term care in particular. To this end, Supplement 4 also included a series of questions (X164-X167) to determine whether survey participants 55 years of age or older not currently owning a home had recently sold one. Another series of questions (X160-X163) for RU's including anyone aged 55 or older asked whether the home was in a retirement community and whether it had any special modifications or equipment to help an impaired family member.

The SAIAN Round 3 interview included a few questions in an "Addition to Supplement 4" (Exhibit 46), addressing analytic concerns particular to the SAIAN. These questions included a series (XX1-XX2) to identify all 1987 places of residence for survey participants. This series had two purposes: (1) to estimate the mobility of the population eligible for IHS services; and (2) to determine periods when survey participants may have lived outside of the geographic areas eligible for the survey, and hence not had access to IHS services.

Exhibit 45. Household Survey/SAIAN income and assets items from Supplement 4

<p>INCOME</p> <p>People get money from many different sources, such as wages and salaries, social security and interest on savings. The next questions ask about different sources of income that you and other members of your family had during 1987.</p> <p>X1. During 1987, did anyone in your family receive any money from wages or salary?</p> <p>Yes 1 (X2) No 2 (X4)</p>	
<p>X2. Who was that? PROBE: Anyone else? CODE IN EACH PERSON COLUMN.</p> <p>WAGES OR SALARY ① NO WAGES OR SALARY ②</p>	<p>→</p> <p>..... 1 2</p>
<p>X3. FOR EACH PERSON CODED "WAGES OR SALARY" IN X2: During 1987, how much did (PERSON) receive in wages and salary <u>before</u> any deductions?</p>	<p>\$ AMOUNT</p>
<p>X4. During 1987, did anyone in the family receive any money from tips, commissions, or bonuses (other than what you just told me about)?</p> <p>Yes 1 (X5) No 2 (X7)</p>	
<p>X5. Who was that? PROBE: Anyone else? CODE IN EACH PERSON COLUMN.</p> <p>TIPS ① NO TIPS ②</p>	<p>..... 1 2</p>
<p>X6. FOR EACH PERSON CODED "TIPS" IN X5: During 1987, how much did (PERSON) receive in tips, commissions, or bonuses <u>before</u> any deductions?</p>	<p>\$ AMOUNT</p>

Exhibit 45. Household Survey/SAIAN income and assets items from Supplement 4 (continued)

<p>X7. During 1987, did anyone in the family earn or lose income from his or her own farm?</p> <p>Yes 1 (X8) No 2 (X10)</p>	
<p>X8. Who was that? PROBE: Anyone else? CODE IN EACH PERSON COLUMN.</p> <p>FARM INCOME EARNED/LOST ① NO FARM INCOME EARNED/LOST ②</p>	<p>..... 1 2</p>
<p>X9. FOR EACH PERSON CODED "FARM INCOME EARNED/LOST" IN X8: How much did (PERSON) earn or lose <u>after expenses</u> during the past year?</p>	<p>EARNED \$ _____ OR LOST \$ _____</p>
<p>X10. During 1987, did anyone in the family earn or lose money from his or her own <u>nonfarm</u> business, partnership, or professional practice?</p> <p>Yes 1 (X11) No 2 (X13)</p>	
<p>X11. Who was that? PROBE: Anyone else? CODE IN EACH PERSON COLUMN.</p> <p>MONEY EARNED/LOST ① NO MONEY EARNED/LOST ②</p>	<p>..... 1 2</p>
<p>X12. FOR EACH PERSON CODED "MONEY EARNED/LOST" IN X11: How much did (PERSON) earn or lose <u>after expenses</u> during the past year?</p>	<p>EARNED \$ _____ OR LOST \$ _____</p>

Exhibit 45. Household Survey/SAIAN income and assets items from Supplement 4 (continued)

<p>X13. Not counting military retirement, during 1987 did anyone receive any veteran's payments such as education or disability benefits?</p> <p>Yes 1 (X14) No 2 (X16)</p>	
<p>X14. Who was that? PROBE: Anyone else? CODE IN EACH PERSON COLUMN.</p> <p>VETERAN'S PAYMENTS ① NO VETERAN'S PAYMENT ②</p>	<p>..... 1 2</p>
<p>X15. FOR EACH PERSON CODED "VETERAN'S PAYMENT" IN X14: How much did (PERSON) receive from veteran's payments during the past year?</p>	<p>\$ AMOUNT</p>
<p>X16. During 1987, did anyone receive any unemployment insurance?</p> <p>Yes 1 (X17) No 2 (X19)</p>	
<p>X17. Who was that? PROBE: Anyone else? CODE IN EACH PERSON COLUMN.</p> <p>UNEMPLOYMENT INSURANCE ① NO UNEMPLOYMENT INSURANCE ②</p>	<p>..... 1 2</p>
<p>X18. FOR EACH PERSON CODED "UNEMPLOYMENT INSURANCE" IN X17: How much did (PERSON) receive from unemployment insurance during the past year?</p>	<p>\$ AMOUNT</p>

Exhibit 45. Household Survey/SAIAN income and assets items from Supplement 4 (continued)

<p>X19. During 1987, did anyone receive any Worker's Compensation?</p> <p>Yes 1 (X20)</p> <p>No 2 (X22)</p>	
<p>X20. Who was that?</p> <p>PROBE: Anyone else?</p> <p>CODE IN EACH PERSON COLUMN.</p> <p>WORKER'S COMPENSATION ①</p> <p>NO WORKER'S COMPENSATION ②</p>	<p>..... 1</p> <p>..... 2</p>
<p>X21. FOR EACH PERSON CODED "WORKER'S COMPENSATION" IN X20:</p> <p>How much did (PERSON) receive from Worker's Compensation during the past year?</p>	<p>\$ _____</p> <p>AMOUNT</p>

Exhibit 45. Household Survey/SAIAN income and assets items from Supplement 4 (continued)

<p>X22. During 1987, did anyone in the family receive any Supplemental Security Income checks, also known as S.S.I.?</p> <p style="text-align: right;">Yes 1 (X23) No 2 (X28)</p>		
<p>X23. Who was that? PROBE: Anyone else? CODE IN EACH PERSON COLUMN.</p> <p style="text-align: right;">S.S.I. CHECKS ① NO S.S.I. CHECKS ②</p>		↓
BOX X1	<p>IS (PERSON) LESS THAN 65 YEARS OLD?</p> <p style="text-align: right;">YES ① NO ②</p>	<p>..... 1 BOX X1 2 (NP/X28)</p>
<p>X24. Did (PERSON) receive S.S.I. because of (his/her) <u>own</u> disability, or for some other reason?</p> <p style="text-align: right;">Own disability ① Some other reason ②</p>		<p>..... 1 2</p>
<p>X25. For how many months during 1987 did (PERSON) receive S.S.I. checks?</p>		<p># OF MONTHS: _____</p>
<p>X26. How much did (PERSON) get each month? PROBE: Did (PERSON) receive S.S.I. checks in <u>any other</u> amount during the past year? ENTER EACH DIFFERENT AMOUNT ON A SEPARATE LINE.</p> <p>X27. For how many months in 1987 did (PERSON) receive (EACH AMOUNT IN X26)? ENTER NEXT TO APPLICABLE AMOUNT.</p>		<p>FIRST AMOUNT</p> <p>AMOUNT: \$ _____ FOR # OF MONTHS: _____</p> <p>SECOND AMOUNT</p> <p>AMOUNT: \$ _____ FOR # OF MONTHS: _____</p>
BOX X2	<p>a. ADD UP THE NUMBERS OF MONTHS IN X27.</p> <p>b. COMPARE THE ENTRY IN a. WITH THE TOTAL IN X25. ARE THE NUMBERS IN X25 AND a. THE SAME? IF NO, REVIEW WITH RESPONDENT TO RESOLVE THE DIFFERENCE.</p> <p style="text-align: right;">YES ① NO ②</p>	<p>TOTAL MONTHS: _____</p> <p>..... 1 } (NP: X23/X28) 2 }</p>

Exhibit 45. Household Survey/SAIAN income and assets items from Supplement 4 (continued)

<p>X28. During 1987, did anyone in the family receive any money from Social Security?</p> <p>Yes 1 (X29)</p> <p>No 2 (X34)</p>		
<p>X29. Who was that?</p> <p>PROBE: Anyone else?</p> <p>CODE IN EACH PERSON COLUMN.</p> <p>SOCIAL SECURITY ①</p> <p>NO SOCIAL SECURITY ②</p>		<p>..... 1 BOX X3</p> <p>..... 2 (NP/X34)</p>
<p>BOX X3</p>	<p>IS (PERSON) LESS THAN 65 YEARS OLD?</p> <p>YES ①</p> <p>NO ②</p>	<p>..... 1 (X30)</p> <p>..... 2 (X31)</p>
<p>X30. Did (PERSON) receive Social Security because of (his/her) <u>own</u> disability, or for some other reason?</p> <p>Own disability ①</p> <p>Some other reason ②</p>		<p>..... 1</p> <p>..... 2</p>
<p>X31. For how many months in 1987 did (PERSON) receive Social Security?</p>		<p># OF MONTHS: _____</p>
<p>X32. How much did (PERSON) get a month?</p> <p>PROBE: Did (PERSON) receive Social Security in <u>any other</u> amount during the past year?</p> <p>ENTER EACH DIFFERENT AMOUNT ON A SEPARATE LINE.</p> <p>X33. For how many months in 1987 did (PERSON) receive (EACH AMOUNT IN X32)?</p> <p>ENTER NEXT TO APPLICABLE AMOUNT.</p>		<p>FIRST AMOUNT</p> <p>AMOUNT: \$ _____.</p> <p>FOR</p> <p># OF MONTHS: _____</p> <p>SECOND AMOUNT</p> <p>AMOUNT: \$ _____.</p> <p>FOR</p> <p># OF MONTHS: _____</p>
<p>BOX X4</p>	<p>a. ADD THE NUMBERS OF MONTHS IN X33.</p> <p>b. COMPARE THE ENTRY IN a. WITH THE TOTAL IN X31. ARE THE NUMBERS IN X31 AND a. THE SAME? IF NO, REVIEW WITH RESPONDENT TO RESOLVE THE DIFFERENCE.</p> <p>YES ①</p> <p>NO ②</p>	<p>TOTAL MONTHS: _____</p> <p>..... 1 } (NP:X29/X34)</p> <p>..... 2 }</p>

Exhibit 45. Household Survey/SAIAN income and assets items from Supplement 4 (continued)

<p>X34. During 1987, did anyone in the family receive any money from the state or local welfare office?</p> <p style="text-align: right;">Yes 1 (X35) No 2 (X41)</p>	
<p>X35. Sometimes checks from the Welfare Office cover more than one person in the family, even though only one person's name is on the checks. Who in the family was covered by state or local welfare? PROBE: Anyone else? CODE IN EACH PERSON COLUMN.</p> <p style="text-align: right;">COVERED BY WELFARE ① 1 (X36) NOT COVERED BY WELFARE ② 2 (NP/X41)</p>	
<p>X36. Was (PERSON) covered by Aid to Families with Dependent Children, also known as AFDC or ADC, or was it some other form of Public Assistance?</p> <p style="text-align: right;">COVERED BY AFDC OR ADC ① 1 COVERED BY OTHER ASSISTANCE ② 2</p>	
<p>X37. Whose name was on the checks? PROBE: Anyone else? CODE IN EACH PERSON COLUMN.</p> <p style="text-align: right;">NAME ON CHECK ① 1 (X38) NOT ON CHECK ② 2 (NP:X35/X41)</p>	
<p>X38. For how many months in 1987 did (PERSON) receive (AFDC/Public Assistance)?</p>	<p># OF MONTHS: _____</p>
<p>X39. How much did (PERSON) get a month? PROBE: Did (PERSON) receive (AFDC/Public Assistance) in <u>any other</u> amount during 1987? ENTER EACH DIFFERENT AMOUNT ON A SEPARATE LINE.</p> <p>X40. For how many months in 1987 did (PERSON) receive (EACH AMOUNT IN X39)? ENTER NEXT TO APPLICABLE AMOUNT.</p>	<p>FIRST AMOUNT</p> <p style="text-align: right;">AMOUNT: \$ _____ FOR # OF MONTHS: _____</p> <p>SECOND AMOUNT</p> <p style="text-align: right;">AMOUNT: \$ _____ FOR # OF MONTHS: _____</p>
<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 10%;">BOX X5</div> <div style="width: 80%;"> <p>a. ADD THE NUMBERS OF MONTHS IN X40.</p> <p>b. COMPARE THE ENTRY IN a. WITH THE TOTAL IN X38. ARE THE NUMBERS IN X38 AND a. THE SAME? IF NO, REVIEW WITH RESPONDENT TO RESOLVE THE DIFFERENCE.</p> <p style="text-align: right;">YES ① NO ②</p> </div> <div style="width: 10%;"></div> </div> </div>	<p>TOTAL MONTHS: _____</p> <p style="text-align: right;">..... 1 } (NP:X35/X41) 2 }</p>

Exhibit 45. Household Survey/SAIAN income and assets items from Supplement 4 (continued)

<p>X41. During 1987, did anyone in the family receive any money from Railroad Retirement benefits from the United States Government?</p> <p style="text-align: right;">Yes 1 (X42) No 2 (X46)</p>			
<p>X42. Who was that? PROBE: Anyone else? CODE IN EACH PERSON COLUMN.</p> <p style="text-align: right;">RAILROAD RETIREMENT CHECKS ① NO RAILROAD RETIREMENT CHECKS ②</p>	<p>..... 1 BOX X6 2 (NP/X46)</p>		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center; vertical-align: middle;">BOX X6</td> <td style="padding: 5px;"> <p>IS (PERSON) LESS THAN 65 YEARS OLD?</p> <p style="text-align: right;">YES ① NO ②</p> </td> </tr> </table>	BOX X6	<p>IS (PERSON) LESS THAN 65 YEARS OLD?</p> <p style="text-align: right;">YES ① NO ②</p>	<p>..... 1 (X43) 2 (X44)</p>
BOX X6	<p>IS (PERSON) LESS THAN 65 YEARS OLD?</p> <p style="text-align: right;">YES ① NO ②</p>		
<p>X43. Did (PERSON) receive Railroad Retirement because of (his/her) <u>own</u> disability, or for some other reason?</p> <p style="text-align: right;">Own disability ① Some other reason ②</p>	<p>..... 1 2</p>		
<p>X44. How much did (PERSON) get a month? PROBE: Did (PERSON) receive <u>any other</u> amount in Railroad Retirement checks during 1987? ENTER EACH AMOUNT ON A SEPARATE LINE.</p> <p>X45. For how many months in 1987 did (PERSON) receive (EACH AMOUNT IN X44)? ENTER NEXT TO APPLICABLE AMOUNT.</p>	<p>FIRST AMOUNT</p> <p>AMOUNT: \$ _____ FOR # OF MONTHS: _____</p> <p>SECOND AMOUNT</p> <p>AMOUNT: \$ _____ FOR # OF MONTHS: _____</p> <p style="text-align: right;">(NP:X42/X46)</p>		

Exhibit 45. Household Survey/SAIAN income and assets items from Supplement 4 (continued)

<p>X46. During 1987, did anyone in the family receive any money from private pensions?</p> <p style="text-align: right;">Yes 1 (X47) No 2 (X51)</p>			
<p>X47. Who was that? PROBE: Anyone else? CODE IN EACH PERSON COLUMN.</p> <p style="text-align: right;">PRIVATE PENSIONS ① NO PRIVATE PENSIONS ②</p>	<p style="text-align: right;">..... 1 BOX X7 2 (NP/X51)</p>		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center; vertical-align: middle;">BOX X7</td> <td style="padding: 5px;"> <p>IS (PERSON) LESS THAN 65 YEARS OLD?</p> <p style="text-align: right;">YES ① NO ②</p> </td> </tr> </table>	BOX X7	<p>IS (PERSON) LESS THAN 65 YEARS OLD?</p> <p style="text-align: right;">YES ① NO ②</p>	<p style="text-align: right;">..... 1 (X48) 2 (X49)</p>
BOX X7	<p>IS (PERSON) LESS THAN 65 YEARS OLD?</p> <p style="text-align: right;">YES ① NO ②</p>		
<p>X48. Did (PERSON) receive money from a private pension because of (his/her) <u>own</u> disability, or for some other reason?</p> <p style="text-align: right;">Own disability ① Some other reason ②</p>	<p style="text-align: right;">..... 1 2</p>		
<p>X49. How much did (PERSON) get a month? PROBE: Did (PERSON) receive <u>any other</u> amount in private pensions during 1987? ENTER EACH DIFFERENT AMOUNT ON A SEPARATE LINE.</p> <p>X50. For how many months in 1987 did (PERSON) receive (EACH AMOUNT IN X49)? ENTER NEXT TO APPLICABLE AMOUNT.</p>	<p>FIRST AMOUNT</p> <p style="text-align: right;">AMOUNT: \$ _____ FOR # OF MONTHS: _____</p> <p>SECOND AMOUNT</p> <p style="text-align: right;">AMOUNT: \$ _____ FOR # OF MONTHS: _____</p> <p style="text-align: right;">(NP:X47/X51)</p>		

Exhibit 45. Household Survey/SAIAN income and assets items from Supplement 4 (continued)

<p>X51. During 1987, did anyone in the family receive any money from military retirement?</p> <p style="text-align: right;">Yes 1 (X52) No 2 (X56)</p>			
<p>X52. Who was that? PROBE: Anyone else? CODE IN EACH PERSON COLUMN.</p> <p style="text-align: right;">MONEY FROM MILITARY RETIREMENT ① NO MONEY FROM MILITARY RETIREMENT ②</p>	<p style="text-align: right;">..... 1 BOX X8 2 (NP/X56)</p>		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center; vertical-align: middle;">BOX X8</td> <td style="padding: 5px;"> <p>IS (PERSON) LESS THAN 65 YEARS OLD?</p> <p style="text-align: right;">YES ① NO ②</p> </td> </tr> </table>	BOX X8	<p>IS (PERSON) LESS THAN 65 YEARS OLD?</p> <p style="text-align: right;">YES ① NO ②</p>	<p style="text-align: right;">..... 1 (X53) 2 (X54)</p>
BOX X8	<p>IS (PERSON) LESS THAN 65 YEARS OLD?</p> <p style="text-align: right;">YES ① NO ②</p>		
<p>X53. Did (PERSON) receive money from military retirement because of (his/her) <u>own</u> disability, or for some other reason?</p> <p style="text-align: right;">Own disability ① Some other reason ②</p>	<p style="text-align: right;">..... 1 2</p>		
<p>X54. How much did (PERSON) get a month? PROBE: Did (PERSON) receive money from military retirement in <u>any other amount</u> during 1987? ENTER EACH DIFFERENT AMOUNT ON A SEPARATE LINE.</p> <p>X55. For how many months in 1987 did (PERSON) receive (EACH AMOUNT IN X54)? ENTER NEXT TO APPLICABLE AMOUNT.</p>	<p>FIRST AMOUNT</p> <p style="text-align: right;">AMOUNT: \$ _____ FOR # OF MONTHS: _____</p> <p>SECOND AMOUNT</p> <p style="text-align: right;">AMOUNT: \$ _____ FOR # OF MONTHS: _____</p> <p style="text-align: right;">(NP:X52/X56)</p>		

Exhibit 45. Household Survey/SAIAN income and assets items from Supplement 4 (continued)

<p>X56. During 1987, did anyone in the family receive any money from other Federal government employee pensions?</p> <p style="text-align: right;">Yes 1 (X57) No 2 (X61)</p>			
<p>X57. Who was that? PROBE: Anyone else? CODE IN EACH PERSON COLUMN.</p> <p style="text-align: right;">OTHER FEDERAL EMPLOYEE PENSION ① NO OTHER FEDERAL EMPLOYEE PENSION ②</p>	<p style="text-align: right;">..... 1 BOX X9 2 (NP/X61)</p>		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center; vertical-align: middle;">BOX X9</td> <td style="padding: 5px;"> <p>IS (PERSON) LESS THAN 65 YEARS OLD?</p> <p style="text-align: right;">YES ① NO ②</p> </td> </tr> </table>	BOX X9	<p>IS (PERSON) LESS THAN 65 YEARS OLD?</p> <p style="text-align: right;">YES ① NO ②</p>	<p style="text-align: right;">..... 1 (X58) 2 (X59)</p>
BOX X9	<p>IS (PERSON) LESS THAN 65 YEARS OLD?</p> <p style="text-align: right;">YES ① NO ②</p>		
<p>X58. Did (PERSON) receive money from Federal government employee pensions because of (his/her) <u>own</u> disability, or for some other reason?</p> <p style="text-align: right;">Own disability ① Some other reason ②</p>	<p style="text-align: right;">..... 1 2</p>		
<p>X59. How much did (PERSON) get a month? PROBE: Did (PERSON) receive Federal government employee pensions in <u>any other</u> amount during 1987? ENTER EACH DIFFERENT AMOUNT ON A SEPARATE LINE.</p> <p>X60. For how many months in 1987 did (PERSON) receive (EACH AMOUNT IN X59)? ENTER NEXT TO APPLICABLE AMOUNT.</p>	<p>FIRST AMOUNT</p> <p style="text-align: right;">AMOUNT: \$ _____ FOR # OF MONTHS: _____</p> <p>SECOND AMOUNT</p> <p style="text-align: right;">AMOUNT: \$ _____ FOR # OF MONTHS: _____</p> <p style="text-align: right;">(NP:X57/X61)</p>		

Exhibit 45. Household Survey/SAIAN income and assets items from Supplement 4 (continued)

<p>X61. During 1987, did anyone in the family receive any money from state or local government employee pensions?</p> <p style="margin-left: 40px;">Yes 1 (X62)</p> <p style="margin-left: 40px;">No 2 (X66)</p>			
<p>X62. Who was that? PROBE: Anyone else? CODE IN EACH PERSON COLUMN.</p> <p style="margin-left: 40px;">STATE/LOCAL EMPLOYEE PENSION ①</p> <p style="margin-left: 40px;">NO STATE/LOCAL EMPLOYEE PENSION ②</p>	<p>..... 1 BOX X10</p> <p>..... 2 (NP/X66)</p>		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center; vertical-align: middle;">BOX X10</td> <td style="padding: 5px;"> <p>IS (PERSON) LESS THAN 65 YEARS OLD?</p> <p style="margin-left: 40px;">YES ①</p> <p style="margin-left: 40px;">NO ②</p> </td> </tr> </table>	BOX X10	<p>IS (PERSON) LESS THAN 65 YEARS OLD?</p> <p style="margin-left: 40px;">YES ①</p> <p style="margin-left: 40px;">NO ②</p>	<p>..... 1 (X63)</p> <p>..... 2 (X64)</p>
BOX X10	<p>IS (PERSON) LESS THAN 65 YEARS OLD?</p> <p style="margin-left: 40px;">YES ①</p> <p style="margin-left: 40px;">NO ②</p>		
<p>X63. Did (PERSON) receive money from state or local government employee pensions because of (his/her) <u>own</u> disability, or for some other reason?</p> <p style="margin-left: 40px;">Own disability ①</p> <p style="margin-left: 40px;">Some other reason ②</p>	<p>..... 1</p> <p>..... 2</p>		
<p>X64. How much did (PERSON) get a month? PROBE: Did (PERSON) receive money from state or local government employee pensions in <u>any other</u> amount in 1987? ENTER EACH DIFFERENT AMOUNT ON A SEPARATE LINE.</p> <p>X65. For how many months in 1987 did (PERSON) receive (EACH AMOUNT IN X64)? ENTER NEXT TO APPLICABLE AMOUNT.</p>	<p>FIRST AMOUNT</p> <p style="margin-left: 40px;">AMOUNT: \$ _____.</p> <p style="margin-left: 40px;">FOR</p> <p style="margin-left: 40px;"># OF MONTHS: _____</p> <p>SECOND AMOUNT</p> <p style="margin-left: 40px;">AMOUNT: \$ _____.</p> <p style="margin-left: 40px;">FOR</p> <p style="margin-left: 40px;"># OF MONTHS: _____</p> <p style="text-align: right;">(NP: X62/X66)</p>		

Exhibit 45. Household Survey/SALAN income and assets items from Supplement 4 (continued)

<p>X66. During 1987, did anyone in the family receive any money from estates or trusts?</p> <p>Yes 1 (X67)</p> <p>No 2 (X72)</p>	
<p>X67. Who was that?</p> <p>PROBE: Anyone else?</p> <p>CODE IN EACH PERSON COLUMN.</p> <p>MONEY FROM ESTATES/TRUSTS ①</p> <p>NO MONEY FROM ESTATES/TRUSTS ②</p>	<p>..... 1 (X68)</p> <p>..... 2 (NP/X72)</p>
<p>X68. How much money did (PERSON) receive from estates or trusts?</p>	<p>\$ _____</p> <p>AMOUNT</p>
<p>X69. Is that amount monthly, quarterly, or for the year?</p> <p>Monthly ①</p> <p>Quarterly ②</p> <p>For the year ③</p>	<p>..... 1 (X70)</p> <p>..... 2 (X70)</p> <p>..... 3 (X71)</p>
<p>X70. For how many (months/quarters) was that in 1987?</p>	<p># MONTHS/QUARTERS: _____</p>
<p>X71. Was that a payment (PERSON) received <u>only</u> in 1987, or is that an amount (PERSON) receives each year?</p> <p>Only in the past year ①</p> <p>Receives each year ②</p>	<p>..... 1 } (NP:X67/X72)</p> <p>..... 2 }</p>

Exhibit 45. Household Survey/SAIAN income and assets items from Supplement 4 (continued)

<p>X72. During 1987, did anyone in the family receive any money from annuities?</p> <p>Yes 1 (X73)</p> <p>No 2 (X77)</p>	
<p>X73. Who was that?</p> <p>PROBE: Anyone else?</p> <p>CODE IN EACH PERSON COLUMN.</p> <p>ANNUITIES ①</p> <p>NO ANNUITIES ②</p>	<p>..... 1 (X74)</p> <p>..... 2 (NP/X77)</p>
<p>X74. How much money did (PERSON) receive from annuities?</p>	<p>\$ _____</p> <p>AMOUNT</p>
<p>X75. Is that amount monthly, quarterly, or for the year?</p> <p>Monthly ①</p> <p>Quarterly ②</p> <p>For the year ③</p>	<p>..... 1 (X76)</p> <p>..... 2 (X76)</p> <p>..... 3 (NP:X73/X77)</p>
<p>X76. For how many (months/quarters) was that in 1987?</p>	<p># MONTHS/QUARTERS: _____</p> <p>(NP:X73/X77)</p>

Exhibit 45. Household Survey/SAIAN income and assets items from Supplement 4 (continued)

<p>X77. During 1987, did anyone in the family receive any money from royalties?</p> <p>Yes 1 (X78)</p> <p>No 2 (X82)</p>	
<p>X78. Who was that? PROBE: Anyone else? CODE IN EACH PERSON COLUMN.</p> <p>ROYALTIES ①</p> <p>NO ROYALTIES ②</p>	<p>..... 1 (X79)</p> <p>..... 2 (NP/X82)</p>
<p>X79. How much money did (PERSON) receive from royalties?</p>	<p>\$ _____</p> <p>AMOUNT</p>
<p>X80. Is that amount monthly, quarterly, or for the year?</p> <p>Monthly ①</p> <p>Quarterly ②</p> <p>For the year ③</p>	<p>..... 1 (X81)</p> <p>..... 2 (X81)</p> <p>..... 3 (NP:X78/X82)</p>
<p>X81. For how many (months/quarters) was that in 1987?</p>	<p># MONTHS/QUARTERS: _____</p> <p>(NP:X78/X82)</p>

Exhibit 45. Household Survey/SAIAN income and assets items from Supplement 4 (continued)

<p>X82. During 1987, did anyone in the family receive any money from alimony?</p> <p>Yes 1 (X83)</p> <p>No 2 (X87)</p>	
<p>X83. Who was that?</p> <p>PROBE: Anyone else?</p> <p>CODE IN EACH PERSON COLUMN.</p> <p>ALIMONY ①</p> <p>NO ALIMONY ②</p>	<p>..... 1 (X84)</p> <p>..... 2 (NP/X87)</p>
<p>X84. How much money did (PERSON) receive from alimony?</p>	<p>\$ _____</p> <p>AMOUNT</p>
<p>X85. Is that amount monthly, quarterly, or for the year?</p> <p>Monthly ①</p> <p>Quarterly ②</p> <p>For the year ③</p>	<p>..... 1 (X86)</p> <p>..... 2 (X86)</p> <p>..... 3 (NP:X83/X87)</p>
<p>X86. For how many (months/quarters) was that in 1987?</p>	<p># MONTHS/QUARTERS: _____</p> <p>(NP:X83/X87)</p>

Exhibit 45. Household Survey/SAIAN income and assets items from Supplement 4 (continued)

<p>X87. During 1987, did anyone in the family receive any money from child support?</p> <p>Yes 1 (X88)</p> <p>No 2 (X92)</p>	
<p>X88. Who was that?</p> <p>PROBE: Anyone else?</p> <p>CODE IN EACH PERSON COLUMN.</p> <p>CHILD SUPPORT ①</p> <p>NO CHILD SUPPORT ②</p>	<p>..... 1 (X89)</p> <p>..... 2 (NP/X92)</p>
<p>X89. How much money did (PERSON) receive from child support?</p>	<p>\$ _____</p> <p>AMOUNT</p>
<p>X90. Is that amount monthly, quarterly, or for the year?</p> <p>Monthly ①</p> <p>Quarterly ②</p> <p>For the year ③</p>	<p>..... 1 (X91)</p> <p>..... 2 (X91)</p> <p>..... 3 (NP:X88/X92)</p>
<p>X91. For how many (months/quarters) was that in 1987?</p>	<p># MONTHS/QUARTERS: _____</p> <p>(NP:X88/X92)</p>

Exhibit 45. Household Survey/SAIAN income and assets items from Supplement 4 (continued)

<p>X92. (Besides what we've already talked about,) During 1987, did anyone in the family receive any money from regular cash contributions from people who do not live in this household?</p> <p>Yes 1 (X93) No 2 (X97)</p>	
<p>X93. Who was that? PROBE: Anyone else? CODE IN EACH PERSON COLUMN.</p> <p>REGULAR CASH CONTRIBUTIONS ① NO REGULAR CASH CONTRIBUTIONS ②</p>	<p>..... 1 (X94) 2 (NP/X97)</p>
<p>X94. How much money did (PERSON) receive from regular cash contributions?</p>	<p>\$ _____ AMOUNT</p>
<p>X95. Is that amount monthly, quarterly, or for the year?</p> <p>Monthly ① Quarterly ② For the year ③</p>	<p>..... 1 (X96) 2 (X96) 3 (NP:X93/X97)</p>
<p>X96. For how many (months/quarters) was that in 1987?</p>	<p># MONTHS/QUARTERS: _____ (NP:X93/X97)</p>

Exhibit 45. Household Survey/SALAN income and assets items from Supplement 4 (continued)

<p>X97. During 1987, did anyone in the family receive any interest from savings accounts, bonds, NOW accounts, money market accounts, or similar types of investments?</p> <p>Yes 1 (X98) No 2 (X102)</p>	
<p>X98. Who was that? PROBE: Anyone else? CODE IN EACH PERSON COLUMN.</p> <p>INTEREST ① NO INTEREST ②</p>	<p>..... 1 (X99) 2 (NP/X102)</p>
<p>X99. How much interest did (PERSON) earn from such investments? IF AMOUNT CANNOT BE SEPARATED BY PERSON, ENTER <u>ENTIRE</u> AMOUNT IN ONE PERSON'S COLUMN, AND ENTER THAT PERSON'S NUMBER IN COLUMN OF CO-RECEIVERS.</p>	<p>AMOUNT: \$ _____ OR PERSON #: _____</p>
<p>X100. Is that amount monthly, quarterly, or for the year?</p> <p>Monthly ① Quarterly ② For the year ③</p>	<p>..... 1 (X101) 2 (X101) 3 (NP:X98/X102)</p>
<p>X101. For how many (months/quarters) was that in 1987?</p>	<p># MONTHS/QUARTERS: _____ (NP:X98/X102)</p>

Exhibit 45. Household Survey/SAIAN income and assets items from Supplement 4 (continued)

<p>X102. During 1987, did anyone in the family receive any money from dividends?</p> <p>Yes 1 (X103)</p> <p>No 2 (X107)</p>	
<p>X103. Who was that?</p> <p>PROBE: Anyone else?</p> <p>CODE IN EACH PERSON COLUMN.</p> <p>DIVIDENDS ①</p> <p>NO DIVIDENDS ②</p>	<p>..... 1 (X104)</p> <p>..... 2 (NP/X107)</p>
<p>X104. How much money did (PERSON) receive altogether from dividends?</p> <p>IF AMOUNT CANNOT BE SEPARATED BY PERSON, ENTER <u>ENTIRE</u> AMOUNT IN ONE PERSON'S COLUMN, AND ENTER THAT PERSON'S NUMBER IN COLUMN OF CO-RECEIVERS.</p>	<p>AMOUNT: \$ _____.</p> <p>OR</p> <p>PERSON #: _____</p>
<p>X105. Is that amount monthly, quarterly, or for the year?</p> <p>Monthly ①</p> <p>Quarterly ②</p> <p>For the year ③</p>	<p>..... 1 (X106)</p> <p>..... 2 (X106)</p> <p>..... 3 (NP:X103/X107)</p>
<p>X106. For how many (months/quarters) was that in 1987?</p>	<p># MONTHS/QUARTERS: _____</p> <p>(NP:X103/X107)</p>

Exhibit 45. Household Survey/SAIAN income and assets items from Supplement 4 (continued)

<p>X107. During 1987, did anyone in the family have net gain from the sale of property or other assets, not counting the sale of your home?</p> <p>Yes 1 (X108) No 2 (X110)</p>	
<p>X108. Who was that? PROBE: Anyone else? CODE IN EACH PERSON COLUMN.</p> <p>NET GAIN ① NO NET GAIN ②</p>	<p>→</p> <p>..... 1 2</p>
<p>X109. FOR EACH PERSON CODED "NET GAIN" IN X108: How much net gain did (PERSON) receive in 1987 from the sale of property or other assets? IF AMOUNT CANNOT BE SEPARATED BY PERSON, ENTER <u>ENTIRE</u> AMOUNT IN ONE PERSON'S COLUMN, AND ENTER THAT PERSON'S NUMBER IN COLUMN OF CO-RECEIVERS.</p>	<p>AMOUNT: \$ _____ OR PERSON #: _____</p>
<p>X110. During 1987, did anyone in the family have net loss from the sale of property or other assets not counting the sale of your home?</p> <p>Yes 1 (X111) No 2 (X113)</p>	
<p>X111. Who was that? PROBE: Anyone else? CODE IN EACH PERSON COLUMN.</p> <p>NET LOSS ① NO NET LOSS ②</p>	<p>..... 1 2</p>
<p>X112. FOR EACH PERSON CODED "NET LOSS" IN X111: How much net loss did (PERSON) have in 1987 from the sale of property or other assets? IF AMOUNT CANNOT BE SEPARATED BY PERSON, ENTER <u>ENTIRE</u> AMOUNT IN ONE PERSON'S COLUMN, AND ENTER THAT PERSON'S NUMBER IN COLUMN OF CO-RECEIVERS.</p>	<p>AMOUNT: \$ _____ OR PERSON #: _____</p>

Exhibit 45. Household Survey/SAIAN income and assets items from Supplement 4 (continued)

<p>X113. During 1987, did anyone in the family have net rental income — that is, rental income minus expenses?</p> <p>Yes 1 (X114)</p> <p>No 2 (X116)</p>	
<p>X114. Who was that? PROBE: Anyone else? CODE IN EACH PERSON COLUMN.</p> <p>NET RENTAL INCOME ①</p> <p>NO NET RENTAL INCOME ②</p>	<p>→</p> <p>..... 1</p> <p>..... 2</p>
<p>X115. FOR EACH PERSON CODED "NET RENTAL INCOME" IN X114: How much net rental income did (PERSON) have in 1987? IF AMOUNT CANNOT BE SEPARATED BY PERSON, ENTER <u>ENTIRE</u> AMOUNT IN ONE PERSON'S COLUMN, AND ENTER THAT PERSON'S NUMBER IN COLUMN OF CO-RECEIVERS.</p>	<p>AMOUNT: \$ _____.</p> <p>OR</p> <p>PERSON #: _____</p>
<p>X116. During 1987, did anyone in the family have net rental <u>loss</u>?</p> <p>Yes 1 (X117)</p> <p>No 2 (X119)</p>	
<p>X117. Who was that? PROBE: Anyone else? CODE IN EACH PERSON COLUMN.</p> <p>NET RENTAL LOSS ①</p> <p>NO NET RENTAL LOSS ②</p>	<p>..... 1</p> <p>..... 2</p>
<p>X118. FOR EACH PERSON CODED "NET RENTAL LOSS" IN X117: How much net rental loss did (PERSON) have in 1987? IF AMOUNT CANNOT BE SEPARATED BY PERSON, ENTER <u>ENTIRE</u> AMOUNT IN ONE PERSON'S COLUMN, AND ENTER THAT PERSON'S NUMBER IN COLUMN OF CO-RECEIVERS.</p>	<p>AMOUNT: \$ _____.</p> <p>OR</p> <p>PERSON #: _____</p>

Exhibit 45. Household Survey/SAIAN income and assets items from Supplement 4 (continued)

<p>X119. During 1987, did anyone in the family have any <u>income</u> from any other sources?</p> <p>Yes 1 (X120)</p> <p>No 2 (X124)</p>	
<p>X120. Who was that?</p> <p>PROBE: Anyone else?</p> <p>CODE IN EACH PERSON COLUMN.</p> <p>INCOME FROM OTHER SOURCES ①</p> <p>NO INCOME ②</p>	<p>↓</p> <p>..... 1 (X121)</p> <p>..... 2 (NP/X124)</p>
<p>X121. How much money did (PERSON) receive from all other sources?</p>	<p>\$ _____</p> <p>AMOUNT</p>
<p>X122. Was that amount per week, per month, per quarter, or for the year?</p> <p>PER WEEK ①</p> <p>PER MONTH ②</p> <p>PER QUARTER ③</p> <p>FOR THE YEAR ④</p>	<p>..... 1 (X123)</p> <p>..... 2 (X123)</p> <p>..... 3 (X123)</p> <p>..... 4 (NP:X120/X124)</p>
<p>X123. For how many (weeks/months/quarters) was that in 1987?</p>	<p>NUMBER: _____</p> <p>(NP:X120/X124)</p>

Exhibit 45. Household Survey/SALAN income and assets items from Supplement 4 (continued)

<p>X124. During 1987, did anyone in the family provide any part of your family's food supply by farming, hunting, fishing, or trapping?</p> <p>Yes 1 (X125)</p> <p>No 2 (X128)</p>	
<p>X125. Altogether, about how much of your family's food supply in 1987 was provided this way -- would you say half or more, a quarter to half, less than a quarter, or was it only a very small part of your family's total 1987 food supply?</p> <p>Half or more 1 (X126)</p> <p>Quarter to half 2 (X126)</p> <p>Less than a quarter 3 (X126)</p> <p>Only a very small part 4 (X128)</p>	
<p>X126. Who in the family provided for your family's food supply by farming, hunting, fishing, or trapping?</p> <p>PROBE: Anyone else?</p> <p>CODE IN EACH PERSON COLUMN.</p> <p>FARM/HUNT/FISH/TRAP ①</p> <p>NO FARM/HUNT/FISH/TRAP ②</p>	<p>→</p> <p>..... 1</p> <p>..... 2</p>
<p>X127. During 1987, did anyone in the family regularly give food obtained from farming, hunting, fishing, or trapping to relatives or friends who did not live with you?</p> <p>Yes 1</p> <p>No 2</p>	

Exhibit 45. Household Survey/SAIAN income and assets items from Supplement 4 (continued)

<p>X128. During 1987, did anyone in the family purchase or receive government food stamps?</p> <p>Yes 1 (X129) No 2 (X132)</p> <p>X129. For how many months in 1987 were these food stamps purchased or received?</p> <p># OF MONTHS: _____</p> <p>X130. About how much did (you/your family) pay <u>each month</u> for food stamps?</p> <p>AMOUNT: \$ _____.</p> <p>X131. What was the approximate <u>monthly</u> value of the stamps?</p> <p>AMOUNT: \$ _____.</p>
<p>X132. Now think about <u>all</u> the income you (and your family) had in 1987 from all of these sources. Is the total amount <u>more</u> than it was in 1986, <u>less</u> than in 1986, or about the same?</p> <p>1987 <u>more</u> than 1986 1 (X133) 1987 <u>less</u> than 1986 2 (X133) About the same. 3 (X134)</p> <p>X133. About how much (more/less) was your total income in 1987 than it was in 1986?</p> <p>AMOUNT: \$ _____.</p>
<p>X134. Thinking again about <u>all</u> the income you (and your family) had in 1987, is the total amount <u>more</u> than you expect it to be in 1988, <u>less</u> than you expect it to be in 1988, or about the same?</p> <p>1987 <u>more</u> than 1988 1 (X135) 1987 <u>less</u> than 1988 2 (X135) About the same. 3 (X136)</p> <p>X135. About how much (more/less) do you <u>expect</u> your total income to be in 1988 than it was in 1987?</p> <p>AMOUNT: \$ _____.</p>

Exhibit 45. Household Survey/SALAN income and assets items from Supplement 4 (continued)

RESIDENCE

Now I have some questions about the place where you live.

X136. Do you (or your family) own your home, or do you rent it?

Own 1 (X139)
Rent. 2 (X137)
Neither 3 (X154, pg.53)

X137. About how much rent do you pay a month?

AMOUNT: \$ _____.

BOX X11	REFER TO CONTROL CARD: IS THIS A ONE-PERSON RU?
	YES 1 (X154, pg.53)
	NO. 2 (X138)

X138. Who is the person in the family who rents this (house/apartment)?

PROBE: Whose name is on the lease? Who is responsible for the rent?

PERSON #: _____ }
PERSON #: _____ } (X154, pg.53)

X139. Who in the family owns the (house/apartment)?

PERSON #: _____

PERSON #: _____

X140. When did you buy your home -- in what year?

YEAR: 19 _____ (X141)

DIDN'T BUY IT 95 (X142)

Exhibit 45. Household Survey/SAIAN income and assets items from Supplement 4 (continued)

<p>X141. What was the purchase price of your home when you bought it?</p> <p>AMOUNT: \$ _____.</p>
<p>X142. What is the present value of your home and (lot/farm) — that is, about how much would it bring if you sold it on today's market?</p> <p>AMOUNT: \$ _____.</p> <p>DON'T KNOW. -8 (X147)</p>
<p>X143. Is this amount for the single housing unit you live in, or does it include other housing units?</p> <p>Single unit 1 (X147)</p> <p>Includes other units. 2 (X144)</p> <p>X144. How many housing units is that?</p> <p># OF UNITS: _____</p> <p>X145. What is the present market value of the housing unit you occupy?</p> <p>AMOUNT: \$ _____ (X147)</p> <p>DON'T KNOW. -8 (X146)</p> <p>X146. IF "DIDN'T BUY IT" IN X140, GO TO X147.</p> <p>What was the purchase price of the single housing unit you live in <u>when</u> you bought it?</p> <p>AMOUNT: \$ _____.</p>

Exhibit 45. Household Survey/SAIAN income and assets items from Supplement 4 (continued)

X154. CODE TYPE OF HOUSING UNIT:

DETACHED HOUSE.	1
DUPLEX OR ROW HOUSE	2
COOPERATIVE OR CONDOMINIUM APARTMENT.	3
MOBILE HOME OR TRAILER.	4
OTHER SPECIFY.	91

BOX X12	CIRCLE ONE CODE:
	HOUSEHOLD SURVEY. 1 (X158)
	SAIAN SURVEY. 2 (X155)

X155. Is there running water in this (house/apartment)?

Yes	1
No.	2

X156. Is there a flush toilet in this (house/apartment)?

Yes	1
No.	2

X157. Do you have regular trash and garbage collection?

Yes	1
No.	2

X158. When did (REFERENCE PERSON) move into this (house/apartment)?

_____/_____
MONTH YEAR

X159. Where did (REFERENCE PERSON) live before moving to this house or apartment -- in what city and state?
IF SAME CITY AND STATE AS CURRENT RESIDENCE, CIRCLE CODE "1." OTHERWISE, ENTER NAME OF CITY AND STATE.

CITY STATE

SAME AS CURRENT CITY AND STATE 1

Exhibit 45. Household Survey/SAIAN income and assets items from Supplement 4 (continued)

BOX X13	REFER TO CONTROL CARD:
	IS ANYONE IN THIS RU 55 YEARS OR OLDER?
	YES 1 (X160)
	NO. 2 (X168, pg.57)

X160. Is this (house/apartment) in a retirement (community/building/complex)?

Yes 1 (X161)
No. 2 (X162)

X161. Whether you use them or not, are the following services available in this retirement (community/building/complex)?

	<u>YES</u>	<u>NO</u>
a. Group meals for residents?	1	2
b. Housekeeping or maid service?	1	2
c. Physician services?	1	2
d. Nursing services?	1	2
e. Service to check on residents' well-being? . .	1	2
f. Recreational services?	1	2
g. Social worker or counselling?	1	2

X162. Does this (house/apartment) have any of these special modifications or equipment?

SHOW
CARD
R

Yes 1 (X163)
No. 2 BOX X14

X163. Which ones?

PROBE: Any others?
CODE ALL THAT APPLY.

Extra handrails or grab bars. . . 1
Ramps 2
Elevators or stair lifts. . . . 3
Extra wide doors or hallways. . . 4
Push bars on doors. 5
Raised toilet 6
OTHER SPECIFY. 91

Exhibit 45. Household Survey/SAIAN income and assets items from Supplement 4 (continued)

BOX X14	<p>a. REFER TO CONTROL CARD: IS PERSON 55 YEARS OLD OR OLDER?</p> <p>YES ① NO ②</p> <p>b. REFER TO X139: WHO OWNS THIS HOME?</p> <p>PERSON OR PERSON'S SPOUSE ① SOMEONE ELSE ②</p>	<p style="text-align: center;">↓</p>	<p>..... 1 (b) 2 (NP/X168)</p> <p>..... 1 (NP:a/X168) 2 (X164)</p>
<p>X164. Did (PERSON) ever own (his/her) own home, or has (he/she) always lived in a place that was rented or was owned by someone else?</p> <p>Owned ① Never owned ②</p>			<p>..... 1 (X165) 2 (NP: BOX X14 / X168)</p>
<p>X165. In what year did (PERSON) sell (his/her) (last) home?</p> <p>NEVER SOLD LAST HOME ⑤</p>			<p>YEAR: 19 _____ BOX X15</p> <p>..... 95 (NP: BOX X14 / X168)</p>
BOX X15	<p>REFER TO LONG TERM CARE BOOKLET FOLDOUT: DOES (PERSON) HAVE ANY HELPERS LISTED IN ADL OR IADL ROSTER ON FOLDOUT?</p> <p>YES ① NO ②</p>	<p>..... 1 (X166) 2 (X167)</p>	
<p>X166. Was that before, after, or about the same time as (PERSON) began to need help with (his/her) daily activities?</p> <p>Before ① After ② About the same time ③</p>			<p>..... 1 2 3</p>
<p>X167. About how much did (PERSON) net from selling (his/her) home, after paying off any mortgages and other costs?</p>			<p>AMOUNT: \$ _____</p> <p>(NP: BOX X14 /X168)</p>

Exhibit 45. Household Survey/SAIAN income and assets items from Supplement 4 (continued)

X16B. We also need (PERSON'S) Social Security Number. This information is voluntary and is collected under the authority of the Public Health Service Act. There will be no effect on (PERSON'S) benefits and no information will be given to any other government or nongovernment agency. (The Public Health Service Act is title 42, United States Code, Section 242K.)

What is (PERSON'S) Social Security Number?

Person does not have a number..... 1
 Number refused..... -7
 Number not available/Don't know..... -8



 Social Security #

..... 1
 -7
 -8

BOX X16	a. RECORD END TIME: _____ AM _____ PM
	b. GO TO SECTION Y, "CLOSING MATERIALS", PG.117, IN CENTRAL QUESTIONNAIRE.

Table 15. Content and question numbers of Supplement 4 (income and assets), Household Survey and SAIAN, and SAIAN Addition to Supplement 4

	<u>Supplement 4</u>
Income of survey participants	X1-X135 ⁺
Housing (type of unit, financing)	X136-X154 ⁺
Amenities, length of residence ¹	X155-X159 ⁺
Services for older persons	X160-X163 ⁺
Transfer of home	X164-X167 ⁺
Social Security number	X168
Residence during 1987 ¹	XX1-XX2 ^x
Health habits, alcohol use ¹	XX3-XX9 ^x

⁺ Included in Exhibit 45.

^x Included in Exhibit 46.

¹ SAIAN only.

Exhibit 46. SAIAN Addition to Supplement 4

Survey of American Indians and Alaska Natives

XX. ADDITION TO SUPPLEMENT 4

In this section, we'll ask some questions about moves you may have made in the last year and about health habits.

<p>XX1. Please tell me the address of the place where (PERSON) was living on January 1, 1987. In what county or reservation was that?</p> <div style="text-align: right;">↓</div>	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="text-align: center;">ADDRESS</div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="text-align: center;">CITY</div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="text-align: center;">/</div> <div style="display: flex; justify-content: space-between;"> <div style="border-bottom: 1px solid black; height: 15px; width: 45%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 45%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">STATE</div> <div style="text-align: center;">ZIP CODE</div> </div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="text-align: center;">COUNTY</div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="text-align: center;">RESERVATION</div>
<p>XX1a. Other than the place you just told me about, did (PERSON) live at any other residence for a month or more between January 1, 1987 and December 31, 1987?</p> <p>Yes ①</p> <p>No ②</p>	<p>..... 1 (XX2)</p> <p>..... 2 (XX3)</p>

Exhibit 46. SAIAN Addition to Supplement 4 (continued)

XX2. Where else did (PERSON) live for a month or more during 1987,
that is, between January 1, 1987 and December 31, 1987?
In what county or reservation was that?
When did (s/he) live there? RECORD MONTH(S) AND YEAR.
PROBE: Did (PERSON) live anywhere else for a month or more?

RECORD EACH PLACE PERSON LIVED FOR 1 MONTH OR MORE. THEN GO
TO XX3.

PLACE 1

CITY

STATE

COUNTY

RESERVATION

MONTH(S)/YEAR

PLACE 2

CITY

STATE

COUNTY

RESERVATION

MONTH(S)/YEAR

PLACE 3

CITY

STATE

COUNTY

RESERVATION

MONTH(S)/YEAR

Exhibit 46. SAIAN Addition to Supplement 4 (continued)

Now just a few additional questions about (your/your family's) health habits.

XX3.	About how many hours of sleep does (PERSON) get at night?	
	6 hours or less ① 1
	6 1/2 hour ② 2
	7 hours ③ 3
	7 1/2 hours ④ 4
	8 hours ⑤ 5
	9 hours or more ⑥ 6
	DK ⑦ -8
XX4.	How often does (PERSON) eat breakfast—would you say every day, almost every day, sometimes, rarely, or never?	
	Every day ① 1
	Almost every day ② 2
	Sometimes ③ 3
	Rarely or never ④ 4
	DK ⑦ -8
XX5.	Since a year ago today, has (PERSON) had (his/her) blood pressure checked by a doctor or other medical person?	
	Yes ① 1
	No ② 2
	DK ⑦ -8
BOX XX1	<div style="border: 1px solid black; padding: 5px;"> <p>HOW OLD IS PERSON?</p> <p>0-16 ①</p> <p>17 OR OLDER ②</p> </div>	<p>..... 1 (NP:XX1/P.117, CQ)</p> <p>..... 2 (XX6)</p>
XX6.	In the past <u>two weeks</u> , on how many days did (PERSON) drink any alcoholic beverages, such as beer, wine, or liquor?	
	Every day ① 1 (XX7)
	None ② 2 (XX8)
	DK ⑦ -8 (XX7)

Exhibit 46. SAIAN Addition to Supplement 4 (continued)

<p>XX7. On those (NUMBER IN X6) days that (PERSON) drank alcoholic beverages, how many drinks did (he/she) have per day, on the average?</p> <p>USE LIST TO PROBE, AS NECESSARY.</p> <p>Twelve or more ①</p> <p>Seven to eleven ②</p> <p>Six ③</p> <p>Five or six ④</p> <p>Five ⑤</p> <p>Four or five ⑥</p> <p>Four ⑦</p> <p>Three or four ⑧</p> <p>Three ⑨</p> <p>Two or three ⑩</p> <p>Two ⑪</p> <p>One or two ⑫</p> <p>One ⑬</p> <p>DK -B</p>	<p>..... 1</p> <p>..... 2</p> <p>..... 3</p> <p>..... 4</p> <p>..... 5</p> <p>..... 6</p> <p>..... 7</p> <p>..... 8</p> <p>..... 9</p> <p>..... 10</p> <p>..... 11</p> <p>..... 12</p> <p>..... 13</p> <p>..... -8</p>
<p>XX8. Was there ever a period in (PERSON'S) life when (he/she) drank five or more drinks of any alcoholic beverage almost every day?</p> <p>Yes ①</p> <p>No ②</p> <p>DK -B</p>	<p>..... 1 (XX9)</p> <p>..... 2 } (NP:XX1/</p> <p>..... -8 } P.117,CQ)</p>
<p>XX9. For how long did that period last?</p>	<p>_____ days OR</p> <p>_____ weeks OR</p> <p>_____ months OR</p> <p>_____ years</p> <p>(NP:XX1/P.117,CQ)</p>

E. Taxes, Miscellaneous Topics (Supplement 5)

A final telephone interview was conducted for the Household Survey, beginning in May, 1988. The primary purpose of this interview was to obtain information on tax filing status and medical deductions claimed by survey participants. These questions were included (Q5-Q17) in Supplement 5 (Exhibit 47). This interview also included several topics of analytic interest that were omitted from or did not logically fit in earlier survey instruments. These are summarized in Table 16 and described below.

An item omitted from the Employment Section was whether participants' employers were for-profit, not-for-profit, or government (Q2-Q4). Supplement 5 also included questions on day care arrangements for children (Q18-Q21), any pregnancies that may have happened during 1987 (Q22-Q36), whether survey participants who had served in the Armed Forces were involved in the Vietnam War (Q37-Q42), and whether survey participants had suffered the loss of a close friend or relative in the preceding two years (Q43-Q46).

Exhibit 47. Household Survey taxes and miscellaneous items from Supplement 5

START TIME: _____:_____ AM
PM

INTRODUCTION: Hello, my name is (NAME) from (CONTRACTOR). May I speak to (FAMILY RESPONDENT)?

FAMILY RESPONDENT AVAILABLE → (GO TO **BOX Q1**).

FAMILY RESPONDENT NOT PRESENTLY AVAILABLE → (FIND OUT WHEN THE BEST TIME TO CALL BACK WOULD BE.)

FAMILY RESPONDENT NO LONGER IN RU → (ASK TO SPEAK TO OLDEST ADULT RU MEMBER ON CC. INTRODUCE SELF, THEN SAY: We have interviewed (you/your family) before for the National Medical Expenditure Survey. GO TO **BOX Q1**).

NO RU MEMBERS LIVE AT PHONE #/ ADDRESS → (CONFIRM TELEPHONE NUMBER. CORRECT TELEPHONE NUMBER ON ASSIGNMENT LABEL. BEGIN LOCATING PROCEDURES.)

a) IF RU MEMBER THERE, VERIFY:
Do you still live at (ADDRESS ON ASSIGNMENT LABEL)?

YES. 1 (c)
NO 2 (b)

b) ENTER NEW ADDRESS:

c) DOES THE FAMILY RESPONDENT LIVE HERE?

YES. 1 (MAKE APPT. START AT INTRO ABOVE **BOX Q2**).

NO 2 (d)

d) DO ANY OTHER KEY MEMBERS OF THE RU LIVE HERE?

YES. 1 (SPEAK TO ANY ADULT. START AT Q1.)

NO 2 (INITIATE LOCATING PROCEDURES.)

BOX
Q1

Exhibit 47. Household Survey taxes and miscellaneous items from Supplement 5 (continued)

Q1. A few months ago (NAME OF FAMILY RESPONDENT) participated in an interview for the National Medical Expenditure Survey. At that time we mentioned we would be recontacting the (NAME OF RU) family about now. I have a few questions to ask about (NAMES OF REMAINING RU MEMBERS). Who would be the best person to provide information for this interview?

NAME OF NEW FAMILY RESPONDENT

PERSON #, OR CODE "995" IF PERSON IS NEW
HOUSEHOLD MEMBER

ARRANGE TO SPEAK WITH NEW FAMILY RESPONDENT. MAKE APPOINTMENT, IF NECESSARY. REPEAT INTRODUCTORY REMARKS AND THEN CONTINUE WITH THE INTRODUCTION ABOVE **BOX Q2**.

Exhibit 47. Household Survey taxes and miscellaneous items from Supplement 5 (continued)

I'll be asking these questions about your family members who were living with you during the period of (ROUND 4 START DATE) to December 31, 1987. That is, (READ NAMES FROM THE CONTROL CARD), even if they are not living with you now.

<table border="1"> <tr> <td data-bbox="216 385 310 597">BOX Q2</td> <td data-bbox="310 385 930 597"> <p>REFER TO CONTROL CARD: IS (PERSON) AGE 16 OR OLDER?</p> <p>YES ①</p> <p>NO ②</p> </td> </tr> </table>	BOX Q2	<p>REFER TO CONTROL CARD: IS (PERSON) AGE 16 OR OLDER?</p> <p>YES ①</p> <p>NO ②</p>	<p style="text-align: center;">↓</p>	<p>..... 1 (Q2)</p> <p>..... 2 (NP/Q5)</p>
BOX Q2	<p>REFER TO CONTROL CARD: IS (PERSON) AGE 16 OR OLDER?</p> <p>YES ①</p> <p>NO ②</p>			
<p>Q2. Did (PERSON) have a job for pay or (his/her) own business as of December 31, 1987?</p> <p>IF NO, PROBE: Did (PERSON) happen to be on paid vacation or sick leave from a job at that time?</p> <p>Yes ①</p> <p>No ②</p> <p>DON'T KNOW ③</p>	<p>..... 1 (Q3)</p> <p>..... 2 (NP: BOX Q2 / Q5)</p> <p>..... -8 (NP: BOX Q2 / Q5)</p>			
<p>Q3. What is the name and address of the place where (PERSON) worked at that job?</p> <p>IF MORE THAN ONE JOB, PROBE FOR (PERSON'S) <u>MAIN</u> JOB AT THAT TIME.</p>	<p>NAME _____</p> <p>ADDRESS _____</p> <p>CITY/STATE _____</p> <p>ZIP _____</p>			
<p>Q4. Is (EMPLOYER) a . . .</p> <p>Private-for-profit company, business, individual, or farm ①</p> <p>Private-not-for-profit, tax-exempt, or charitable organization ②</p> <p>Federal government agency ③</p> <p>State government agency ④</p> <p>Local (city or county) government or agency ⑤</p>	<p>..... 1 } (NP: BOX Q2 / Q5)</p> <p>..... 2 }</p> <p>..... 3 }</p> <p>..... 4 }</p> <p>..... 5 }</p>			

Exhibit 47. Household Survey taxes and miscellaneous items from Supplement 5 (continued)

<p>Q5. (For the next few questions, it might be helpful to have a copy of the 1987 tax form.) Has (PERSON) filed a single or joint 1987 Federal income tax return?</p> <p>Yes ① No ② DON'T KNOW ⑧</p>	<p>..... 1 (Q7) 2 (Q6) -8 (Q6)</p>
<p>Q6. Will (PERSON) file a 1987 Federal income tax return?</p> <p>Yes ① No ② DON'T KNOW ⑧</p>	<p>..... 1 (Q7) 2 (NP:Q5/ BOX Q3) -8 (NP:Q5/ BOX Q3)</p>
<p>Q7. What (was/will) (PERSON'S) tax filing status (be) -- single; married filing joint return; married filing separately; head of household with qualifying person; or qualifying widow(er) with dependent children?</p> <p>Single ① Married filing joint return ② Married filing separately ③ Head of household with qualifying person ④ Qualifying widow(er) with dependent child ⑤ DON'T KNOW ⑧</p>	<p>..... 1 (Q9) 2 (Q8) 3 (Q9) 4 (Q9) 5 (Q9) -8 (Q9)</p>
<p>Q8. Who is the other taxpayer that (PERSON) is filing jointly with? REFER TO DU ROSTER. ENTER PERSON # IN COLUMN. CODE "995" IF PERSON NOT IN DU.</p> <p>PERSON NOT IN DU 995</p>	<p>PERSON # 995</p>

Exhibit 47. Household Survey taxes and miscellaneous items from Supplement 5 (continued)

<p>Q9. (Did/Will) (PERSON) claim any dependents on (his/her) Federal tax return?</p> <p style="margin-left: 40px;">Yes ①</p> <p style="margin-left: 40px;">No ②</p>	<p>..... 1 (Q10)</p> <p>..... 2 (Q12)</p>																				
<p>Q10. Who is listed as (PERSON'S) dependents?</p> <p style="margin-left: 40px;">REFER TO DU ROSTER. ENTER PERSON # IN GRID. CODE "995"</p> <p style="margin-left: 40px;">IF PERSON NOT IN DU.</p> <p style="margin-left: 40px;">PROBE: Anyone else?</p> <p style="margin-left: 40px;">PERSON NOT IN DU ⑨95</p> <p style="margin-left: 40px;">ASK FOR EACH PERSON # CODED "995":</p> <p>Q11. And how is the dependent person related to (PERSON)?</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;">Q10.</th> <th style="width: 50%; text-align: center;">Q11.</th> </tr> </thead> <tbody> <tr> <td style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> <div>PERSON #</div> <div>.... 995</div> </div> </td> <td style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> <div></div> <div>RELATION</div> </div> </td> </tr> <tr><td colspan="2" style="border-top: 1px dashed black;"></td></tr> <tr> <td style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> <div>PERSON #</div> <div>.... 995</div> </div> </td> <td style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> <div></div> <div>RELATION</div> </div> </td> </tr> <tr><td colspan="2" style="border-top: 1px dashed black;"></td></tr> <tr> <td style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> <div>PERSON #</div> <div>.... 995</div> </div> </td> <td style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> <div></div> <div>RELATION</div> </div> </td> </tr> <tr><td colspan="2" style="border-top: 1px dashed black;"></td></tr> <tr> <td style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> <div>PERSON #</div> <div>.... 995</div> </div> </td> <td style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> <div></div> <div>RELATION</div> </div> </td> </tr> <tr><td colspan="2" style="border-top: 1px dashed black;"></td></tr> <tr> <td style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> <div>PERSON #</div> <div>.... 995</div> </div> </td> <td style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> <div></div> <div>RELATION</div> </div> </td> </tr> </tbody> </table>	Q10.	Q11.	<div style="display: flex; justify-content: space-between;"> <div>PERSON #</div> <div>.... 995</div> </div>	<div style="display: flex; justify-content: space-between;"> <div></div> <div>RELATION</div> </div>			<div style="display: flex; justify-content: space-between;"> <div>PERSON #</div> <div>.... 995</div> </div>	<div style="display: flex; justify-content: space-between;"> <div></div> <div>RELATION</div> </div>			<div style="display: flex; justify-content: space-between;"> <div>PERSON #</div> <div>.... 995</div> </div>	<div style="display: flex; justify-content: space-between;"> <div></div> <div>RELATION</div> </div>			<div style="display: flex; justify-content: space-between;"> <div>PERSON #</div> <div>.... 995</div> </div>	<div style="display: flex; justify-content: space-between;"> <div></div> <div>RELATION</div> </div>			<div style="display: flex; justify-content: space-between;"> <div>PERSON #</div> <div>.... 995</div> </div>	<div style="display: flex; justify-content: space-between;"> <div></div> <div>RELATION</div> </div>
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Exhibit 47. Household Survey taxes and miscellaneous items from Supplement 5 (continued)

<p>Q12. (Did/Will) (PERSON) file on the long form (1040) or the short form 1040A or the short form 1040EZ?</p> <p>Long Form ① Short Form 1040A ② Short Form 1040EZ ③ Other SPECIFY ⑨1</p> <p>DON'T KNOW ⑧</p>	<p>..... 1 (Q13) 2 (NP:Q5/ BOX Q3) 3 (NP:Q5/ BOX Q3) 91</p> <p>_____ (Q13) -8 (Q13)</p>
<p>Q13. (Did/Will) (PERSON) itemize deductions or take the standard deduction? IF DK AND FORM IS AVAILABLE, HAVE RESPONDENT REFER TO FORM 1040, LINE 33a (ITEMIZED DEDUCTIONS), OR LINE 33b (STANDARD DEDUCTION).</p> <p>Itemized ① Standard Deduction ② DK, NO FORM AVAILABLE ⑧</p>	<p>..... 1 (Q14) 2 (NP:Q5/ BOX Q3) -8 (NP:Q5/ BOX Q3)</p>
<p>Q14. (Did/Will) (PERSON) itemize medical expenses - that is, (is there/will there be) an entry on Form 1040, Schedule A, lines 1a, 1b, 1c, or line 2?</p> <p>Yes ① No ② DON'T KNOW ⑧</p>	<p>..... 1 (Q15) 2 (Q17) -8 (Q17)</p>
<p>Q15. About how much (was/will have been) the total amount (PERSON) claimed for medical expenses -- that is, what (is/will be) the amount on line 2 of Schedule A?</p> <p>DON'T KNOW ⑧</p>	<p>\$ _____ AMOUNT -8</p>
<p>Q16. And about how much (was/will be) (PERSON'S) net deduction for medical and dental expenses -- that is, what (is/will be) the amount on line 4 of Schedule A?</p> <p>DON'T KNOW ⑧</p>	<p>\$ _____ AMOUNT -8</p>
<p>Q17. About how much (is/will be) the total of <u>all</u> the itemized deductions (including the medical deduction)? PROBE: On Schedule A, line 26, or Form 1040, line 33a?</p> <p>DON'T KNOW ⑧</p>	<p>\$ _____ AMOUNT -8</p> <p>} (NP:Q5/ BOX Q3)</p>

Exhibit 47. Household Survey taxes and miscellaneous items from Supplement 5 (continued)

BOX Q3	<p>a) ARE ANY RU MEMBERS AGE 15 OR YOUNGER?</p> <p>YES 1 (b)</p> <p>NO 2 BOX Q4</p> <p>b) IS (PERSON) THE YOUNGEST CHILD IN THE RU?</p> <p>YES ①</p> <p>NO ②</p>	<p>..... 1 (Q18)</p> <p>..... 2 (NP)</p>
<p>Q18. ASK FOR YOUNGEST CHILD IN RU:</p> <p>Parents use different types of child care for their children while they are working, such as a day care center or care provided by a relative. As of December 31, 1987, did (CHILD) require child care arrangements (other than required school attendance) because (his/her) parents were working?</p> <p>Yes ①</p> <p>No ②</p>	<p>..... 1 (Q19)</p> <p>..... 2 BOX Q4</p>	
<p>Q19. As of December 31, 1987, was (CHILD) usually cared for by a relative, a non-relative, or did (CHILD) care for (himself/herself)?</p> <p>Relative ①</p> <p>Non-relative ②</p> <p>Child cared for self ③</p>	<p>..... 1 (Q20)</p> <p>..... 2 (Q21)</p> <p>..... 3 BOX Q4</p>	
<p>Q20. As of December 31, 1987, who usually provided most of the care for (NAME OF YOUNGEST CHILD) while (his/her) parents worked?</p> <p>Child's mother/stepmother ①</p> <p>Child's father/stepfather ②</p> <p>Child's brother/sister ③</p> <p>Child's grandparent ④</p> <p>Other relative of child ⑤</p>	<p>..... 1</p> <p>..... 2</p> <p>..... 3</p> <p>..... 4</p> <p>..... 5</p>	

Exhibit 47. Household Survey taxes and miscellaneous items from Supplement 5 (continued)

<p>Q21. Where was this care <u>usually</u> provided? CIRCLE ONE CODE:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">Child's home</td> <td style="width: 10%; text-align: center;">①</td> <td style="width: 10%;"></td> </tr> <tr> <td>Other private home</td> <td style="text-align: center;">②</td> <td></td> </tr> <tr> <td>Nursery, preschool, kindergarten</td> <td style="text-align: center;">③</td> <td></td> </tr> <tr> <td>Organized after- or before-school activities</td> <td style="text-align: center;">④</td> <td></td> </tr> <tr> <td>Day/group care center, somewhere other than parents' workplace</td> <td style="text-align: center;">⑤</td> <td></td> </tr> <tr> <td>Day/group care center, at parents' workplace</td> <td style="text-align: center;">⑥</td> <td></td> </tr> <tr> <td>Parent(s) watch(es) child at workplace</td> <td style="text-align: center;">⑦</td> <td></td> </tr> <tr> <td>Some other arrangement</td> <td style="text-align: center;">⑧</td> <td></td> </tr> </table>	Child's home	①		Other private home	②		Nursery, preschool, kindergarten	③		Organized after- or before-school activities	④		Day/group care center, somewhere other than parents' workplace	⑤		Day/group care center, at parents' workplace	⑥		Parent(s) watch(es) child at workplace	⑦		Some other arrangement	⑧		<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">..... 1</td> <td rowspan="8" style="width: 5%; text-align: center; vertical-align: middle;">}</td> <td rowspan="8" style="width: 35%;"></td> </tr> <tr><td>..... 2</td></tr> <tr><td>..... 3</td></tr> <tr><td>..... 4</td></tr> <tr><td>..... 5</td></tr> <tr><td>..... 6</td></tr> <tr><td>..... 7</td></tr> <tr><td>..... 8</td></tr> </table> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-top: 10px;">BOX Q4</div> 1	}	 2 3 4 5 6 7 8
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<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: center; vertical-align: middle;">BOX Q4</td> <td style="padding: 10px;"> <p>a) IS (PERSON) FEMALE?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">YES</td> <td style="width: 10%; text-align: center;">①</td> </tr> <tr> <td>NO</td> <td style="text-align: center;">②</td> </tr> </table> <p>b) IS (PERSON) 14 - 45 YEARS OLD?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">YES</td> <td style="width: 10%; text-align: center;">①</td> </tr> <tr> <td>NO</td> <td style="text-align: center;">②</td> </tr> </table> </td> </tr> </table> <div style="text-align: center; margin-top: 20px;">↓</div>	BOX Q4	<p>a) IS (PERSON) FEMALE?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">YES</td> <td style="width: 10%; text-align: center;">①</td> </tr> <tr> <td>NO</td> <td style="text-align: center;">②</td> </tr> </table> <p>b) IS (PERSON) 14 - 45 YEARS OLD?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">YES</td> <td style="width: 10%; text-align: center;">①</td> </tr> <tr> <td>NO</td> <td style="text-align: center;">②</td> </tr> </table>	YES	①	NO	②	YES	①	NO	②	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">..... 1 (b)</td> <td rowspan="2" style="width: 5%; text-align: center; vertical-align: middle;">}</td> <td rowspan="2" style="width: 35%;"></td> </tr> <tr><td>..... 2 (NP/</td></tr> </table> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-top: 5px;">BOX Q5, pg.21</div> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">..... 1 (Q22)</td> <td rowspan="2" style="width: 5%; text-align: center; vertical-align: middle;">}</td> <td rowspan="2" style="width: 35%;"></td> </tr> <tr><td>..... 2 (NP:a/</td></tr> </table> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-top: 5px;">BOX Q5, pg.21</div> 1 (b)	}	 2 (NP/ 1 (Q22)	}	 2 (NP:a/																
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..... 1 (Q22)	}																																		
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<p>Q22. (In a study about health care and costs, it's important to know about one of the most common reasons for females to seek medical care.) Was (PERSON) pregnant at any time during 1987? Please include any pregnancy, even if it was not full term.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">Yes</td> <td style="width: 10%; text-align: center;">①</td> </tr> <tr> <td>No</td> <td style="text-align: center;">②</td> </tr> <tr> <td>DON'T KNOW</td> <td style="text-align: center;">⑧</td> </tr> </table>	Yes	①	No	②	DON'T KNOW	⑧	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">..... 1 (Q23)</td> <td rowspan="3" style="width: 5%; text-align: center; vertical-align: middle;">}</td> <td rowspan="3" style="width: 35%;"></td> </tr> <tr><td>..... 2 (NP: BOX Q4 /</td></tr> <tr><td>BOX Q5</td></tr> <tr> <td>..... -8 (NP: BOX Q4 /</td> <td rowspan="2" style="width: 5%; text-align: center; vertical-align: middle;">}</td> <td rowspan="2" style="width: 35%;"></td> </tr> <tr><td>BOX Q5</td></tr> </table> 1 (Q23)	}	 2 (NP: BOX Q4 /	BOX Q5 -8 (NP: BOX Q4 /	}		BOX Q5																			
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Exhibit 47. Household Survey taxes and miscellaneous items from Supplement 5 (continued)

<p>Q23. How did (PERSON'S) pregnancy end -- was that a live birth, a miscarriage, a stillbirth, or an abortion, or is (PERSON) currently pregnant? IF MORE THAN ONE PREGNANCY IN 1987, PROBE FOR OUTCOME OF <u>MOST RECENT</u> 1987 PREGNANCY.</p> <p>Live birth ① Miscarriage ② Stillbirth ③ Abortion ④ Currently pregnant ⑤ DON'T KNOW ⑧</p>	<p>..... 1 (Q24) 2 (Q24) 3 (Q24) 4 (Q24) 5 (Q25) -8 (Q26)</p>
<p>Q24. How many weeks or months had (PERSON) been pregnant when that pregnancy ended?</p> <p>DON'T KNOW ⑧</p>	<p>_____ } # WEEKS (Q26) OR _____ } # MONTHS -8</p>
<p>Q25. How many weeks or months pregnant is (PERSON)? PROBE IF RESPONSE INDICATES THAT PREGNANCY DID NOT START IN <u>1987</u>. CORRECT Q22, IF NECESSARY.</p> <p>DON'T KNOW ⑧</p>	<p>_____ } # WEEKS OR _____ } # MONTHS -8</p>
<p>Q26. (Has she seen/Did she see) a doctor or midwife for prenatal care during her pregnancy? IF YES, PROBE: Was that a doctor, a midwife, or both?</p> <p>Yes, a doctor ① Yes, a midwife ② Yes, both ③ No ④ DON'T KNOW ⑧</p>	<p>..... 1 (Q27) 2 (Q27) 3 (Q27) 4 (Q30) -8 (Q30)</p>

Exhibit 47. Household Survey taxes and miscellaneous items from Supplement 5 (continued)

<p>Q27. How many weeks or months pregnant was (PERSON) when she <u>first</u> saw a doctor or midwife for prenatal care during that pregnancy?</p> <p>..... DON'T KNOW ⑧</p>	<p>_____</p> <p># WEEKS</p> <p>OR</p> <p>_____</p> <p># MONTHS</p> <p>..... -8</p>
<p>Q28. What month and year was that (when she first saw a doctor or midwife for that pregnancy)?</p>	<p>_____ / _____</p> <p>MO YR</p>
<p>Q29. Altogether, about how many visits to a doctor or midwife (has she made/did she make) for prenatal care during that pregnancy?</p> <p>..... DON'T KNOW ⑧</p>	<p>_____</p> <p># VISITS</p> <p>..... -8</p>
<p>Q30. Besides this most recent pregnancy, did (PERSON) have any other pregnancy in 1987?</p> <p>Yes ①</p> <p>No ②</p> <p>..... DON'T KNOW ⑧</p>	<p>..... 1 (Q31)</p> <p>..... 2 (NP: BOX Q4 / BOX Q5)</p> <p>..... -8 (NP: BOX Q4 / BOX Q5)</p>
<p>Q31. How did that pregnancy end -- was that a live birth, a miscarriage, a stillbirth, or an abortion?</p> <p>Live birth ①</p> <p>Miscarriage ②</p> <p>Stillbirth ③</p> <p>Abortion ④</p> <p>..... DON'T KNOW ⑧</p>	<p>..... 1</p> <p>..... 2</p> <p>..... 3</p> <p>..... 4</p> <p>..... -8</p>

Exhibit 47. Household Survey taxes and miscellaneous items from Supplement 5 (continued)

<p>Q32. How many weeks or months had (PERSON) been pregnant when that pregnancy ended?</p> <p>.....</p> <p>DON'T KNOW (B)</p>	<p>_____</p> <p># WEEKS</p> <p>OR</p> <p>_____</p> <p># MONTHS</p> <p>..... -8</p>
<p>Q33. Did (PERSON) see a doctor or midwife for prenatal care during that pregnancy?</p> <p>IF YES, PROBE: Was that a doctor, a midwife, or both?</p> <p>Yes, a doctor (1)</p> <p>Yes, a midwife (2)</p> <p>Yes, both (3)</p> <p>No (4)</p> <p>DON'T KNOW (B)</p>	<p>..... 1 (Q34)</p> <p>..... 2 (Q34)</p> <p>..... 3 (Q34)</p> <p>..... 4 (NP: BOX Q4 / BOX Q5)</p> <p>..... -8 (NP: BOX Q4 / BOX Q5)</p>
<p>Q34. How many weeks or months pregnant was (PERSON) when she <u>first</u> saw a doctor or midwife for prenatal care during that pregnancy?</p> <p>.....</p> <p>DON'T KNOW (B)</p>	<p>_____</p> <p># WEEKS</p> <p>OR</p> <p>_____</p> <p># MONTHS</p> <p>..... -8</p>
<p>Q35. What month and year was that (when she first saw a doctor or midwife for that pregnancy)?</p> <p>.....</p>	<p>_____ / _____</p> <p>MO YR</p>
<p>Q36. Altogether, about how many visits to a doctor or midwife did (PERSON) make for prenatal care during that pregnancy?</p> <p>.....</p> <p>DON'T KNOW (B)</p>	<p>_____</p> <p># VISITS</p> <p>..... -8</p> <p>(NP: BOX Q4 / BOX Q5)</p>

Exhibit 47. Household Survey taxes and miscellaneous items from Supplement 5 (continued)

<p>BOX Q5</p>	<p>REFER TO CONTROL CARD: IS (PERSON'S) "VET" BOX CHECKED [X]?</p> <p>YES ① NO ②</p>	<p>↓</p>	<p>..... 1 (Q37) 2 (NP/Q43)</p>
<p>Q37. It was reported in an earlier interview that (PERSON) had served in the United States Armed Forces. Did (PERSON) serve during the Vietnam era -- that is, between August, 1964 and April, 1975?</p> <p>Yes ① No ②</p> <p>DON'T KNOW ⑧</p>			<p>..... 1 (Q38) 2 (NP: BOX Q5 / Q43) -8 (NP: BOX Q5 / Q43)</p>
<p>Q38. Did (PERSON) serve in the Vietnam theater -- that is, did (he/she) spend any time in Southeast Asia while in the Armed Forces?</p> <p>Yes ① No ②</p> <p>DON'T KNOW ⑧</p>			<p>..... 1 (Q39) 2 (NP: BOX Q5 / Q43) -8 (NP: BOX Q5 / Q43)</p>
<p>Q39. How long was (PERSON) in Southeast Asia -- about how many months or years?</p> <p>DON'T KNOW ⑧</p>			<p>_____ # MONTHS</p> <p>OR</p> <p>_____ # YEARS</p> <p>..... -8</p>
<p>Q40. Did (PERSON) have combat experience in Southeast Asia?</p> <p>Yes ① No ② DON'T KNOW ⑧</p>			<p>..... 1 (Q41) 2 (Q42) -8 (Q42)</p>

Exhibit 47. Household Survey taxes and miscellaneous items from Supplement 5 (continued)

<p>Q41. How would you describe the amount of combat (PERSON) saw -- would you say (he/she) saw light, medium, or heavy combat?</p> <p>Light ① 1</p> <p>Medium ② 2</p> <p>Heavy ③ 3</p>	
<p>Q42. In which branch of the Armed Forces did (PERSON) serve?</p> <p>Army ① 1</p> <p>Navy ② 2</p> <p>Air Force ③ 3</p> <p>Marines ④ 4</p> <p>Other SPECIFY ⑨ 91</p> <p>DON'T KNOW ⑧ -8</p>	

(NP: BOX Q5 / Q43)

Exhibit 47. Household Survey taxes and miscellaneous items from Supplement 5 (continued)

Q43.	As a survey of health care, we would like to understand stresses that families face. I have a couple of questions about your family in general. In the past two years, that is, in 1986 or 1987, did a close relative of (yours/anyone in the family) die?	Yes 1 (Q44) No. 2 (Q45) DON'T KNOW. -8 (Q45)
Q44.	Did this person live with (you/the family) during the month before he or she died? IF MORE THAN ONE RELATIVE DIED, CODE "YES" IF <u>ANY</u> LIVED WITH THE FAMILY.	Yes 1 No. 2
Q45.	In the past two years, that is, in 1986 or 1987, was a close relative -- a parent, child, sister, or brother -- of (yours/anyone in the family) a patient in a nursing home, a convalescent home, a mental health facility, a home for the handicapped, or a similar place?	Yes 1 (Q46) No. 2 BOX Q6 DON'T KNOW. -8 BOX Q6
Q46.	Did this person live with (you/the family) just before he or she was admitted to that place? IF MORE THAN ONE RELATIVE IN SUCH A PLACE, CODE "YES" IF <u>ANY</u> LIVED WITH THE FAMILY.	Yes 1 No. 2

BOX Q6	<p>a) REFER TO ASSIGNMENT LABEL: IS THIS A HOLDOVER CASE?</p> <p style="text-align: right;">YES. 1 (ADMINISTER SUPPLEMENT #3) NO 2 (b)</p> <p>b) IS THERE A CAREGIVER SUPPLEMENT TO BE ADMINISTERED FOR THIS RU?</p> <p style="text-align: right;">YES. 1 (ADMINISTER CAREGIVER SUPPLEMENT) NO 2 (c)</p> <p>c) SAY TO RESPONDENT: Those are all the questions that I have today. We may be in touch with your household again at some time in the future. On behalf of the United States Public Health Service, I would like to thank you very much for your participation in the National Medical Expenditure Survey. We appreciate your cooperation and time and effort.</p> <p>d) RECORD END TIME: _____ : _____ AM PM</p>
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☆U.S. GOVERNMENT PRINTING OFFICE: 1988-211-537

Table 16. Content and question numbers of Supplement 5, Household Survey

	<u>Supplement 5</u>
Identification of respondent	Q1 ⁺
Employment and employer type	Q2-Q4 ⁺
Income tax filing status, medical deductions	Q5-Q17 ⁺
Child day care arrangements	Q18-Q21 ⁺
Pregnancies during 1987	Q22-Q36 ⁺
Military service during Vietnam era	Q37-Q42 ⁺
Loss of close friends, relatives	Q43-Q46 ⁺

⁺Included in Exhibit 47.

F. Permission Forms

Interviewers maintained rosters of the names and addresses of medical providers seen by Household Survey and SAIAN participants during 1987, and of employers and other sources of private health insurance reported in the surveys. The purpose of these rosters was to identify all providers to be included in the Medical Provider Survey (MPS) and all employers and sources of health insurance for the Health Insurance Plans Survey (HIPS). In the MPS, providers of selected groups of participants were contacted to verify service use, charges, and sources and amounts of payment. Dentists were not included in the provider rosters nor in the Medical Provider Survey. Also excluded from the Medical Provider Survey were non-M.D./D.O. practitioners who did not work under the direction of an M.D. or D.O. The HIPS surveyed employers and other providers of health insurance to verify and obtain details of coverage; to control the size of the HIPS data collection effort, the sample was limited to employers and other sources of health insurance as of the Round 4 (SAIAN Round 3) interview. (The instruments and procedures of the MPS and HIPS will be described in a subsequent volume in this series.)

In Round 4 of the Household Survey and Round 3 of the SAIAN, interviewers attempted to obtain written permission from survey participants for each of the medical providers they reported during the survey, and for each employer and non-employer source of health insurance current as of December 31, 1987. The permission forms used are presented in Exhibit 48. A total of four different forms were used: one for medical providers named in the survey, one for each hospital stay reported that could be addressed to a doctor "discovered" when asking the hospital about the stay, one for employers and unions, and one for non-employer sources of health insurance. For this purpose, medical providers were restricted to physicians, hospitals (both inpatient and outpatient facilities), freestanding clinics, and home health agencies. A separate form was required for each person-provider, person-stay, person-employer/union, and person-insurance source pair. Most forms were prepared by machine in advance of the interview. Interviewers followed the instructions on the Permission Form Packet (Exhibit 49) to prepare additional permission forms as required and to arrange for obtaining signatures.

NATIONAL MEDICAL EXPENDITURE SURVEY

National Center for Health Services Research and Health Care Technology Assessment

TO:

Employer/Union Name_____
Street Address_____
City_____
State_____
Zip

I am voluntarily participating in a study being conducted for the United States Public Health Service to gather information about medical care expenditures, utilization of health services, and health insurance coverage. As part of the survey, all employers for whom I have worked and all unions to which I belonged between January 1, 1987 and December 31, 1987 are being asked to supplement the information that I have provided to the study.

By this statement or a photocopy of it, I hereby authorize and request you to furnish to the National Medical Expenditure Survey any information* regarding health insurance plans in which I participated or was eligible to participate through my employment with you between January 1, 1987 and December 31, 1987. This survey may request copies of policies, as well as information about each policy's premiums and coverage.

I agree that responses I have already given as part of this study may be given to you as needed to identify my records. I also agree that this form is valid from the date of signature through December 31, 1989.

Name of
Employee or
Union Member _____Other Name(s)
Under Which Records
May be Filed _____Social Security
Number of employee
or union member

|_|_|_|-|_|_|-|_|_|_|_|

Date of Birth: _____

Month/Day/Year

Employee or
Union Member
Signature _____

14 and over sign if able

Date Signed _____

Parent, Guardian, Witness
or Proxy's Signature: _____

Date Signed _____

Reason for Parent, Guardian, Witness or Proxy's Signature:

- ☐ Employee/Union Member 17 or Younger
☐ Employee/Union Member Deceased
☐ Witness to "X"
☐ Proxy: Specify Relationship to Patient: _____

Specify Reason for Use of Proxy: _____

Address: _____

_____OFFICE
USE
ONLY

RU ID: _____

Person ID: _____

Provider ID: _____

Permission
Form #:

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

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**NOTICE: Your Social Security Number is needed only to allow your employer or union to accurately identify and locate your employment or membership records. In accordance with the Privacy Act of 1974, provision of your Social Security Number is voluntary. The National Medical Expenditure Survey is being conducted under Section 306 of the Public Health Service Act (42 USC 242k). This is the authority for voluntary disclosure.

NATIONAL MEDICAL EXPENDITURE SURVEY
National Center for Health Services Research and Health Care Technology Assessment
AUTHORIZATION TO OBTAIN INFORMATION FROM MEDICAL RECORDS

Hospital Name

Street Address

City State Zip

Telephone (include area code)

Dear Medical Provider:

I am voluntarily participating in the National Medical Expenditure Survey, which is being conducted by the United States Public Health Service. As part of the survey, medical providers who delivered health care services to me at the hospital named above are being asked to supplement the information I have provided.

By this statement or a photocopy of it, I hereby authorize and request you to furnish to the National Medical Expenditure Survey any medical or financial information* in your records concerning health care services provided to me in connection with a stay(s) between October 1, 1986 and March 31, 1988.

I specifically authorize the release of information pertaining to psychiatric history and drug and/or alcohol abuse if such is part of my medical file. I agree that my responses to the survey questions may be given to you as needed to identify my records. I also agree that this form is valid from the date of signature through December 31, 1989.

Patient Name _____ Date of Birth _____
Month/Day/Year

Other Name(s) Under Which
Records May Be Filed _____

Patient Signature _____ Date Signed _____
14 and over sign if able

Parent, Guardian, Witness
or Proxy's Signature: _____ Date Signed _____

Reason for Parent, Guardian, Witness or Proxy's Signature:

- ☐ Patient 17 or Younger
☐ Patient Deceased
☐ Witness to "X"
☐ Proxy: Specify Relationship to Patient: _____

Address: _____

Specify Reason for Use of Proxy: _____

OFFICE RU ID: _____ Permission
USE Person ID: _____ Form #:
ONLY Provider ID: _____

*NOTICE: Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence by the contractor and NCHSR, will be used only for purposes stated in this study, and will not be disclosed or released to anyone other than authorized staff of NCHSR without the consent of the individual or establishment in accordance with Section 308 of the Public Health Service Act (42 USC 242m). No information will be disclosed where prohibited by federal laws and regulations governing the confidentiality of alcohol and drug abuse patient records, 42 USC 290dd-3 and 290cc-3, 42 CFR Part 2.

Exhibit 48. Household Survey/SAIAN Permission Forms (continued)

MP/HOSP/CLINIC/HMO

OMB #: 0937-0179
OMB Expires: 11/88

NATIONAL MEDICAL EXPENDITURE SURVEY
National Center for Health Services Research and Health Care Technology Assessment
AUTHORIZATION TO OBTAIN INFORMATION FROM MEDICAL RECORDS

TO: _____		Address where patient seen if different from printed address.	
Name of Medical Provider Dr./Hosp./Clinic/HMO			
Place Name		Place Name	
Street Address		Street Address	
City	State	Zip	
Telephone (include area code)		Telephone (include area code)	

I am voluntarily participating in the National Medical Expenditure Survey, which is being conducted by the United States Public Health Service. As part of the survey, medical providers who delivered health care services to me are being asked to supplement the information I have provided.

By this statement or a photocopy of it, I hereby authorize and request you to furnish to the National Medical Expenditure Survey any medical or financial information* in your records concerning health care services provided to me between October 1, 1986 and March 31, 1988. I specifically authorize the release of information pertaining to psychiatric history and drug and/or alcohol abuse if such is part of my medical file.

I agree that responses to the survey questions may be given to you as needed to identify my records. I also agree that this form is valid from the date of signature through December 31, 1989.

Patient Name _____ Date of Birth _____
Month/Day/Year

Other Name(s) Under Which
Records May Be Filed _____

Patient Signature _____ Date Signed _____
14 and over sign if able

Parent, Guardian, Witness
or Proxy's Signature _____ Date Signed _____

Reason for Parent, Guardian, Witness or Proxy's Signature:

- ☐ Patient 17 or Younger
☐ Patient Deceased
☐ Witness to "X"
☐ Proxy: Specify Relationship to Patient: _____
Specify Reason for Use of Proxy: _____

Address: _____

OFFICE RU ID: _____ Permission
USE Person ID: _____ Form #:
ONLY Provider ID: _____

*NOTICE: Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence by the contractor and NCHSR, will be used only for purposes stated in this study, and will not be disclosed or released to anyone other than authorized staff of NCHSR without the consent of the individual or establishment in accordance with Section 308 of the Public Health Service Act (42 USC 242m). No information will be disclosed where prohibited by federal laws and regulations governing the confidentiality of alcohol and drug abuse patient records, 42 USC 290dd-3 and 290ee-3, 42 CFR Part 2.

NATIONAL MEDICAL EXPENDITURE SURVEY

National Center for Health Services Research and Health Care Technology Assessment

TO:

Name of Organization

Street Address

City

State

Zip

I am voluntarily participating in a study being conducted for the United States Public Health Service to gather information about medical care expenditures, utilization of health services, and health insurance coverage. This information will benefit all Americans by enabling our public and private agencies to better understand the health of our people and our medical care system.

To supplement the information study participants have provided, health maintenance organizations, health insurance companies and groups, employers, or unions that administer health insurance plans are being asked to provide information about their health insurance benefits, coverage, and premiums.

By this statement or a photocopy of it, I hereby authorize and request you to furnish to the National Medical Expenditure Survey a copy of each health insurance policy I held with your company or group between January 1, 1987 and December 31, 1987 and information about each policy's premiums and coverage.*

I agree that my responses to the survey questions may be given to you as needed to identify my records. I also agree that this form is valid from the date of signature through December 31, 1989.

Policyholder's
Name

Date of Birth:

Month/Day/Year

Other Name(s)
Under Which Records
May be Filed

Social Security
Number of Insureds**

____-____-____

Policyholder's
Signature

14 and over sign if able

Date Signed

Beneficiary, Parent, Guardian,
Witness or Proxy's Signature:

Date Signed

Reason for Parent, Guardian, Witness or Proxy's Signature:

☐ Policyholder 17 or Younger

☐ Policyholder Deceased

☐ Witness to "X"

☐ Proxy: Specify Relationship to Policyholder: _____

Specify Reason for Use of Proxy: _____

Address: _____

OFFICE
USE
ONLY

RU ID: _____

Person ID: _____

Provider ID: _____

Permission
Form #:

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

**NOTICE: Your Social Security Number is needed only to allow the addressee to accurately identify and locate your records. In accordance with the Privacy Act 1974, provision of your Social Security Number is voluntary. The National Medical Expenditure Survey is being conducted under Section 306 of the Public Health Service Act (42 USC 242k). This is the authority for voluntary disclosure.

Exhibit 49. Household Survey/SAIAN Permission Form Packet

January 1988

OMB #: 0937-0179
Expires: 11/30/88

**NATIONAL MEDICAL EXPENDITURE SURVEY
HOUSEHOLD SURVEY
PERMISSION FORMS PACKET**

PLACE RU ID LABEL
HERE

TYPE OF BOOKLETS

PROVIDER PAIRS CHECK:

	ER	OPD	HS	HV	IC	MV
Pf1. Are there any visits of this type on CC for any RU members?						
Yes ---->	PF2	PF2	PF2	PF2	PF2	PF2
No ---->	BOX PF1	BOX PF1	BOX PF1	BOX PF1	BOX PF1	BOX PF1
Pf2. Identify PERSON NAME on ...	cover	cover	cover	section heading	section heading	section heading
Pf3. IF HOME HEALTH: Is H3 coded ...						
codes 1 or 2 ---->	—	—	—	BOX PF1	—	—
codes 3, 4, or 91 ---->	—	—	—	PF4	—	—
Pf3a. IF MEDICAL PROVIDER VISIT: Is J9 coded ...						
codes 1 or -8 ---->	—	—	—	—	—	PF4
code 2 ---->	—	—	—	—	—	PF3b
Pf3b. IF MEDICAL PROVIDER VISIT: Is J11 coded ...						
codes 1 or -8 ---->	—	—	—	—	—	PF4
code 2 ---->	—	—	—	—	—	BOX PF1
F4. Check provider / facility name at ...	E5 and E8	F4	G1	H6	M 1	J10 and J12
F5. Is this pair already on Pairs Log?						
Yes ---->	PF7	PF7	PF7	BOX PF1	BOX PF1	BOX PF1
No ---->	PF6	PF6	PF6	PF6	PF6	PF6
F6. Add pair to Pairs Log (Code M), then...	PF7	PF7	PF7	BOX PF1	BOX PF1	BOX PF1
F7. Refer to doctors in booklet columns: Is pair already on Pairs Log?						
Yes ---->	BOX PF1	BOX PF1	PF9a	—	—	—
No ---->	PF8	PF8	PF8	—	—	—
F8. Add new pair (s) to Pairs Log (Code M), then ...	BOX PF1	BOX PF1	PF9a	—	—	—
F9a. Was a pair added to Pairs Log at PF6?						
Yes ---->	—	—	P F9b	—	—	—
No ---->	—	—	BOX PF1	—	—	—
F9b. Add a Dr in Hospital pair (Code D) to Pairs Log, then ...	—	—	BOX PF1	—	—	—

.....
 [BOX] IF INSTRUCTED ABOVE TO ADD TO PAIRS LOG, CREATE A PERMISSION FORM FOR THIS
 [PF1] BOOKLET, THEN START AT PF1 FOR THE NEXT BOOKLET OF THIS SAME TYPE. IF NO
 [] MORE BOOKLETS OF THIS TYPE, GO TO PF1 IN NEXT COLUMN FOR NEXT TYPE OF
 [] BOOKLET. IF NO MORE VISIT BOOKLETS, GO TO PF10.

FOR EACH NEW PAIR ADDED AS INSTRUCTED ON FRONT COVER:

- LOCATE THE PERSON'S PID ON THE PAIRS LOG
- RECORD THE PROVIDER'S NAME AND ADDRESS ON THE LINES PROVIDED
- CREATE A PERMISSION FORM: RECORD THE PROVIDER'S NAME, ADDRESS, AND TELEPHONE NUMBER AND PATIENT'S NAME AND DATE OF BIRTH ON THE APPROPRIATE LINES
- IN "OFFICE USE ONLY" SPACE RECORD THE RU ID, PERSON'S PID, AND PERMISSION FORM # (E.G., 01, 02, 03, ETC. FROM THE NEW PAIRS LINES ON PAIRS LOG)

PF10. EMPLOYER PAIRS CHECK:

REFER TO EMPLOYER ROSTER ON CENTRAL QUESTIONNAIRE FRONT FLAP.
ADD ANY NEW PAIRS TO PAIRS LOG.

FOR EACH NEW EMPLOYER PAIR, CREATE A PERMISSION FORM: RECORD THE NAME OF THE EMPLOYER, THE EMPLOYEE'S NAME AND DATE OF BIRTH ON THE PF;

RECORD THE RU ID, THE EMPLOYEE'S PID, AND THE PERMISSION FORM # IN THE "OFFICE USE ONLY" SPACE.

PF11. HEALTH INSURANCE PAIRS CHECK:

REFER TO T17, PAGE 99, AND T24, PAGE 101, IN CENTRAL QUESTIONNAIRE:

ADD ANY NEW NON-EMPLOYMENT PAIRS TO PAIRS LOG, UNLESS THE POLICYHOLDER IS NOT AN RU MEMBER (T20 OR T27 CODED "95")

FOR EACH NEW INSURANCE PAIR, CREATE A PERMISSION FORM: RECORD THE NAME OF THE ORGANIZATION AND THE POLICYHOLDER'S NAME ON PF; RECORD THE RU ID, THE POLICYHOLDER'S PID, AND THE PERMISSION FORM # IN THE "OFFICE USE ONLY" SPACE

PF12. REVIEW DR ROSTER. IF ANY CHANGES MADE DURING R4, UPDATE PRE-PRINTED PFs AS NECESSARY

PF13. INTRODUCE PERMISSION FORMS TO FAMILY RESPONDENT:

We would like (PERSONS) to sign these Permission Forms. They will allow us to collect more detailed information about health care and health insurance coverage from the places you mentioned during the interviews.

REVIEW ALL PFs WITH THE APPROPRIATE RU MEMBERS. MAKE CORRECTIONS NEATLY; HAVE THE RU MEMBER INITIAL ANY CORRECTIONS. FILL OUT NEW PFs AS NECESSARY TO REPLACE INVALID OR DESTROYED PFs

HAVE PFs SIGNED. IF AN RU MEMBER IS NOT AVAILABLE, LEAVE PFs AND RELATED MATERIALS

RECORD THE STATUS OF EACH PF ON THE PAIRS LOG

CONTINUE THE INTERVIEW WITH Y3, CLOSING MATERIALS, PAGE 119 IN THE CENTRAL QUESTIONNAIRE

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APPENDIX A

**Sample Design of the
National Medical Expenditure Survey:
Household Survey and Round 1 Weights
and Variance Estimation Procedures**

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APPENDIX A

Sample Design of the National Medical Expenditure Survey: Household Survey and Round 1 Weights and Variance Estimation Procedures

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I. Household Survey Sample Design

The Household Survey (HHS) of the NMES sample was designed to produce unbiased national estimates for the general population, for population subgroups of special policy interest, and for the U.S. Census regions. The sample is a stratified area probability design with four stages of sample selection: (1) selection of primary sample units (PSU's); (2) selection of segments within PSU's; (3) selection and screening of households within segments; and (4) selection of households based on demographic characteristics (both household and individual) from the set of screened households. The sample of PSU's represents a union of the national sample frames of Westat, Inc. and NORC.

The NMES design required selective oversampling of blacks, Hispanics, the poor and near poor, those 65 years of age and older, and the functionally limited or impaired. A separate screening interview was used to facilitate sample identification of these population subgroups. Within each primary sampling unit (PSU) a two- or three-stage sample design was used to select households for a screening interview conducted in October and November, 1986. The sampling and subsampling rates were such that within a particular PSU, all households or persons in group quarters had an identical probability of selection. Interviewers determined whether selected dwelling units were eligible for the screening interview (that is, occupied on other than a seasonal basis) and conducted the interview in eligible units.

The screener sample consisted of dwelling units, although the basic analysis units are reporting units and persons. The sample dwelling units (DU's) include housing units, group quarters, and other noninstitutional (nongroup) living quarters. Dwelling units consist of one or more reporting units. A reporting unit (RU) is defined as a group of individuals, related by blood, marriage, or adoption, residing in the same dwelling unit. All members of the civilian population who considered the selected DU as their usual place of residence were included in the interview. Also included in a sample household within the reporting units were persons considered to be a part of the household but who were temporarily residing elsewhere. Unmarried college students under 22 were selected at their parents' sample address rather than at college in order to allow for the derivation of health care utilization and expenditure estimates at the family level.

The final NMES household screener sample consisted of 35,634 addresses, of which 3,091 were identified as vacant and another 1,085 identified as not a dwelling unit. The large number of units to be screened was driven by the precision specifications for the rarest population subgroups (in this case, Black, elderly, poor). Of the 31,458 dwelling units eligible for the NMES, 28,708 responded to the screener interview. A dwelling unit was classified as responding if any of its component reporting units completed the screener interview. The NMES household screener response rate was 91.3 percent.

The NMES Round 1 household sample was selected after the data collection phase for the screening interview was completed and all relevant demographic data necessary for the sample selection of dwelling units were processed. The Round 1 household sample of dwelling units was selected by the following sampling strategy (DiGaetano, 1987):

- (1) Each screened dwelling unit (DU) was classified into one of the ten sampling categories based on the demographic characteristics of its "highest priority" individual. This was the household member requiring the highest sampling rate to meet sample size targets. The sampling rate was defined as the ratio of the required number of individuals in a sampling class to the available number of screener respondents. The sampling classes presented in Table A-1 are arranged in order of highest priority.
- (2) A systematic sample of DU's was then selected from the highest priority class using the person-level sampling rates.
- (3) The number of individuals in all sampled DU's possessing the demographic characteristics that defined the remaining sampling classes was counted. The sample size requirements for the remaining sampling classes were then reduced by these enumerated totals.
- (4) Sampled DU's were then removed from the sampling process.
- (5) DU's associated with the next highest priority sampling class were then selected at a sampling rate designed to meet the adjusted sample size requirements, repeating the process outlined above.
- (6) The sampling process was repeated until all ten sampling categories were sampled.

The resulting sample consisted of 15,130 dwelling units with 39,831 individuals.

Table A-1. Sample domains and sizes

	Demographic group	Number of people	Number of DU's
1.	Black, less than 65 years	7,735	2,730
2.	Black, 65 years or older	731	325
3.	Functionally impaired, 65 years or older	1,148 ^a	943
4.	Hispanic, 65 years or older	206	136
5.	Hispanic, less than 65 years	4,094	1,273
6.	White, 65-79 years	4,338	2,661
7.	White, 80 years or older	1,020	376
8.	White, less than 65 years, at or below poverty level or near poor	5,424	1,829
9.	Other ethnic or racial groups at or below poverty level	280	61
10.	White, less than 65 years, other income, other races, near poor or other income	16,003	4,796
	TOTAL	39,831	15,130

^aAlso included in other counts of individuals 65+

To eliminate the potential bias of excluding sampling dwelling units not occupied in the fall of 1986, a sample of vacant addresses was selected to supplement the occupied addresses sampled from the responding screened households. It was assumed that the number of vacant addresses becoming occupied would compensate for the number of occupied dwelling units becoming vacant in Round 1. The set of 3,091 addresses identified as vacant during the screener field period were classified into one of four categories, based on the dominant demographic characteristic of the sample segments from which the vacant addresses were drawn. The four classes were defined as Black, Hispanic, white-poor, and white-other income. The sampling procedure resulted in the inclusion of 1,464 vacant addresses being selected for the Round 1

sample, representing approximately 8 percent of the Round 1 sample. (The vacancy rate for dwelling units in the United States is approximately 8 percent, Bureau of the Census, 1987.)

A supplemental sample of refusals to the screener and other nonresponding dwelling units was included to further improve the overall NMES response rate. Refusals and other nonresponding dwelling units were classified into the same four strata used for vacant addresses. A sample of 645 DU's categorized as refusals to the screener were then selected from the 1,600 eligible DU's and a sample of 376 DU's categorized as other nonresponding DU's were selected from 916 eligible DU's with this classification (see Table A-2). Further details concerning the design of the HHS component can be found in Cohen, DiGaetano, and Waksberg, 1987.

Table A-2. NMES Round 1 sample

Final screener interview	DU totals	Percent of eligible DU's	NMES Round 1 sample
Eligible Dwelling Units			
Responding to screener*	28,458	91.19	15,130
Refusals	1,600	5.13	645
Nonrespondents (not home after four calls, unavailable during screener field period, too ill)	916	2.94	376
Remaining nonrespondents	234	0.75	0
TOTAL	31,208	100.0	16,151
Vacant Dwelling Units	3,091		1464

*Another 250 responding DU's were associated with active duty military personnel or students.

II. Derivation of Sampling Weights and Response Adjustments for Round 1

The Household Component of the National Medical Expenditure Survey (NMES) was designed to provide statistically unbiased national estimates of health care parameters that are representative of the U.S. civilian noninstitutionalized population. The sample can be characterized as a stratified multistage probability design which combines two independently selected national samples from two separate data collection organizations, Westat, Inc. and NORC. Due to the complex survey design, the sample data must be appropriately weighted to obtain accurate estimates for the U.S. civilian noninstitutionalized population.

The sampling weights that were developed for this purpose reflect the complex survey design of the NMES. Separate weights have been developed to accommodate NMES Round 1 analyses at the person and provider levels. The sampling weights include adjustments for:

- (1) The complete nonresponse of eligible sample units; and
- (2) Poststratification to more accurate population totals obtained from the Census Bureau's Current Population Survey.

Since the eligible population for the Round 1 analyses represent the U.S. civilian noninstitutionalized population in the first quarter of 1987, the poststratification adjustments considered CPS population totals for March 1987 (Source: U.S. Bureau of the Census, March 1987 Current Population Survey).

A. Sampling Weight Specifications

Dwelling Unit Sampling Weights. Both person- and provider-level weights were derived from sampling weights developed at the dwelling unit level. Dwelling Units (DU's) consisted of housing units, group quarters, and other noninstitutional (nongroup) living quarters. All noninstitutionalized civilians who considered the sampled dwelling unit as their usual place of residence were included in the interview. The initial unadjusted sampling weight for each sampled dwelling unit was defined as the reciprocal of the sample unit's selection probability. These weights act as inflation factors to represent the number of units in the survey population that are accounted for by the sample unit to which the weight is assigned.

Because nonresponse is widely viewed as a potentially important source of error or bias in survey estimates, the DU sampling weights were adjusted to accommodate nonresponse. By implicitly attributing to nonresponding sampling units the same characteristics of similar respondents within the same adjustment (weighting) class, resulting nonresponse adjustments have the capacity to reduce the degree of nonresponse bias in final estimates. Adjustment classes for entire DU nonresponse to the NMES Round 1 interview were defined based on cross-classifications of the following measures:

- (1) Relative health care expenditures of the Standard Metropolitan Statistical Area (SMSA):
 - (a) Primary Sampling Units (PSU's) with relatively high health care costs;
 - (b) PSU's with relatively low health care costs;
 - (c) Remainder of certainty PSU's (a primary sampling unit selected with a probability of one from its respective sampling stratum);
 - (d) Remainder of noncertainty SMSA PSU's; and
 - (e) Noncertainty non-SMSA PSU's.

The classifications were based on a health care index produced by the Bureau of Labor Statistics for 26 selected SMSA's from the Consumer Expenditure Survey (Source: U.S. Bureau of Labor Statistics, 1982-1983 Consumer Expenditure Survey).

- (2) Racial/ethnic character of the sample segment containing the DU (Hispanic, Black--not Hispanic, Other).

For the Westat sample, each segment was classified based on 1980 Census data for the block groups or enumeration districts comprising the segments. Those segments with at least a 30 percent minority population in 1980 were classified as "Hispanic" or "Black--not Hispanic," depending on the predominant minority group in the area. All remaining segments were classified as "Other race/ethnic group."

For the NORC sample, the classifications were based on actual responses to the NMES screener questionnaire. Those segments with at least a 30 percent sample representation of minority groups were classified as "Hispanic" or "Black--not Hispanic," depending on which group had the largest sample representation. Otherwise, the segment was classified as "Other race/ethnic group."

- (3) Characteristic income level of the sample segment containing the DU (Poor, Other income).

For the Westat sample, 1980 Census data were used to classify each segment into four categories based on the median residential home value or the median rent for the segment depending on whether homeowners or renters predominated in the segment. Those segments with the lowest home or rental value category were classified as "Poor," with the remaining DU's given a classification of "Other income."

For the NORC sample, the classifications were based on actual responses to the NMES screener questionnaire. When at least 30 percent of the responding DU's in a segment had a household income at or below 125 percent of the poverty level, the segment was classified as "Poor." Otherwise, the segment was classified as "Other income."

- (4) Census region (Northeast, Midwest, South, West).
(5) Data Collection Organization (Westat, NORC).

Generally, when the number of responding dwelling units characterizing a weighting class was less than 40, the classes were collapsed across categories of the weighting class variables in the order listed above, until this minimum sample size specification was achieved.

More specifically, if we define $WDUBASE(i)$ as the initial dwelling unit weight for the i th DU (which represents the reciprocal of the DU's selection probability), the nonresponse adjustment for the c th weighting class takes the form:

$$A(c) = \frac{\sum_{ODU \in C} WDUBASE(i)}{\sum_{ODUR \in C} WDUBASE(i)}$$

where $ODU \in C$ represents all occupied dwelling units in c , and $ODUR \in C$ represents dwelling units with at least one responding reporting unit in c .

Consequently, the nonresponse adjusted weight for the i th responding DU in weighting class c takes the form

$$WDURESP(i) = A(c) \cdot (WDUBASE(i)).$$

Direct application of the nonresponse-adjusted sampling weights would yield independent estimates of population parameters for the Westat and the NORC samples. Consequently, a further adjustment was incorporated in the sampling weights to yield national estimates of population parameters when both samples are combined. For all responding DU's from the Westat sample, the nonresponse-adjusted weights were reduced by a factor of .485 while for those from NORC, the corresponding adjustment was a factor of .515. These factors reflect the proportion of the original sample selected by each organization and serve to minimize the variance of population estimates derived from the combined sample.

A poststratification adjustment was also implemented at the DU level by ratio-adjusting the nonresponse adjusted weights to reflect CPS estimates of the number of occupied dwelling units as of March 1987 (the midpoint of the NMES Round 1 interview field period). The weighting classes constructed for use in the poststratification adjustments were defined by crossclassifications of the following variables:

- (1) Race/ethnicity of the reference person in the primary reporting unit (RU) of the DU (Hispanic, Black -- not Hispanic, Other).
- (2) Age (in years) of the reference person in the primary RU of the DU (under 35, 35 to 44, 45 to 64, 65 and older).
- (3) Number of people within the DU (1, 2, 3, 4+).
- (4) Census region (Northeast, Midwest, South, West).

As before, when the number of responding DU's in a weighting class was less than 40, the classes were generally redefined by collapsing the categories of the weighting classes in the order listed above. This approach also was taken both at the reporting-unit-level and the person-level.

More specifically, if we define $WDURESP(i)$ as the nonresponse adjusted weight for the i th DU, the poststratification adjustment for the c th weighting class takes the form:

$$B(c) = \frac{CPSTOTAL(c)}{\sum_{RDU \in C} WDURESP(i)}$$

where $CPSTOTAL(c)$ is the March 1987 CPS population estimate of occupied dwelling units that are characterized by the definition of the c th weighting class, and $RDU \in C$ represents the responding dwelling units in c .

Consequently, the nonresponse adjusted and poststratified weight for the i th responding DU in weighting class c takes the form

$$WDUPOST(i) = B(c) \cdot (WDURESP(i)).$$

Reporting Unit Sampling Weights. A reporting unit (RU) consists of one person living alone or unrelated to others in the same dwelling unit, or a group of two or more persons related to each other by blood, marriage, adoption, or foster care whose usual residence is the assigned DU. More than one reporting unit may be living in the sampled DU. Reporting units are comparable to census classifications of unrelated individuals plus families.

The final nonresponse adjusted and poststratified DU level weight was assigned to each RU within the associated dwelling unit ($WRU(i) = WDUPOST(i)$). These initial RU level weights were then further poststratified to reflect CPS figures for unrelated individuals plus families for March, 1987. This adjustment served as both a nonresponse and poststratification adjustment at the RU level. The weighting classes that were considered for the RU level postratification adjustment were defined by a crossclassification of the following variables:

- (1) Age (in years) of the reference person in the RU (under 35, 35-44, 45-64, 65 and older).
- (2) Race/ethnicity of reference person in the RU (Hispanic, Black-not Hispanic, or other).

- (3) Number of persons in the RU (1, 2, 3, 4+).
- (4) Type of RU by reference person (married--spouse present, male reference person--no spouse present, female reference person--no spouse present) where the reference person is the individual owning or renting the home.

More specifically, the RU-level poststratification adjustment for the c th weighting class takes the form

$$C(c) = \frac{CPSRU(c)}{\sum_{RRU \in c} WRU(i)}$$

where $CPSRU(c)$ reflects the March 1987 CPS estimate of families or unrelated individuals defined by the c th weighting class and $RRU \in c$ represents all responding reporting units in c .

Consequently, the poststratified weight for the i th responding RU in weighting class c takes the form

$$RUSAMPWT(i) = C(c) \cdot (WRU(i))$$

Person-Level Sampling Weights. Each person in a responding RU was initially assigned the RU poststratified weight ($WTPER(i) = RUSAMPWT(i)$). The NMES person-level weights were then poststratified to March 1987 CPS population totals. To establish consistency between family-level and person-level estimates in NMES, the reference person for each RU, in addition to married couples, retained the value of the RU weight as their final person weight. The person-level weights of all other NMES respondents were poststratified to CPS totals within weighting classes defined by a cross-classification of the following variables:

- (1) Age, in years, (0, 1-4, 5-9, 10-14, 15-19, 20-29, 30-34, 35-44, 45-54, 55-59, 60-64, 65-69, 70-74, 75-79, 80+).
- (2) Gender
- (3) Race/Ethnicity (Hispanic, Black--not Hispanic, Other).

More specifically, the person-level poststratification adjustment for the c th weighting class takes the form

$D(c) = 1$ for reference persons and married couples
(denoted by $L(i) = 1$)

and

$$D(c) = \frac{CPSPER(c) - \sum_{i \in C} WTPER(i)(L(i))}{\sum_{i \in C} WTPER(i) \cdot (1-L(i))}$$

for all remaining NMES respondents (denoted by
 $L(i) = 0$)

where $CPSPER(c)$ reflects the March 1987 CPS estimate of persons defined by the c th weighting class.

Consequently, the poststratified weight for the i th responding person in weighting class c takes the form

$$PESAMPWT(i) = D(c) \cdot (WTPER(i))$$

This sampling weight is to be used to derive person level national estimates from NMES Round 1 data. It is also to be used to derive national estimates for Home Health Providers as the unit of analysis. In this situation, the person weight, $PESAMPWT(i)$, is applied to each Home Health Provider(j) associated with person(i).

Finally, a separate person level weight, $PELTCWT$, has been developed to derive national person level estimates using NMES data from the Long Term Care Supplement. It includes a nonresponse weighting class adjustment for persons who did not complete the NMES Long-term Care Supplement. As was the case for the post-stratified NMES person level weights,

PESAMPWT, the weighting classes are defined by a cross-classification of the following variables: age, gender, and race/ethnicity.

III. Variance Estimation Procedures

The Household Component of the National Medical Expenditure Survey (NMES) is characterized by a complex survey design which includes stratification, clustering, and disproportionate sampling. This departure from simple random sampling assumptions requires special consideration with regard to variance estimation and analysis. Several methods for approximating sampling variances, which incorporate the components of a complex survey design, have been developed and can be considered for application to NMES data (Cohen, Burt and Jones, 1986). The three most generally accepted and frequently used techniques are the method of balanced repeated replication (BRR), the "jackknife" method, and the Taylor series linearization method (Cohen and Kalsbeek, 1981). These variance estimation strategies have been incorporated as procedures in several of the widely used statistical packages.

One can gain access to repeated replication procedures to compute estimates of regression coefficients and their sampling errors for data from complex survey designs through the use of the OSIRIS IV Statistical Analysis and Data Management Software Systems Package (Van Eck, 1979). The OSIRIS Repeated Replication Sampling Error Analysis procedure, REPERR, allows for the replication techniques by using one of three methods: balanced half-sample, jackknife, or user-specified replications. In addition, the SAS accessible NASSREG procedure developed by Westat (Chu et al., 1985) also uses the balanced half-sample replication technique for variance estimates of regression coefficients. The balanced half-sample method of variance estimation for means, proportions, totals, and rates can be implemented through the Health Examination Survey Variance and Cross-Tabulation Program developed by the National Center for Health Statistics (Jones, 1983).

Appropriate variance estimates for means, proportions and totals using the Taylor series linearization method as an approximation can be generated through the SESUDAAN program (Standard Errors Program for Computing of Standardized Rates From Sample Survey Data) developed by the Research Triangle Institute (Shah 1981a) and accessible through SAS. Similarly, variance estimates of ratios can be generated through the SAS accessible procedure,

RATIOEST (Standard Errors Program for Computing of Ratio Estimates From Sample Survey Data), also by using a linearization approximation (Shah, 1981b).

The OSIRIS IV procedure, PSALMS (Sampling Error Analysis), provides another mechanism for computing variance estimates for means, proportions, totals, and ratios derived from complex survey data by using the Taylor series linearization method. The same capabilities are shared by the SUPERCARP program (Cluster Analysis and Regression Program) developed by the Survey Section of the Statistical Laboratory at Iowa State University (Hidioglou, Fuller, and Hickman, 1980). In addition, the procedure provides standard errors for regression coefficients, again by using a Taylor series linearization method. A complementary procedure, which also generates standard errors of regression coefficients by using complex survey data, is the SURREGR program (Standard Errors of Regression Coefficients From Sample Survey Data; Holt, 1977).

Due to user facility and computational efficiency, the SESUDAAN procedure is recommended for standard error estimates of population means, proportions or totals, and the SURREGR procedure is recommended for standard error estimates of regression coefficients. To obtain variance estimates of sample statistics by means of these recommended procedures, two additional variables must be used in concert with the appropriate sampling weight:

- (1) STRATUMX, which indicates the respective sampling stratum from which the primary sampling unit (PSU) was selected, and
- (2) SPSU, which indicates the respective primary sampling units within a given stratum.

For variance estimation purposes, self-representing PSU's were treated as strata in their own right, and their segments divided in a uniform manner to form two pseudo-PSU's.

APPENDIX B

Sample Design of the National Medical Expenditure Survey: Survey of American Indians and Alaska Natives Round 1 Weights and Variance Estimation Procedures

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I. American Indians and Alaska Natives Survey Sample Design

The Survey of American Indians and Alaska Natives (SAIAN) of the National Medical Expenditure Survey (NMES) was designed to produce unbiased estimates comparable to the NMES Household Survey and on the use of the Indian Health Service (IHS) facilities by this population.

The survey sample design required first a frame of addresses of persons eligible for IHS care and living on or adjacent to reservations of Federally-recognized tribes or Alaska Native villages. Sample selection based on the newly constructed frame was implemented prior to conducting the screening interviews and subsequently to conduct the Round 1 interviews.

The sample is a stratified area probability design with three stages of sample selection: (1) selection of primary sampling units (PSU's), which are counties or groups of contiguous counties (in Alaska, the county equivalents developed by the state of Alaska and the Census Bureau for statistical purposes were employed); (2) selection of segments within PSU's; (3) selection and screening of dwelling units within segments. Based on the results of the screening, all dwelling units that were eligible for IHS care were selected in the SAIAN.

The SAIAN sampling frame consisted of 482 counties in the United States served by the IHS and which included or were adjacent to reservations of Federally recognized tribes or Alaska Native villages. For cost efficiency the frame was truncated to exclude counties with fewer than 400 American Indians or Alaska Natives. This strategy truncated the frame to 97.2 percent of the population of interest. Twenty-four counties with American Indian and Alaska Native populations were paired with larger neighboring counties to form 274 PSU's available for sample selection.

The SAIAN design required disproportionate sampling whereby households in high-density areas were sampled at a higher rate than Indian households in low-density areas (DiGaetano, 1987; DiGaetano and Waksberg, 1986). Two PSU's were selected with certainty and eighteen were selected using a stratified sample, where proportionate allocation was used to

determine the number of PSU's to be selected from each stratum. PSU stratification was based on the following:

- Location of IHS area programs;
- Level of health service use (high; other);
- Urban/rural definitions of areas; and
- Median household income of a PSU.

Within each sample PSU, segments were defined using 1980 Census Enumeration Districts (ED's), individual blocks, or individual block combinations. Prior to selection of segments, six strata were formed. The low-density stratum included segments with American Indian concentrations of 0.5 to less than 5 percent of the total population. The medium-density stratum included segments with American Indian concentrations of 5 to less than 10 percent, and the high-density segments included those with 10 percent or greater concentration. Separate strata were specified for Alaska, Delaware, Oklahoma. Within strata, the segments were implicitly sorted using the following additional stratifiers:

- On or off reservations,
- Percentage of American Indians or Alaska Natives in the ED or block group, and
- Rent or value of home.

A systematic sample of segments with replacement within explicit strata was selected, with an overall target of 333 segments which yielded 251 unique segments. The final allocation scheme for SAIAN segment selection is summarized in Table B-1.

Table B-1. Allocation scheme for SAIAN segment selection

Strata	Preliminary population estimates (%)	Number of segments selected	Unique number of segments	Mean number of households	Relative sampling rate
Low density	25	30	30	5.2	4.74
Medium density	7	13	13	6.0	2.85
High density	48	231	170	6.1	1.00
Alaska	12	25	17	6.0	1.61
Oklahoma-high density	7.3	33	20	6.0	1.68
Oklahoma-medium density	0.7	1	1	6.0	1.68
Total	100.0	333	251		

Addresses within the boundaries of the sampled segments were listed by trained interviewers during the summer and fall of 1986. These addresses served as the sampling frame from which the address sample for SAIAN was then selected. During the listing and screening, eleven sampled segments associated with the White Mountain Apache tribe refused to participate in the survey. These segments were removed from the frame. The remaining addresses were sorted by PSU and segments, and a systematic sample of addresses was selected for screening.

The screening sample for SAIAN consisted of Dwelling Units (DU's) which included housing units, group quarters, and other noninstitutional (non-group) living quarters. For SAIAN, a housing unit is defined as a house, an apartment, group of rooms, or a single room which is occupied as separate living quarters. A group quarter is defined as a single civilian structure in which five or more unrelated persons reside and where inhabitants are not considered as part of any other DU. Examples are boarding and rooming houses, monasteries, and convents. All civilians who considered the DU as their usual place of residence were included in the interview.

A household was considered eligible for SAIAN if at least one of its residents was eligible to receive care provided by or paid for by the Indian Health Services. Also included were persons who were considered to be part of a household, but who were temporarily residing elsewhere. Unmarried college students under the age of 22 were selected at their parents' address rather than at college in order to allow for health care utilization and expenditure estimates at the family level.

The SAIAN screener interview in the low-density and some of the medium-density areas was conducted during the winter and spring of 1987. A concurrent screening interview was conducted at Dwelling Units in the remaining segments, whereby the interviewers conducted the screening interview and immediately proceeded to ask for participation of eligible households in the SAIAN Round 1 Interview. Table B-2 summarizes the sample yields of DU's resulting from conducting both the independent and concurrent screener interviews.

Table B-2. SAIAN Screener Results

	Screener sample totals	
	Independent	Concurrent
Completed screening interviews	10,217	3,510
Eligible for SAIAN	(273)	(1745)
Ineligible for SAIAN	(9,944)	(1765)
Neighbor indicated household was ineligible for SAIAN	554	52
Refusal	269	93
Other nonresponse	150	203
Subtotal	11,190	3,858
Vacant	1,273	767
Not a Dwelling Unit	393	388
Total	12,856	5,013

Based on the SAIAN screening interview, 2018 DU's were eligible for the SAIAN Round 1 core interview, and 1,950 DU's participated in the survey. These 1,950 dwelling units translated into 2,004 reporting units (RU's) for which the SAIAN Round 1 interview was attempted; 1,990 reporting units responded. The number of persons within these RU's is 7,071, of which 6,557 were eligible for care paid for or provided by IHS and responded to the survey. Table B-3 summarizes the results of the Round 1 interview. For a full description of SAIAN design, see Cohen, DiGaetano and Waksberg, 1988.

II. Derivation of Sampling Weights and Response Adjustments for Round 1

A. Sampling Weight Specifications

Dwelling Unit Base Weights. The base weights are the inverse of the probability of selection. Since the sample of DU's to be screened for participation in the SAIAN was selected disproportionately from each of six strata, there are six base weights prior to making nonresponse adjustments. The base weight for each strata is given in Table B-3.

Table B-3. SAIAN sample base weights for each of the six strata

Strata	Sample Base Weight
Low-density Indian areas	435.9623
Medium-density Indian areas	315.1131
High-density Indian areas	73.8062
Alaska	109.7468
Delaware; Oklahoma - high-density Indian areas	123.7799
Delaware; Oklahoma - medium-density Indian areas	352.3159

Dwelling Unit Sampling Weights. The DU base weights were adjusted to accommodate nonresponse, an important source of bias in survey estimates. By implicitly attributing to nonresponding sampling units the same characteristics of similar respondents within the same adjustment (weighting) class, resulting nonresponse adjustments can reduce nonresponse bias in final estimates.

For the SAIAN, there were 11 segments associated with the White Mountain Apache Tribe who refused to participate in the survey. To account for this nonparticipation in the sample weights, a special adjustment factor was computed. In addition, nonresponse adjustments to the screener questionnaire and to the Round 1 questionnaire were made to the base sample weight.

To adjust for the 11 segments that refused to participate in the survey, the value T_{ij} for each PSU i and segment j was computed:

$$T_{ij} = W_{ij} \cdot I_{ij} \cdot H_{ij}$$

where

W_{ij} is the unconditional segment weight for segment j in PSU i

I_{ij} is the 1980 Census population totals of Indians, and

H_{ij} is an adjustment factor to reflect the number of segments represented by certainty segment areas.

Two adjustment factors were then created, one each for the high-density segments within the two strata involved. For the high-density segments within the Albuquerque, Phoenix, and Tucson IHS region, the adjustment, Z_A , was:

$$Z_A = \frac{\sum_{\text{all segments}} T_{ij}}{\sum_{\text{participating segments}} T_{ij}}$$

A similar adjustment, Z_N , was created for the high-density segments in the Navajo noncertainty stratum.

All DU's from the high-density segments within the Albuquerque, Phoenix, and Tucson IHS region and responding to the screener, had their base DU weight multiplied by Z_A . Similarly, those DU's from the high-density segments in the Navajo noncertainty stratum had their base weight multiplied by Z_N .

For entire DU nonresponse, adjustment classes were defined based on a cross-classification of PSU and segment. If n_{ec} denotes the number of eligible DU's in class c , and n_{rx} denotes the number of responding DU's in class c , then the nonresponse adjustment for class c , a_c , is given by

$$a_c = \frac{n_{ec}}{n_{rx}}$$

Then the sample weights for a responding DU in class c, adjusted for screener nonresponse, W_{ic}^* , is

$$W_{ic}^* = W_i \cdot a_c$$

where W_i is the base sample weight of the i th DU.

For nonresponse to Round 1 questionnaire at the DU level, a second nonresponse adjustment was defined. In this instance the nonresponse adjustment classes included the PSU and the number of persons within the DU who were eligible for SALAN. DU's were divided into two classes on the basis of the number of eligible individuals in the DU: DU's with 1, 2, or 3 individuals, and DU's with more than 3 individuals. This strategy yielded 40 classes (adjustment cells). For each of the classes, the weight adjustment, b_c , was computed as follows:

$$b_c = \frac{\sum_{i=1}^{n_1} W_{ic}^*}{\sum_{i=1}^n W_{ic}^*}$$

where

n_1 is the number of DU's containing SALAN eligible individuals identified during the screening, and

n is the number of DU's responding to the Round 1 interview.

W_{ic}^* is the sample weight for DU i in cell c , previously adjusted for screener nonresponse.

Thus, the sample weight W^{**}_{ic} for a responding DU i in cell c , adjusted for Round 1 nonresponse is

$$W^{**}_{ic} = W^*_{ic} \cdot b_c$$

B. Reporting Unit Sampling Weights

A reporting unit (RU) consists of one person living alone or unrelated to others in the same dwelling unit, or a group of two or more person related to each other by the blood, marriage, adoption, or foster care whose usual residence is the assigned DU. More than one reporting unit may be living in the sampled DU. In most instances in the SALAN, it was found that if one RU within the DU participated in the Round 1 interview, all the secondary RU's participated as well. Therefore the nonresponse rate at the RU level is very low. No adjustment classes were necessary, thus an overall nonresponse adjustment at the RU level, t , was computed as the ratio:

$$t = \frac{\sum_{i \in m_1} W^{**}_i}{\sum_{i \in m} W^{**}_i}$$

where

W^{**}_i is the sample weight for RU i , adjusted for both levels of DU nonresponse

m_1 is the set of all RU's within DU's participating in Round 1, and

m is the set of responding RU's within DU's participating in Round 1.

The sample weight W^{***}_i for a responding RU i , adjusted for RU nonresponse is thus

$$W^{***}_i = t \cdot W^{**}_i.$$

Person Level Sampling Weights. The person level nonresponse within participating RU's was very small. Thus no nonresponse adjustments were necessary at the person level, each person within the RU receiving the RU level weight with no further adjustments.

III. Variance Estimation Procedures

The SALAN Component of the National Medical Expenditure Survey (NMES) is characterized by a complex design which includes stratification, clustering, and disproportionate sampling. This departure from simple random sampling assumptions requires special considerations with regard to variance estimation and analysis. Several methods for approximating sample variances, which incorporate the components of a complex survey design, have been developed and can be considered for application in NMES data (Cohen, Burt and Jones, 1986). The three most generally accepted and frequently used techniques are the method of balanced repeated replication (BRR), the "Jackknife" method, and the Taylor series linearization method (Cohen and Kalsbeek, 1981). These variance estimation strategies have been incorporated as procedures in several of the widely used statistical packages.

One can gain access to repeated replication procedures to compute estimates of regression coefficients and their sampling errors for data from complex survey designs through the use of the OSIRIS IV Statistical Analysis and Data Management Software System Package (Van Eck, 1979). The OSIRIS Repeated Replication Sampling Error Analysis procedures, REPERR, allows for replication techniques by using one of three methods: Balanced half-sample, jackknife, or user specific replications. In addition, the SAS accessible NASSREG procedure developed by WESTAT (Chu et al., 1985) also uses the balanced half-sample replication techniques for variance estimates of regression coefficients. The balanced half-sample method of variance estimation for means, proportions, totals, and rates can be implemented through the Health Examination Survey Variance, a Crosstabulation Program developed by the National Center for Health Statistics (Jones, 1983).

Appropriate variance estimates for means, proportions, and totals using the Taylor series linearization method as an approximation can be generated through the SESUDAAN program (Standard Errors Program for Computing of Standardized Rates From Sample Survey Data) developed by the Research Triangle Institute (Shah, 1981a) and accessible through SAS.

Similarly, variance estimates of ratios can be generated through the SAS accessible procedure RATIOEST (Standard Errors Program for Computing Standardized Rates From Sample Survey Data), also by using a linearization approximation (Shah, 1981b).

The OSIRIS IV procedure, PSALMs (Sample Error Analysis), provides another mechanism for computing variance estimates for means, proportions, totals, and ratios derived from complex survey data by using the Taylor series linearization method. The same capabilities are shared by the SUPERCARP program (Cluster Analysis and Regression Program) developed by the Survey Section of the Statistical Laboratory at Iowa State University (Hidioglou, Fuller, and Hickman, 1980). In addition the procedure provides standard errors for regression coefficients, again using a Taylor series linearization method. A complementary procedure, which also generates standard errors of regression coefficients by using complex survey data, is the SURREGR program (Standard Errors of Regression Coefficients from Sample Survey Data; Holt, 1977).

Due to user facility and computational efficiency, the SESUDAAN procedure is recommended for standard error estimates of population means, proportions or totals, and the SURREGR procedure is recommended for standard error estimates of regression coefficients. To obtain variance estimates of sample statistics by means of recommended procedures, two additional variables must be used in concert with the appropriate sampling weights:

- (1) STRATAX, which indicates the respective sampling stratum from which the primary sampling unit (PSU) was selected, and
- (2) HALFSAMP, which indicates the respective primary sampling unit within a given stratum.

For variance estimation purposes, self-representing PSU's were treated as strata in their own right, and their segments divided in a uniform manner to form two pseudo PSU's.

Attachment 2

Questionnaires and Data Collection Methods
for the
Health Insurance Plans Survey

National Medical Expenditure Survey

Questionnaires and Data Collection Methods for the Health Insurance Plans Survey

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PREFACE

This report documents the Health Insurance Plans Survey, a component of the 1987 National Medical Expenditure Survey (NMES). The NMES is a research project of the Center for General Health Services Intramural Research, Agency for Health Care Policy and Research, and provides extensive information on health expenditures by or on behalf of American families and individuals, the financing of these expenditures, and each person's use of services.

Background

Since the 1970s, the intramural research program has given particular emphasis to studies of the use and financing of health services. The first series of studies (NMES I) employed data collected in the 1977 National Medical Care Expenditure Survey. These studies produced information on a broad range of issues such as the number and characteristics of the uninsured and the underinsured, the tax implications of excluding employer-paid premiums for health insurance from employee income, and the differences among socioeconomic and demographic groups with respect to the use of health services.

A new series of studies (NMES II) was initiated in the 1980s. These studies also involved a major data collection effort – the 1987 National Medical Expenditure Survey. Like its predecessor, NMES II provides information about the non-institutionalized population. In addition and in contrast to the earlier studies, NMES II also provides extensive information on the population residing in or admitted to nursing homes and facilities for the mentally retarded.

The NMES II Household Survey is based on a national probability sample of the civilian, noninstitutionalized population living in the community. The sample is designed to provide a larger representation of population groups of special policy interest to the Federal Government than would have been obtained from a random sample. These groups include poor and low-income families, the elderly, the functionally impaired, and black and Hispanic minorities. A Survey of American Indians and Alaska Natives (SAIAN) includes a separate sample of American Indians and Alaska Natives living on or near Federal reservations and eligible to receive care provided or supported by the Indian Health Service (IHS). The Institutional Population

Component includes a sample of persons residing in or admitted to nursing and personal care homes and facilities for the mentally retarded during 1987. A separate Medicare Records Component provides claims data on all Medicare beneficiaries included in the household and institutional samples.

Together, the major components of NMES II contain information to make national estimates of health status, use of health services, insurance coverage, expenditures, and sources of payment for the civilian population of the United States for the period of January 1 to December 31, 1987. Oversampling of population groups of special interest makes possible in-depth studies of these groups. The data base can also be used to assess the implications of recent or proposed changes in public or private health care benefits, methods of financing both health care and insurance coverage, various public and private subsidies for health care, and employee compensation arrangements.

Household Survey

Each family in the Household Survey was interviewed 4 times over a period of 16 months to obtain information about the family's health and health care during calendar year 1987. Baseline data on household composition, employment, and insurance were updated at each interview, and information was obtained on illnesses, use of health services, and health expenditures for each family member. A fifth round of interviews was conducted in the spring of 1988 to obtain information on the tax filing status and medical deductions of each household. A long-term care supplement was administered during the first and fourth rounds of interviewing to permit estimates of persons with functional disabilities and the use of formal services or long-term care provided by family or friends.

In order to verify and supplement the information provided by household respondents, the household component of NMES II included two additional surveys. A Medical Provider Survey obtained information from the physicians, hospitals, outpatient clinics, emergency rooms, and home health agencies used by the household sample during 1987. A Health Insurance Plans Survey obtained information on the private insurance of persons in the household sample, including premiums paid by all sources and the provisions of their coverage.

Survey of American Indians and Alaska Natives

This survey was conducted with the same data collection instruments and interview procedures as the Household Survey and covered the same reference period, calendar year 1987. SAIAN also included followup surveys to medical providers and health insurers. Consequently, the data can be used to make comparisons between American Indians and Alaska Natives eligible for care from the Indian Health Service and the general U.S. population with regard to issues such as health status, use of health services, and access to care. Information was obtained on services provided outside the Indian Health Service and on other sources of health care financing available for persons eligible for IHS care.

Institutional Population Component

The Institutional Population Component of NMES II included persons resident in or admitted to nursing and personal care homes and facilities for the mentally retarded at any time in calendar year 1987. This survey provides information on the functional status, use of services, and health expenditures of the institutionalized population. A Survey in Institutions collected data from facility administrators and designated staff on the characteristics of facilities and charges. A Survey of Next of Kin obtained data from the respondent's next of kin or other knowledgeable persons in the community on the financial status, insurance coverage, and personal history of the institutionalized person.

Survey Samples

All survey components were designed to provide statistically unbiased estimates. The Household Survey sample is representative of the civilian noninstitutionalized population of the United States in 1987. It is a stratified multistage area probability design with a total sample of roughly 35,000 individuals in 14,000 households who completed all rounds of data collection. Oversampling of the population subgroups of special policy interest was based on a separate screening interview conducted in the fall of 1986 with a sample of 36,000 addresses.

The Survey of American Indians and Alaska Natives adopted a multistage area probability sample design. It used an IHS constructed frame of counties with individuals eligible for services provided or supported by the Indian Health Service and living on or near federally recognized reservations or in Alaska. An initial screening interview was completed in approximately 13,700 dwelling units to identify the eligible sample, yielding 1,990 responding households in round 1. Approximately 6,500 SAIAN respondents provided information for their entire period of eligibility in 1987.

The institutional population sample was based on a three-stage probability design. The first two stages were used to select facilities; the final stage sampled facility residents as of January 1, 1987. These facilities were also used to obtain a sample of admissions between January 1, 1987, and December 31, 1987. Based on sampling specifications, the Institutional Population Component includes a total of 1,500 facilities, comprising 800 nursing homes and 700 facilities for the mentally retarded. Counting both residents and new admissions, this sample yielded approximately 10,100 persons, of whom 5,700 were in nursing homes and 4,400 were in facilities for the mentally retarded. The sample frame for facilities was derived from the 1986 Inventory of Long-Term Care Places.

Taken in conjunction, the NMES II surveys yield comprehensive, population-based information that will support studies of most population groups of policy interest, including those currently outside the scope of various public and private financing mechanisms. In contrast to information obtained from program or provider statistics, NMES II data can be used to analyze all public and private sources of coverage for health care services and out-of-pocket payments by individuals and families.

The Agency for Health Care Policy and Research sponsored the NMES II data collection activities. A substantial part of the support for the Survey of American Indians and Alaska Natives was provided by the Indian Health Service. The Health Care Financing Administration, the National Center for Health Statistics, and the Office of the Assistant Secretary for Planning and Evaluation provided extensive technical assistance during the development of the survey design and instruments. Interviews were conducted by the primary contractor, Westat, Inc., Rockville, MD and by the National Opinion Research Center at the University of Chicago; the Council of Energy Resource Tribes, Denver, CO; and Stephen R. Braund and Associates,

Anchorage, AK. Data processing during the analysis stage of the project is being provided by Social and Scientific Systems, Inc., Bethesda, MD.

The data were collected under the authorities of the Public Health Service Act and are being edited and published in accordance with the confidentiality provisions of that Act and of the Privacy Act. Public use tapes from NMES II are being released on a continuous basis to ensure timely access to the data.

Additional information on NMES II is available from Daniel C. Walden, Ph.D., Director of the Division of Medical Expenditure Studies; Center for General Health Services Intramural Research, Agency for Health Care Policy and Research; Executive Office Center, 2101 East Jefferson Street, Rockville, MD 20852, (301/227 8400).

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ABSTRACT

The Health Insurance Plans Survey (HIPS) is a component of the National Medical Expenditure Survey. NMES is primarily concerned with providing estimates of health care use and expenditures, both nationally and for populations of specific policy interest, and with understanding personal, social, and economic factors governing the use of health services. The purpose of the HIPS was to verify and collect detailed supplementary information about the private health insurance coverage of respondents in the Household Survey and SAHAN components of NMES. Data were collected from their employers and other sources of health insurance in 1987. The data collection period for HIPS ran from fall 1988 to fall 1989. The HIPS was originally designed as a mail survey, but the data collection strategy was changed to primarily telephone interviewing in order to enhance response rates. Copies of policies for each of the health insurance plans offered by HIPS respondents were obtained through a combination of mail and in-person retrieval procedures. These policies were then coded for the types and levels of benefits they included.

I. Introduction

This report describes the operational design and instruments used in the Health Insurance Plans Survey (HIPS) of approximately 15,000 employers, unions, and insurers of respondents in the Household Survey component and the Survey of American Indians and Alaska Natives (SAIAN) of the National Medical Expenditure Survey.¹

The Health Insurance Plans Survey verified information regarding private health insurance status obtained in the Household Survey and SAIAN and collected detailed supplementary information on the private health insurance coverage of eligible Household Survey and SAIAN participants in 1987. For both employment-related and directly purchased coverage, information was collected about each separate plan held. Data include plan structure (traditional fee-for-service coverage, health maintenance organization, or other provider arrangement), type of coverage and benefits offered, persons enrolled, plan size, and annual premiums and sources of payment. The survey also collected employer- and union-level data, including information on all health insurance plans offered, other fringe or membership benefits, organizational characteristics, and self-insurance status.

II. Analytical Objectives of the Health Insurance Plans Survey

1. In Relation to the Household Survey

The design of the Health Insurance Plans Survey and the selection of questionnaire items were guided by the analytical needs of the National Medical Expenditure Survey. NMES is primarily concerned with providing estimates of health care use and expenditures, both nationally and for populations of specific policy interest. Health insurance plays a critical role in determining health care use and expenditure patterns because it reduces the out-of-pocket expense of health services. In conjunction with demographic information from the Household Survey, information on the scope and generosity of health insurance benefits collected through the HIPS will be used to examine how variation in health insurance benefits affects the use of specific health services.

¹Edwards, W.S. and M. Berlin. (1989). *Questionnaires and data collection methods for the Household Survey and the Survey of American Indians and Alaska Natives* (DHHS Publication No. (PHS) 89-3450). National Medical Expenditure Survey Methods 2, National Center for Health Services Research and Health Care Technology Assessment. Rockville, MD: Public Health Service.

A major concern of current health care policy is controlling the rise of health care expenditures. Health care costs outpace the general rate of inflation and health expenditures absorb a growing share of the gross national product. Private health insurance, much of which is employment related, has contributed to health care cost inflation by separating the consumer from the payment of services, thereby stimulating the demand for health care. For employers, the cost of health insurance benefits for current employees and retirees is a rising and often excessive cost of doing business. Thus, employers may seek ways to encourage employees to select cost-effective health insurance plans.

HIPS data will be used to address these issues by permitting estimates of the scope of private health insurance benefits of the sample population in the last months of 1987. These estimates will include deductible and copayment provisions, the relationships between health plan characteristics and health insurance premiums, and the distribution of premium costs among employers, employees, and other payers. HIPS data will also be used to examine enrollment and benefits in fee-for-service health plans, health maintenance organizations and other provider arrangements, and to assess the degree to which health plans have incorporated cost containment provisions. Since information on plans held by employees as well as alternative health insurance options available at the workplace were collected in the survey, HIPS data provide a unique opportunity to examine factors which influence employee choice of health insurance plans.

Through comparisons with other data sources (such as the 1977 National Medical Care Expenditure Survey), HIPS data will make it possible to examine how health insurance benefits, premiums paid by employers and employees, and copayment and deductible provisions have changed over time. Since many employers now use self-insurance schemes rather than purchase third-party plans for their employees, HIPS data will be used to estimate the number of individuals covered by self-insurance plans and how the costs, benefits, and payment provisions of such plans differ from conventionally purchased employment-related health plans.

Although much of the analysis will center on employment-related coverage, HIPS data will also provide the opportunity to examine the coverage provisions and premium costs of privately purchased health plans. Analyses of the costs and scope of benefits for plans purchased by the elderly to supplement Medicare coverage and of plan characteristics that affect decisions to purchase supplemental coverage are an example of the issues to be studied.

Although the HIPS is not explicitly designed to include persons without health insurance coverage or to characterize public health insurance coverage (such as state Medicaid plans), HIPS data can make an important contribution to discussions regarding the medically indigent population. By providing data to assess the generosity of private health insurance coverage, HIPS data can be used to determine the proportion of the population with coverage that places individuals and families at risk for substantial out-of-pocket health care costs in relation to their incomes.

2. In Relation to SAIAN

The analytical goals of the SAIAN Health Insurance Plans Survey in general resemble those of the Household Survey. The SAIAN HIPS was intended to verify and supplement self-reported information on insurance status and to provide estimates of the availability of employment-related and privately purchased health insurance among a sample of American Indian and Alaska Native populations eligible for care through the Indian Health Service (IHS). Estimates from the HIPS will also describe levels of coverage and coverage options available to persons in employment circumstances that are specific to the SAIAN sample (for example, seasonal employment and employment in certain industries). Finally, data on the type of private health insurance coverage and the nature of benefits will be useful in understanding how variation in private health insurance coverage affects the use of IHS services by members of the SAIAN sample.

The questionnaires used for employers, unions, and insurers of SAIAN respondents were identical to those used for employers, unions, and insurers of Household Survey respondents. Differences existed in the data collection procedures for these two groups. These differences are described in Section 3, "Data Collection Procedures."

III. Design of the Health Insurance Plan Survey

Data were collected about the 1987 private health insurance coverage of Household Survey and SAIAN participants from their employers and other sources of health insurance. The

data collection period for HIPS ran from the fall of 1988 to the fall of 1989. The data were collected primarily through telephone interviewing. Copies of the health insurance policies offered by HIPS respondents were obtained through a combination of mail and in-person retrieval procedures.

1. Sample Selection

The HIPS sample consisted of employers, unions, and other sources of private health insurance for respondents in the Household Survey and SAIAN components of NMES. The Household Survey sample consisted of 15,130 households representing the civilian, noninstitutionalized population of the United States living in households and noninstitutional group quarters. The SAIAN sample consisted of 2,018 households representing the population of American Indians and Alaska Natives living on or near reservations and eligible for services from or sponsored by the IHS. Medical utilization and expenditure data were collected from Household Survey respondents in five rounds of interviewing between February 1987 and July 1988, and from SAIAN respondents in three rounds of interviewing between April 1987 and May 1988.²

The HIPS sample was based on information collected in the Household Survey and SAIAN. Identification of the HIPS sample was carried out in two steps executed separately for the Household Survey and SAIAN, respectively.

Household Survey. As a first step of HIPS sample selection, all Household Survey respondents who were eligible to nominate HIPS sample members were identified. For the purpose of HIPS, Household Survey respondents were eligible if, during 1987, they were (a) 16 years of age or older and employed (except for persons who were exclusively self-employed and had no employees); (b) were 21 years of age or older and held any health insurance plan from an employer or union (including former employers) which provided coverage during 1987; or (c) held a privately purchased health insurance policy (including extra cash and dread disease policies).

²Edwards, W.S. and M. Berlin. (1989). *Questionnaires and data collection methods for the Household Survey and the Survey of American Indians and Alaska Natives* (DHHS Publication No. (PHS) 89-3450). National Medical Expenditure Survey Methods 2, National Center for Health Services Research and Health Care Technology Assessment. Rockville, MD: Public Health Service.

In the second step of sample selection, all employers (including those who did not provide health insurance), unions, and insurers associated with eligible Household Survey respondents were identified. For reasons of survey economy, employers, unions, and insurers related to jobs held during round 4 of the Household Survey took precedence over those related to jobs held during earlier rounds, unless the Household Survey respondent was not employed during round 4. For Household Survey respondents covered by a plan provided by a union, both the union and the employer were included. An insurer was defined as an insurance company from which a Household Survey respondent directly purchased health insurance or any group (e.g., professional association) that provided health insurance coverage to a Household Survey respondent.

Excluded from the HIPS sample were employers associated with jobs held by respondents under 21 years of age who had no job in round 4; jobs held prior to round 4 by respondents who were employed by a different organization in round 4; self-employment, if the size of the firm was equal to one person; and employment in certain occupations, such as private domestics or foster parents. These categories were excluded for operational rather than analytic reasons; as HIPS respondents, such employers would be unlikely to provide more information than that already obtained in the Household Survey and SAIAN.

Federal employers. Because of the difficulty of adapting the HIPS questionnaire to employers that are part of the Federal government and because of the large number of health insurance plans available to Federal employees, Household Survey respondents who worked for the Federal government were not eligible to nominate their employers for HIPS. Instead, a separate database containing price, coverage, and identifying information about the health insurance plans offered to Federal employees was created. This emulated the HIPS questionnaire database design; plan information was obtained from the 1987 Enrollment Information Guide³ and the 1987 FPDC list. Copies of the actual policies offered to Federal employees were collected and abstracted in the same manner as other health insurance policies collected for the HIPS. The abstracts were then linked to the Federal plans database and to the Household Survey data.

³1987 Enrollment Information Guide and Plan Comparison Chart (1986 Open Season) for Federal Civilian Employees. Federal Employees Health Benefits Program, United States Office of Personnel Management, Washington, D.C. RI 70-1, November 1986 rev.

SAIAN. The eligibility criteria for SAIAN respondents and their employers differed slightly from those for the Household Survey. In the first step of sample selection, SAIAN respondents were selected if they were 16 years of age or older and held a job during any round of the survey (i.e., priority was not given to jobs held in a particular round, in view of the transient nature of employment in this population). In the second step, all employers (including those who did not provide health insurance), unions, and insurers associated with eligible SAIAN respondents were identified. Employers were excluded from the sample if they were associated with jobs held by respondents under 16 years of age; self-employment, if the size of the firm was equal to one person; and employment in certain occupations, such as fishing or weaving. In contrast to the Household Survey, employers associated with jobs held during any round and with jobs in the Federal government were included as eligible for HIPS SAIAN.

Permission forms. A signed permission form for each person-employer and person-insurance source pair was required for inclusion in the HIPS sample. In round 4 of the Household Survey and round 3 of the SAIAN, interviewers attempted to obtain written permission to contact employers and other sources of health insurance identified by the Household Survey and SAIAN respondents. The employer/union and insurer permission forms used are presented in Exhibit 1. Most forms were prepared by machine in advance of the interview. Interviewers prepared additional permission forms for employers, unions, and insurers identified for the first time in round 4 of the Household Survey or round 3 of SAIAN and made arrangements for obtaining signatures. When signed by the appropriate Household Survey or SAIAN participant, a permission form provided authorization to the employer or insurer to release information about the signatory's health insurance coverage.

NATIONAL MEDICAL EXPENDITURE SURVEY

National Center for Health Services Research and Health Care Technology Assessment

TO:

Employer/Union Name_____
Street Address_____
City_____
State_____
Zip

I am voluntarily participating in a study being conducted for the United States Public Health Service to gather information about medical care expenditures, utilization of health services, and health insurance coverage. As part of the survey, all employers for whom I have worked and all unions to which I belonged between January 1, 1987 and December 31, 1987 are being asked to supplement the information that I have provided to the study.

By this statement or a photocopy of it, I hereby authorize and request you to furnish to the National Medical Expenditure Survey any information* regarding health insurance plans in which I participated or was eligible to participate through my employment with you between January 1, 1987 and December 31, 1987. This survey may request copies of policies, as well as information about each policy's premiums and coverage.

I agree that responses I have already given as part of this study may be given to you as needed to identify my records. I also agree that this form is valid from the date of signature through December 31, 1989.

Name of
Employee or
Union Member _____

Other Name(s)
Under Which Records
May be Filled _____

Social Security
Number of employee
or union member**

____ - ____ - _____

Date of Birth: _____
Month/Day/Year

Employee or
Union Member
Signature _____

14 and over sign if able

Date signed _____

Parent, Guardian, Witness or
Proxy's Signature _____

Date signed _____

Reason for Parent, Guardian, Witness or Proxy's Signature:

- ☐ Employee/Union Member 17 or Younger
☐ Employee/Union Member Deceased
☐ Witness to "X"
☐ Proxy: Specify Relationship to Employee: _____
Specify Reason for Use of Proxy: _____

Address: _____

OFFICE
USE
ONLY

RU ID: _____

Provider ID: _____

Person ID: _____

Permission Form #: _____

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

****NOTICE:** Your Social Security Number is needed only to allow your employer or union to accurately identify and locate your employment or membership records. In accordance with the Privacy Act of 1974, provision of your Social Security Number is voluntary. The National Medical Expenditure Survey is being conducted under Section 306 of the Public Health Service Act (42 USC 242k). This is the authority for voluntary disclosure.

Exhibit 1. Employer/union, and insurer permission forms (continued)

INSURANCE

OMB #: 0937-0179
OMB Expiration: 11/88

NATIONAL MEDICAL EXPENDITURE SURVEY

National Center for Health Services Research and Health Care Technology Assessment

TO: _____
Name of Organization

Street Address

City State Zip

I am voluntarily participating in a study being conducted for the United States Public Health Service to gather information about medical care expenditures, utilization of health services, and health insurance coverage. This information will benefit all Americans by enabling our public and private agencies to better understand the health of our people and our medical care system.

To supplement the information study participants have provided, health maintenance organizations, health insurance companies and groups, employers, or unions that administer health insurance plans are being asked to provide information about their health insurance benefits, coverage, and premiums.

By this statement or a photocopy of it, I hereby authorize and request you to furnish to the National Medical Expenditure Survey a copy of each health insurance policy I held with your company or group between January 1, 1987 and December 31, 1987 and information about each policy's premiums and coverage.*

I agree that my responses to the survey questions may be given to you as needed to identify my records. I also agree that this form is valid from the date of signature through December 31, 1989.

Policyholder's
Name _____

Date of Birth _____
Month/Day/Year

Other Names Under
Which Records
May be Filed _____

Social Security
Number of Insured** [] [] [] - [] [] - [] [] [] []

Policyholder's
Signature _____
14 and over sign if able

Date Signed _____

Beneficiary, Parent, Guardian,
Witness or Proxy's Signature _____

Date Signed _____

Reason for Parent, Guardian, Witness or Proxy's Signature:

- ☐ Policyholder 17 or Younger
- ☐ Policyholder Deceased
- ☐ Witness to "X"
- ☐ Proxy: Specify Relationship to Policyholder: _____
Specify Reason for Use of Proxy: _____

Address: _____

OFFICE RU ID: _____
USE
ONLY Person ID: _____

Provider ID: _____

Permission Form #: _____

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

****NOTICE:** Your Social Security Number is needed only to allow the addressee to accurately identify and locate your records. In accordance with the Privacy Act of 1974, provision of your Social Security Number is voluntary. The National Medical Expenditure Survey is being conducted under Section 308 of the Public Health Service Act (42 USC 242k). This is the authority for voluntary disclosure.

For the Household Survey HIPS employers for whom no permission forms could be obtained were contacted in order to maintain the representative nature of the sample. To safeguard the confidentiality of the employee, only firms with more than 25 employees were contacted and only plan- and company-level data were collected without reference to individual employees. Unions or insurers were not contacted without signed permission forms.

Because the same employer, union, or insurance company could be named by respondents from different households, the HIPS sample was further processed to create an unduplicated list of HIPS respondents. This list of HIPS respondents was created through a combination of automated and manual processes. Insurers were unduplicated separately from employers and unions; however, the unduplication process was identical for both types of cases.

During HIPS data collection, it was discovered that certain Household Survey respondents actually received health insurance through a union rather than through an employer, as indicated during the Household Survey. These unions, approximately 100 in all, were added to the HIPS sample.

2. Questionnaire Development and Pretest

The pretest for the HIPS was conducted from July through October 1987. The purpose of the pretest was to (a) evaluate the questionnaires; (b) test the effectiveness of a locating call to identify the appropriate HIPS respondent prior to mailing the questionnaire; (c) evaluate the overall data collection strategy; and (d) assess the process of collecting and abstracting health insurance policies.

The pretest sample consisted of 204 employers and 20 insurers identified from the Household Survey pretest. Because no Household Survey pretest respondents reported receiving health insurance through a union, two unions were purposively selected for the HIPS pretest. A different questionnaire was developed for each of these three groups of HIPS respondents.

The appropriate questionnaire, a cover letter describing the survey, and copies of the permission forms for the associated Household Survey respondents were mailed to each respondent. To test the effect of mailing the questionnaire to a specific person in a company,

rather than to the "Director of Personnel," a random half of the employers were called in advance of mailing the questionnaire to obtain the name of a person in the company who "knew the most about employee health insurance." The initial mailing was followed by a reminder letter (after 2 weeks), a remailing of the original package (after an additional 2 weeks), and, finally, a telephone call (2 weeks after the remail), prompting respondents to complete and return their questionnaire. If a respondent had not returned a questionnaire after three calls, an attempt was made to collect the data from the respondent over the telephone. In all, pretest data were collected from 110 employers, 2 unions, and 11 insurers.

The pretest determined that the questionnaire developed for insurers appeared to work well, with only a minor exception. Insurance companies in the pretest sample reported that they required more information than an individual's name in order to be able to identify the Household Survey respondent in question. Specifically, the insurers needed a policy or group identification number, date of birth, Social Security number, or ZIP code. Policy numbers were not collected in the Household Survey. However, date of birth, Social Security number, and ZIP code were available and were printed in the questionnaire for the main survey.

More serious problems were identified for the employer and union questionnaires. First, the title of the survey printed on the cover page (Health Insurance Providers Survey) was confusing to some respondents. Employers who did not offer health insurance thought that the survey did not apply to them and did not respond. For the main survey, the questionnaire titles were changed to "Employer Survey," "Union Survey," and "Insurer Survey."

A second problem related to the order of questions. The respondent, usually the personnel director, could answer the employee-level questions but was not equipped to answer the organization-level questions which preceded them. This imposed a burden on respondents, who had to read through the questionnaire to determine which questions they could answer and to whom to route the questionnaire for the remaining information.

A third problem related to the format of the plan-level questions. Since the same questions were repeated for each plan, they made the questionnaire appear long and redundant. This section was subsequently redesigned in a grid format.

The results regarding the effectiveness of the pre-field locating call were mixed: although it did not result in a higher completion rate for the group called, it did appear to reduce the subsequent level of effort (in terms of number of followup calls and number of remailings) required to attain that completion rate. The pretest also demonstrated the importance of contacting the respondent by telephone early in the survey to make sure the initial mailing had been received and was being acted upon. Once the HIPS questionnaire reached an organization, it was likely to change hands several times before arriving on the desk of the person who would eventually complete it. Many interviewer hours were needed to trace the path of the questionnaire through an organization in order to identify the respondent and prompt that person to complete the questionnaire.

Finally, the pretest demonstrated the need to reconcile the plan information reported in the questionnaire with the policy booklet or summary plan description returned by the respondent with the completed questionnaire. Policy booklets were sometimes sent for plans not reported in the questionnaire and vice versa. Additionally, the plan information reported in the questionnaire was often incorrect. For example, a respondent might report that a basic medical plan included dental coverage, when dental services were actually covered under a separate plan. These types of differences between the questionnaire and policy data led to the recommendation for the main survey that the HIPS questionnaires should be reviewed against the policy booklets and differences reconciled before the policies were abstracted.

3. Data Collection

The results of the pretest also suggested that the data collection strategy for HIPS respondents associated with multiple household respondents should differ from that used for HIPS respondents associated with only one or a few household respondents. Thus, the data collection strategy for the national survey involved two categories of HIPS respondents and three modes of data collection.

The HIPS sample was categorized by the number of household respondents associated with a HIPS respondent (hereafter referred to as the "burden" of the HIPS respondent). "Low-burden" respondents were employers or unions linked to one to five Household Survey or SAIAN respondents and insurers linked to one to nine Household Survey or SAIAN respondents.

Employers or unions with 6 or more linked Household Survey or SAIAN respondents and insurers with 10 or more linked Household Survey or SAIAN respondents were designated "high-burden" respondents.

Three modes of data collection were used: mail, telephone, and personal interviews. Assignment of a HIPS respondent to a particular data collection mode depended on the respondent's burden level. Low-burden respondents were mailed a questionnaire and prompted by telephone. High-burden respondents received a personal visit from a field interviewer. In order to enhance response rates, the data collection strategy for low-burden respondents was changed from mail with telephone prompting to telephone interviewing.

Based on the results of the pretest, a pre-field locating call was made to all employers and unions in the HIPS sample to verify the mailing address of each company and obtain the name of the person most knowledgeable about health benefits. The name of a contact person for insurance companies was obtained from the Health Insurance Association of America (HIAA) directory.

Low-burden respondent procedures. Data collection for low-burden HIPS respondents was conducted primarily by telephone. A telephone version of the employer questionnaire was developed because employers made up the largest group of respondents (see Section IV, "Questionnaires"). Telephone interviewers used the mail versions of the union and insurer questionnaires. Before being contacted by telephone, HIPS respondents were mailed an introductory packet containing a cover letter from AHCPR requesting their participation in the survey, the mail version of the questionnaire, and copies of permission forms signed by the Household Survey and SAIAN respondents linked to them. Two weeks following the mailing of the introductory packet, HIPS respondents were contacted by a telephone interviewer who attempted to complete the questionnaire over the telephone.

At the end of the interview, companies that offered health insurance were asked to mail in a copy of the policy or other descriptive information for each health insurance plan offered. These companies were also sent a letter that listed the names of the plans reported during the interview and reminded the respondent to send in the policy booklet(s). Because of the importance of obtaining a description of the health insurance plans offered by HIPS respondents, companies which agreed to send the policy booklets but failed to do so were prompted twice by

phone. If the company still failed to send the policy booklets, a field interviewer was sent to pick them up in person.

Employers without permission forms were treated in essentially the same manner as the low-burden respondents. The only difference was that a summary sheet, describing the types of questions to be asked, was sent in lieu of a questionnaire, and no Household respondent-level information was communicated.

High-burden respondent procedures. Data from high-burden respondents were obtained through personal interviews. First, the company was contacted to verify the name of the Chief Executive Officer (CEO). Next, a letter explaining the purpose of the study and an accompanying letter from one of the organizations endorsing the study were sent to the CEO. Letters of endorsement for HIPS were obtained from the Employee Benefits Research Institute (EBRI), the Health Insurance Association of America (HIAA), and the Blue Cross and Blue Shield Association. Three to seven days after the letter was sent, the CEO was called to ask that someone in the company be designated to assist in the data collection effort. The designated person was considered the respondent and was called to arrange a personal interview. Before the interview, the respondent was sent copies of the permission forms signed by the Household Survey respondents associated with that company or union. The respondent was also sent a copy of the HIPS questionnaire to alert him or her to the types of information required.

SAIAN respondent procedures. For the purpose of data collection, SAIAN respondents were divided into tribal and other employers. Data from tribal employers were obtained through personal interviews. The data collection mode used for non-tribal employers depended on the burden of the respondent and the availability of a working telephone number. Where possible, low-burden non-tribal employers were interviewed by telephone. All other low-burden non-tribal employers and all high-burden non-tribal employers were interviewed in person.

Personal interviews with SAIAN HIPS respondents were conducted either by American Indian interviewers or by non-Indian interviewers accustomed to working in very rural areas. Experience with rural interviewing was important because of the remote location of HIPS respondents.

In addition to their geographic remoteness, SAIAN HIPS respondents were often difficult to locate for other reasons. Many small private employers had gone out of business or had sold their businesses since they had been nominated by the SAIAN respondent. For tribal employers, it was often difficult to ascertain which tribal department actually employed a particular SAIAN respondent.

The staff of SAIAN HIPS interviewers found that they could work most effectively by designating one interviewer as the liaison for a particular tribe. This interviewer identified a contact person in tribal administration who was knowledgeable about tribal employment records and worked to establish a good rapport with that person. The tribal contact helped the interviewer determine the actual tribal employer for a particular SAIAN respondent and the location of the employment records required to complete the survey.

4. Special Response Problems

Aggregated companies. Several unforeseen problems relating to respondent organization or type were identified during the course of data collection. These were companies with multiple subsidiaries, locations, or branches, which had each been assigned a unique case identification number and treated as a separate respondent. During the field period, however, it was learned that some of these companies preferred to have the data for their separate branches obtained from the parent organization or the company headquarters. An effort was made to identify all such companies and their related units in the sample, aggregate the units, and interview each company as one, rather than many different respondents. Companies with less than seven units were interviewed by telephone, and those with more than seven were interviewed in person by field staff.

Self-insured organizations. Companies (employers or unions) that assumed financial liability for claims or expenses covered under their health insurance plans were considered self-insured. The data collected about self-insured plans were subjected to rigorous automated checking routines as they were entered into the HIPS data base. Those respondents whose data failed the checks were recontacted about the information they had provided during the data retrieval process.

Disavowals. When a HIPS respondent reported having no record of a particular Household Survey or SAIAN respondent, that respondent-insurer pair was considered a disavowal. Several factors could lead to disavowals. The Household Survey or SAIAN respondent could have reported inaccurate information, the Household Survey or SAIAN interviewer could have recorded the information incorrectly, or the HIPS respondent could have answered incorrectly or on the basis of incomplete information. For example, the association between the household/SAIAN respondent and the HIPS respondent might have been so brief that the records were no longer available.

Initially, all disavowed pairs were investigated before the survey accepted the disavowal and assigned a final status code. However, this resolved a very small proportion of the disavowals from insurance companies and eventually was limited to disavowals received from employers and unions. The investigation consisted of several steps. First, a check was made of any verbatim comments in the HIPS questionnaire. Second, the current address on file for the HIPS respondent was checked against any previous addresses on file. Third, the permission form was reviewed for any clues, such as a proxy signature or entries in the "Other Names Under Which Records Might Be Found" field. If these steps failed to shed light on the situation, the Household Survey data were reviewed for information that might help the HIPS respondent remember the disavowed Household Survey respondent. This information was then provided to telephone interviewers, who recontacted the HIPS respondent.

5. Data Retrieval

Data retrieval refers to the process of recontacting respondents to obtain necessary information not obtained during the regular interview. Three distinct types of data retrieval were used for the HIPS. The first type occurred when data for 1 or more of 15 questionnaire items (shown on Table 1) deemed as "critical" for the survey were missing. A second type of retrieval occurred when the health insurance policies returned by the HIPS respondent disagreed with the information reported in the questionnaire. The third occurred when the data provided by a self-insured company failed certain checks. Because each type of retrieval required different types of knowledge, each was conducted as a separate activity by a different group of interviewers. However, to keep the number of contacts to any given HIPS respondent as low as possible,

retrieval of missing minimum data set items was combined with reconciliation of the policies and questionnaire whenever possible.

Critical items/Minimum basic data set (MBDS). Each HIPS questionnaire contained a set of critical items (see Table 1). A total of 15 items in the employer and union questionnaires were considered "critical"; if any of these items was missing, an effort to retrieve the missing item(s) from the respondent was required. Of the 15 critical items in the employer and union questionnaires, 5 were considered a "minimum basic data set". All MBDS items had to be obtained in order for the HIPS respondent to be considered complete. Since two of the MBDS items in the employer and union questionnaires were person-level questions, these had to be completed for each Household Survey or SAIAN respondent linked to the HIPS respondent in order for the HIPS response to be considered complete. The insurer questionnaire contained six critical items, four of which were considered MBDS items.

Critical item retrieval was conducted by a specially trained contingent of HIPS telephone interviewers. These interviewers first tried to contact the individual who originally completed the survey questionnaire and asked for answers to the missing minimum data set items. If this person was not available, the retrieval interviewer attempted to find someone else at the company to answer the questions. When the necessary information had been obtained, the interviewer gave the completed questionnaire to the retrieval supervisor who edited it and sent it back to data entry.

Policy review retrieval. Policy review retrieval was conducted to resolve discrepancies between plan-level data described in the health insurance policies and those reported in the HIPS questionnaire. Because policies become outdated, it was necessary to review the discrepancies with the respondent to find out which information was correct. Comparison of the health insurance policies and HIPS questionnaire was done by policy reviewers with previous experience as health insurance claims adjusters. This comparison was done for all HIPS respondents who reported offering health insurance and had sent in copies of one or more of the policies offered. Where indicated, and in order to minimize the number of contacts with HIPS respondents, policy reviewers also retrieved any critical items that were missing from the questionnaire.

Table 1. Critical items/minimum basic data set for employer and union questionnaires

<u>Question number</u>	<u>Type of information gathered</u>
Introduction*	Verification of employment/union status
1*	Availability of health or dental insurance during 1987
2*	Was this provided as group coverage
13	Request for copy of insurance policy or summary of benefits
22	Request for copy of insurance policy or summary of benefits
23*	Type of coverage for employee
24*	Eligibility for coverage
25	Type of plan employee held
27	Premiums for all plans held in 1987
28	Level of coverage (single, two-party, family, other)
57	Organizational form of HIPS respondent
58	Type of ownership of organization
59	Number of persons employed full-time and part-time as of Dec. 31, 1987
61	Is HIPS respondent single- or multi-site
62	Total number of employees as of Dec. 31, 1987

*Included in minimum basic data set

Self-insurance retrieval. A third type of data retrieval concerned the self-insurance questions asked in the HIPS employer and union questionnaires. Since these questions contained technical terms that respondents might not understand, the self-insurance data were checked as they were entered into the database. These checks were made on the relationships among five variables: total funding, total claims, stop-loss/minimum premium plan premium, administrative costs, and total number of covered employees. The specific relationships checked were:

- The relationship of total funding to the Stop-Loss/MPP premium and total claims;
- Administrative costs as a percent of total claims;
- Total claims or total funding per covered employee; and
- Stop-Loss/MPP premium as percent of total claims.

An acceptable range was set for each check, and a respondent failed the check if the result fell outside the acceptable range. If a respondent failed more than one of the four checks, the case was flagged for self-insurance retrieval.

To better explain to HIPS respondents the information being sought about their self-insured plans, self-insurance retrieval was performed by a major accounting firm. In most instances, retrieval yielded sufficient information for passing the failed checks. Frequently, however, the respondent would verify that the information already provided was correct and offer an explanation of the circumstances that led to the edit failure, e.g., "the company was overfunded in 1987," or "we had an unusually high/low volume of claims in 1987." Changes to the questionnaire data resulting from this retrieval effort were entered into the HIPS database.

6. Response Rates

Tables 2 through 6 show the results of the HIPS data collection. Results are shown only for cases for which data collection was actually attempted and exclude employers, unions, and insurance companies for which data collection could not be attempted because of nonresponse during the Household Survey or SAIAN interviews, or because the household/SAIAN respondent was unable to adequately identify the HIPS respondent. Unions and insurance companies for

whom no signed permission form was obtained are also excluded from the tables. Results of the limited data collection effort directed at employers for whom a signed permission form was not obtained are shown separately in Table 2.

The response rates reported in the tables are conditioned upon response rates at the prior stages of NMES data collection. The composite response rate for the Household Survey after screening and four rounds of data collection was approximately 80 percent; adequate identifying information and a signed permission form were obtained for approximately 78 percent of the Household Survey person-employer and person-insurance-source pairs eligible for HIPS. For SAIAN, the response rate after screening and three rounds of interviewing was 84.5 percent; about 78 percent of the HIPS-eligible pairs were fieldable and had adequate identifying information and signed permission forms.

The tables present data separately for the HS and SAIAN components of HIPS and provide response data in several ways, using the HIPS respondents (employers, unions, insurance companies), HS-HIPS and SAIAN-HIPS respondent pairs, and HS and SAIAN persons as the base for calculating response rates. The upper portion of Table 2 shows data for Household Survey employers, unions, and insurers, the basic units for HIPS data collection. The lower portion of the table shows completion rates for person-employer and person-insurer pairs, treating each combination of a person from the Household Survey and an employer, union, or other insurance source from the Health Insurance Plans Survey as a unit. Table 3 shows the analogous data for HIPS SAIAN. Tables 4 and 5 show response rates at the Household Survey and SAIAN person level, with separate figures for persons linked to only one in-scope HIPS respondent and persons linked to more than one in-scope HIPS respondent. Table 6 shows response rates at the person level for the collection of abstractable policy booklets for the health insurance plans confirmed as held by HIPS respondents.

Table 2. HIPS respondent-level and pair-level completion rates for the HIPS-Household Survey

HIPS Respondents	Number in Sample			Data Collection Results (%)			
	Fielded	Out of scope ^a	Ineligible ^b	In scope	Response ^c	Refusal	Other nonresponse ^d
Provider level							
Employers	12,130	180	528	11,422	85.5	4.5	9.9
Insurers	892	32	115	745	75.6	3.2	21.2
Unions	407	32	22	353	76.8	5.1	18.1
Total	13,429	244	665	12,520	84.7	4.5	10.8
Employers without permission forms ^e	1,061	0	84	977	85.5	7.0	7.6
Pair level							
HIPS-Household Pairs	19,629	--	1,253	18,376	81.8	5.3	12.9

^a An employer, insurer, or union was classified as out-of-scope when all household respondents linked to it were transferred to another respondent as the result of a merge.

^b An employer, insurer, or union was classified as ineligible when it was determined during data collection that the provider did not meet the criteria for inclusion in HIPS, e.g., by virtue of self-employment or an employer's being part of the federal government.

^c Response total includes partial responders who were unable to supply all items in the minimum basic data set. Partial responders represent 1.3 percent of respondents and 0.2 percent of household pairs.

^d Other nonresponse includes disavowals, respondents who could not be located, respondents out of business at the time of the survey, and other miscellaneous nonresponse cases.

^e Only organizational characteristics obtained.

Table 3. HIPS respondent-level and pair-level completion rates for HIPS-SAIAN

HIPS Respondents	Number in Sample				Data Collection Results (%)		
	Fielded	Out of scope ^a	Ineligible ^b	In scope	Response ^c	Refusal	Other nonresponse ^d
Provider level							
Employers	1,640	99	86	1,455	83.8	3.1	13.1
Insurers	23	1	9	13	61.5	0.0	38.5
Unions	8	0	0	8	75.0	0.0	25.0
Total	1,671	100	95	1,476	83.6	3.1	13.3
Pair level							
HIPS-SAIAN Pairs	2,714		138	2,576	79.5	3.6	16.9

^a An employer, insurer, or union was classified as out-of-scope when all household respondents linked to it were transferred to another respondent as the result of a merge.

^b An employer, insurer, or union was classified as ineligible when it was determined during data collection that the provider did not meet the criteria for inclusion in HIPS, e.g., by self-employment or an employer's being part of the federal government.

^c Response total includes partial responders who were unable to supply all items in the minimum basic data set. Partial responders represent 1.3 percent of respondents and 0.2 percent of SAIAN pairs.

^d Other nonresponse includes disavowals, respondents who could not be located, respondents out of business at the time of the survey, and other miscellaneous nonresponse cases.

Table 4. Person-level completion rates by number of HIPS respondents identified in the NMES Household Survey

Type of response	Persons with in-scope HIPS respondents	Cooperating HIPS respondents		
		All	Some	None
Persons with one HIPS respondent	13,370			
Response, %		83.5	NA	16.5
Persons with more than one HIPS respondent	2,339			
Response, %		61.0	32.0	7.0

Table 5. Person-level completion rates by number of HIPS respondents identified in the NMES SAIAN

Type of response	Persons with in-scope HIPS respondents	Cooperating HIPS respondents		
		All	Some	None
Persons with one HIPS respondent	1,666			
Response, %		81.0	NA	19.0
Persons with more than one HIPS respondent	414			
Response, %		57.5	37.7	4.8

Table 6. Policy booklet acquisition rates for plans held by Household Survey and SAIAN respondents

Household Survey	Persons with cooperating HIPS respondents	Persons with confirmed health insurance plans	Booklets obtained for abstracting		
			All	Some	None
Total	13,334				
Persons with one HIPS respondent Percent for whom plan booklets obtained		7,321	73.9	3.2	22.9
Persons with more than one HIPS respondent Percent for whom plan booklets obtained		1,612	50.8	27.1	22.1
SAIAN					
Total	1,744				
Persons with one HIPS respondent Percent for whom plan booklets obtained		547	82.3	1.5	16.3
Persons with more than one HIPS respondent Percent for whom plan booklets obtained		134	61.2	16.4	22.4

HIPS data collection for a particular respondent was considered "complete" only if the survey obtained the basic data items needed to verify or supplement the household reported data (see Table 1). These basic data items included the household respondent's employment status during the reference period, whether or not the employer offered health insurance of any kind during the reference period, whether this was group coverage, which if any of the offered plans covered the household respondent, and whether the household respondent, if not covered, was eligible for coverage from any of the plans offered. If any of these items were missing for any person linked to a HIPS respondent, a "partial complete" disposition code was assigned to the household/HIPS respondent pair combination. Similarly, a partial complete code was assigned to a HIPS respondent if any of the persons for whom the HIPS respondent was to report received a partial complete disposition or any nonresponse disposition. For example, an employer asked to report for five employees would be classified as "partial complete" if responses to the questions whether the employee was covered or eligible for coverage by any of the plans the employer offered were missing for any of the five employees. Because less than 2 percent of the cases were classified as partially complete, the partial completes were combined with other completed cases for presentation in the tables.

As shown in Table 2, responses were obtained for 85.5 percent of employers, 75.6 percent of insurers, and 76.8 percent of unions for Household Survey respondents. The rates shown in Table 3 for SAIAN HIPS respondents were similar: 83.8 percent for employers, 61.5 percent for insurers, and 75.0 percent for unions. It should be noted that the number of in-scope SAIAN HIPS respondents in the last two groups was quite small (13 and 8 cases, respectively).

The response rate for employers for whom no signed permission forms were obtained, also shown in Table 2, was 85.5 percent. These employers, as noted, were asked questions at the company- and plan-level only.

The response rates at the pair level are shown in the lower portions of Tables 2 and 3. For HIPS-Household Survey pairs, response was obtained for 81.8 percent; and for HIPS-SAIAN pairs, response was obtained for 79.5 percent. The majority of HIPS respondents were linked to a single household respondent.

In Tables 4 and 5, response rates are presented according to whether information was sought from one or several HIPS respondents per household respondent. Within each group, the

table indicates the proportion of household respondents for whom information was obtained from their linked HIPS respondents; for those persons linked to more than one HIPS respondent, the table shows the proportion for whom information was obtained from some but not all linked HIPS respondents. As Table 4 shows, information was obtained from the HIPS respondent for 83.5 percent of Household Survey respondents who reported 1 in-scope HIPS respondent (employer, union, or other health insurance source). The analogous figure for SAIAN (Table 5) was 81.0 percent. Among Household Survey respondents linked to more than one HIPS respondent, information was obtained from all HIPS respondents for 61.0 percent; information from some but not all HIPS respondents for 32.0 percent. The analogous figures for SAIAN were 57.5 percent and 37.7 percent, respectively.

Table 6 reports the rates at which health insurance policy booklets were obtained for the subset of persons in Tables 4 and 5 who were identified by HIPS respondents as being covered by a health insurance plan offered by the respondent. Table 6 shows that of the total of 13,334 persons associated with one or more cooperating HIPS respondent, 7,321 were reported by one HIPS respondent as actually holding health insurance. For 73.9 percent of these persons, all of the relevant policy booklets were obtained; for an additional 3.2 percent, some, but not all, of the policy booklets were obtained. No booklets were obtained for the remaining 22.9 percent. Similarly, for the 1,612 persons confirmed by two or more HIPS respondents as having private insurance, all relevant policy booklets were obtained for 50.8 percent, and some but not all booklets were obtained for another 27.1 percent. The figures shown in the bottom part of Table 6 for SAIAN are slightly higher than those for the HS. All booklets for held plans were obtained for 82.3 percent of the 547 SAIAN persons with only one HIPS respondent, and some but not all for another 1.5 percent. For the 134 SAIAN persons with more than one cooperating HIPS respondent, booklets for all held plans were acquired for 61.2 percent and booklets for some plans were acquired for an additional 16.4 percent.

IV. Questionnaires

Three questionnaires were used in the HIPS: an employer questionnaire, a union questionnaire and an insurer questionnaire. The employer and union questionnaires collected information about the employment-related health insurance coverage of Household Survey and SAIAN respondents. The insurer questionnaire collected information about privately-purchased

health insurance. The structure of the questionnaires and the wording of individual questions were modified on the basis of the results of the pretest conducted on these instruments.

When the data collection mode was changed from mail to telephone, the only HIPS instrument for which a telephone version was developed was the employer questionnaire. Most insurance companies still requested questionnaires for self-administration, and the small number of unions in the sample made the development of a new questionnaire impractical. In modifying the employer questionnaire for telephone administration, wording changes were made to make the instrument flow more smoothly and sound more conversational. Because the vast majority of employer interviews were completed over the telephone, only the telephone version of the employer questionnaire is presented here.

1. Employer and Union Questionnaires

The HIPS employer and union questionnaires were very similar to each other in structure. Both were quite different from the insurer questionnaire. The employer and union questionnaires were organized into four sections in the following order: a screener section; a plan-level section; a person-level section; and an organization-level section. The question numbers corresponding to each section appear in Table 7.

One questionnaire was sent to each employer or union in the HIPS sample, regardless of the linked number of Household Survey or SAIAN respondents. The questionnaires were tailored to particular respondents by preprinting the name of the organization, its respondent identification number, and the names of the linked Household Survey and SAIAN respondents in the appropriate places.

For employers without permission forms, the question verifying the 1987 employment status of individual Household Survey and SAIAN respondents and the entire person-level section were omitted. Since these questionnaires were not mailed to respondents, the remaining questions were not renumbered.

Table 7. Content and question numbers of the HIPS employer (E) and union (U) questionnaires

Content	Question number	Critical	MBDS
Screeners	Introduction 1-2	Introduction 1-2	Introduction 1-2
Plan-level section	3-22	13, 22	--
Person-level section	23-38 (E) 23-35 (U)	23-25, 27, 28 23-25, 27, 28	23-24 23-24
Company-level section			
Counseling, retirement	39-45 (E) 36 (U)	-- --	-- --
Self-insurance	46-55 (E) 37-46 (U)	-- --	-- --
Structure, organization	56-64 (E) 47-48 (U)	57-59, 61, 62 --	-- --

Screeners section. The screener section of the HIPS employer (Exhibit 2) and union questionnaires began with an introductory question verifying the 1987 employment status of each Household Survey or SALAN respondent linked to the organization. Respondents were asked to classify each Household Survey and SALAN respondent linked to that organization as an active employee (or union member), a retiree (retired member), a survivor, otherwise insured through the organization, or none of the above. Any choice within the first four categories led to instructions to complete the remainder of the questionnaire. Thus, this question served both as a verification of information reported by Household Survey and SALAN respondents about their employer or source of health insurance and as a filter to direct HIPS respondents to the next appropriate question. It was also used as a check on whether or not the correct link between the Household Survey or SALAN respondent and the HIPS provider had been made. If a HIPS respondent selected "none of the above," the respondent was treated as a disavowal (see Section III.4).

Question 1 asked if the organization offered health insurance of any kind during the reference period; if so, respondents were instructed to complete the plan-level section after answering a question about group coverage. If not, respondents were instructed to skip both the plan-level and person-level sections (since these sections were not applicable for respondents that offered no health insurance benefits) and go directly to question 56, the start of a series of items about organization-wide benefits and structure (see Exhibit 11).

Plan-level section. The plan-level section contained questions about the characteristics of each health insurance plan offered by the employer or union. For the purposes of HIPS, a "plan" was defined as a specific amount and type of coverage provided for a single premium. Based on the results of pretesting, the plan-level section was designed in a grid format, with the individual plans forming the columns and the questions about each plan forming the rows. Further, the plan-level section divided health insurance plans into two types: (1) hospital/medical plans (Exhibit 3) and (2) separate dental, vision, or prescription drug plans not included as part of a hospital or medical plan (Exhibit 4).

TIME STARTED: _____

NATIONAL MEDICAL EXPENDITURE SURVEY

Employer Survey

First, I need to verify the employment status of (PERSON). Was (PERSON) employed by your organization at any time between January 1, 1987 and December 31, 1987? IF NOT EMPLOYED, PROBE: was (he/she) a retiree from your organization? IF NOT A RETIREE, REPEAT PROBE FROM REMAINING CATEGORIES.

(CIRCLE ONE)

- Employee 1
Retiree 2
Survivor of former employee 3
Insured through your organization 4
None of the above 5 (GO TO Q.64, P.14)

1. Now, I have some questions about the health and dental insurance your company may offer. Did your organization provide or administer health insurance or dental insurance for any of your employees or retirees during 1987?

YES 1
NO 2 (GO TO Q.56, P.13)

2. Was this group coverage?

YES 1
NO 2

1. Please indicate whether the person(s) listed below were (1) active members of your union, (2) retired members, (3) survivors of members, either active or retired, or (4) insured through your union anytime between January 1, 1987 and December 31, 1987.

1.

(Circle One)

Active Member _____ 1
Retired Member _____ 2
Survivor _____ 3
Insured through your union _____ 4
None of the above _____ 5

2. If at least one of the persons listed above was an active member, retired member, or survivor, or insured through your organization in 1987, please proceed with Question 3. If none of the persons listed above was an active member, retiree, survivor, or insured through your organization in 1987, please go to questions 49 and 50 on page 14.

Exhibit 3. Plan-level section of employer and union questionnaires

<p>3. How many different hospital/medical plans including HMO's did you offer your employees in 1987? Consider different cost sharing arrangements as different plans.</p> <p>Number of Hospital/Medical Plans _____</p>	
<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p>ASK Q4-Q13 FOR EACH PLAN. IF MORE THAN 4 PLANS ARE OFFERED, ASK</p> <p>How many plans was (person) eligible for? _____</p> <p>I'd like some information about (that plan/these plans). # PLANS _____</p> </div> <p>4. ASK FOR UP TO 8 PLANS, THEN CONTINUE WITH Q.5-Q.13 FOR PLAN A. Can you tell me the name(s) of (that/each) hospital/medical plan?</p> <p>5. (Going back to (PLAN A)) Was this plan a Health Maintenance Organization (HMO or prepaid plan) or traditional fee-for-service plan?</p> <p>6. Was this plan...READ CATEGORIES CIRCLE ALL THAT APPLY</p> <p>7. Which of the following were included in this plan? READ CATEGORIES CIRCLE ALL THAT APPLY</p> <p>8. How many active and retired employees were enrolled in this plan as of December 31, 1987 (or the last date in 1987 for which enrollment figures are available?)</p> <p>9. Was this plan self-insured?</p> <p>10. What was the annual premium in 1987 per covered employee, for single-party coverage, including contributions from the employer, the employee, and other sources?</p> <p>And what was it for family coverage?</p> <p>11. Does the employee's contribution to those premiums vary by employee category, such as full-time vs. part-time employees or is there no employee contribution?</p> <p>12. What was the annual employee contribution for single party coverage in 1987?</p> <p>And what was it for family coverage?</p> <p>13. READ AFTER LAST PLAN: I'd like you to mail a copy of the 1987 policy(s) for (PLAN NAME(S)). I'll give you the address to mail the policy(s) to at the end of the interview.</p>	<p align="center">PLAN A</p> <p>_____</p> <p align="center">Name of Insurance Plan</p> <p>_____</p> <p>HMO1 (GO TO Q.7) Traditional 2</p> <p>basic medical1 basic hospitalization 2 or major medical ... 3</p> <p>dental1 vision 2 prescription drugs .. 3 or none of those4</p> <p>_____</p> <p align="center">Number enrolled</p> <p>Yes1 (GO TO Q.11) No 2</p> <p>\$ _____</p> <p align="center">Single-Party Premium</p> <p>\$ _____</p> <p align="center">Family Premium</p> <p>Yes1 (GO TO Q.13) No 2 No employee contribution 3 (GO TO Q.13)</p> <p>\$ _____</p> <p align="center">Employee contribution to Single-Party coverage</p> <p>\$ _____</p> <p align="center">Employee contribution to Family coverage</p> <p><input type="checkbox"/> PLEASE MARK A TP HERE TO INDICATE THAT YOU PROMPTED FOR A DESCRIPTION OF PLAN "A".</p> <p align="center">REPEAT Q.5-Q.13 FOR NEXT PLAN OR GO TO Q.14a.</p>

Exhibit 3. Plan-level section of employer and union questionnaires (Continued)

Page 2

3. How many different hospital/medical plans (including HMOs) did you offer your members in 1987? Consider different cost sharing arrangements as different plans.

Please answer Q4 - Q13 for each plan. If you offer more than four plans, tell us about the plans offered to the person(s) named on the first page.

4. Name of insurance plan
5. Was this plan a Health Maintenance Organization (HMO or prepaid plan) or a traditional fee-for-service plan?
6. Which type of coverage was this plan?
CIRCLE ALL THAT APPLY.
7. Which of the following were included in this plan?
CIRCLE ALL THAT APPLY.
8. How many active and retired members were enrolled in this plan as of December 31, 1987 (or the last date in 1987 for which enrollment figures are available)?
9. Was this plan self-insured?
10. What was the annual premium, per covered member, for single-party coverage, including contributions from the union, members, and other sources? What was it for family coverage?
11. Does the member's contribution vary by member category, such as seniority, work site, full-time/part-time, or occupation?
12. What was the annual member contribution for single-party and family coverage?
13. Please enclose a copy or a summary of the policy or other materials that describe the benefits under this plan.

Number of Hospital/
Medical Plans

PLAN A

Name of Insurance Plan

HMO _____ 1 GO TO Q7
Traditional _____ 2

Basic Medical _____ 1
Basic Hospitalization _____ 2
Major Medical _____ 3

Dental _____ 1
Vision _____ 2
Prescription Drugs _____ 3
None of the above _____ 4

Number enrolled

Yes _____ 1 GO TO Q11
No _____ 2

\$ _____
Single-Party Premium

\$ _____
Family Premium

Yes _____ 1 GO TO Q13
No _____ 2
No member contribution _____ 3 GO TO Q13

\$ _____
Member contribution
to Single-Party coverage

\$ _____
Member contribution
to Family coverage

Write the letter "A" on the
description of the plan.

Please check here to indicate that a description
of plan "A" is enclosed.

REPEAT Q4-Q13 FOR NEXT
PLAN OR GO TO Q14a.

Exhibit 4. Dental, vision, and prescription drug plan sections of employer and union questionnaires

DENTAL, VISION AND DRUG PLANS

14a. Now, I have some questions about the dental, vision or prescription drug plans your company may offer. (Besides what we have already talked about) did your organization offer any separate dental, vision or drug plans to any of your employees or retirees during 1987?

Yes 1
No 2 (GO TO Q.23)

14b. How many separate dental, vision, or drug plans did you offer your employees in 1987?

Number of Dental/Vision/Drug Plans _____

ASK Q.15-Q.22 FOR EACH PLAN.

IF MORE THAN 4 PLANS ARE OFFERED, ASK

How many plans was (person) eligible for? _____
I'd like some information about (that plan/those plans). # PLANS _____

15. ASK FOR UP TO 8 PLANS, THEN CONTINUE WITH Q.16 - 22 FOR PLAN E. What is the name of (that/each) plan?

16. (Going back to (NAME OF PLAN)) what kind of plan was this? READ CATEGORIES. CODE ALL THAT APPLY.

17. How many active and retired employees were enrolled in this plan as of December 31, 1987 (or the last date in 1987 for which enrollment figures are available)?

18. Was this plan self-insured?

19. What was the annual premium per covered employee, for single-party coverage in 1987? Include contributions from the employer, the employee, and other sources.

And what was it for family coverage?

20. Does the employee's contribution to those premiums vary by employee category, such as full-time vs. part-time employees or is there no employee contribution?

21. What was the annual employee contribution for single party coverage in 1987?

And what was it for family coverage?

22. READ AFTER LAST PLAN: I'd like you to mail a copy of the 1987 policy(s) for (PLAN NAME(S)). I'll give you the address to mail the policy(s) to at the end of the interview.

PLAN E

Name of Insurance Plan

dental 1
vision 2
prescription drugs plan 3

Number enrolled

Yes 1 (GO TO Q.20)
No 2

\$ _____

Single-Party Premium

\$ _____

Family Premium

Yes 1 (GO TO Q.22)
No 2

No employee contribution 3 (GO TO Q.22)

\$ _____

Employee contribution to Single-Party coverage

\$ _____

Employee contribution to Family coverage

☐ PLEASE MARK A TP HERE TO INDICATE THAT YOU PROMPTED FOR A DESCRIPTION OF PLAN "E".

REPEAT Q.16-Q.22 FOR NEXT PLAN, OR GO TO Q.23.

Exhibit 4. Dental, vision, and prescription drug plan sections of employer and union questionnaires (Continued)

Page 4

DENTAL, VISION AND DRUG PLANS

14a. Did your union offer any **separate** dental, vision or drug plans to any of your members or survivors during 1987?

Yes _____ 1

No _____ 2 **GO TO Q23**

14b. How many separate dental, vision or prescription drug plans did you offer your members in 1987?

Number of Dental/Vision/Drug Plans

Please answer Q15 - Q22 for each plan. If you offer more than four plans, tell us about the plans offered to the person(s) named on the first page.

15. Name of insurance plan

16. What kind of plan was this?

17. How many members and survivors were enrolled in this plan as of December 31, 1987 (or the last date in 1987 for which enrollment figures are available)?

18. Was this plan self-insured?

19. What was the annual premium, per covered member, for single-party coverage, including contributions from the union, members, and other sources? What was it for family coverage?

20. Does the member's contribution vary by member category, such as seniority, work site, full-time/part-time, or occupation?

21. What was the annual member contribution for single-party and family coverage?

22. Please enclose a copy or a summary of the policy or other materials that describe the benefits under this plan.

PLAN E

Name of Insurance Plan

Dental _____ 1

Vision _____ 2

Prescription Drugs _____ 3

Number enrolled

Yes _____ 1 **GO TO Q20**

No _____ 2

\$

Single-Party Premium

\$

Family Premium

Yes _____ 1 **GO TO Q22**

No _____ 2

No member contribution _____ 3 **GO TO Q22**

\$

Member contribution to Single-Party coverage

\$

Member contribution to Family coverage

Write the letter "E" on the description of the plan.

☐ Please check here to indicate that a description of plan "E" is enclosed.

REPEAT Q15-Q22 FOR NEXT PLAN OR GO TO Q23.

The information collected about each hospital/medical plan included the following:

- Type of plan (HMO versus traditional fee-for-service);
- Type of coverage (basic medical, basic hospitalization, or major medical);
- Breadth of coverage (availability of dental, vision, and prescription drug benefits);
- Number of enrollees; and
- Annual premiums per enrollee.

Essentially the same information was collected for separate dental, vision, and prescription drug plans (see Exhibit 4). The section concluded with a check box used to indicate whether a copy of the policy was received for each plan reported in the questionnaire.

Person-level section. The person-level section of the HIPS employer questionnaire (Exhibit 5) and union questionnaire (Exhibit 6) contained questions about the health insurance coverage of particular Household Survey or SAIAN respondents. Data were collected for the following items for each plan, as applicable:

Name of the plan;

Period of coverage;

Level of coverage (single-party versus family);

Annual premium for all held coverage; and

Sources of premium payment.

Additionally, premium information was collected about plans offered to, but not selected by, the Household Survey or SAIAN respondent in question.

If the Household Survey or SAIAN respondent was an active employee in 1987, questions were also asked of the employer about tax exempt health accounts or cash benefits in lieu of health insurance premiums available through the organization (Exhibit 7). The person-level

Exhibit 5. Person-level section of employer questionnaire

ENTER (PERSON) NAME: _____ **PID:** _____

23. Now I'm going to ask you questions about (PERSON'S) benefits. Did (PERSON) have any health or dental coverage with your organization at any time between January 1, 1987, and December 31, 1987?

Yes 1 (25)

No 2

24. Was (PERSON) eligible for any health or dental coverage at any time during 1987?

Yes 1 (33, P3)

No 2 (39, P1)

25. Which plan was (he/she) enrolled in? PROBE: Any others?

A. PLAN NAMES

B. PLAN LETTER (FROM PAGES 2-5)

A B C D E F G H

26. During which months in 1987 was (PERSON) covered by this plan(s)?

From ____/ 87 To ____/ 87

27. The next questions are about the 1987 annual premium for all coverage held by (PERSON).

- A. First, how much was the total annual premium in 1987, including contribution from the employer, the employee, and other sources?

Total premium \$_____ (B)

(IF VOLUNTEERED):

COMPANY SELF-INSURED 2 (C)

- B. How much was the employer contribution?

REPEAT FOR REMAINING CATEGORIES.

Employer contribution \$_____

Employee contribution \$_____

Contributions from other sources \$_____ (28)

- C. IF COMPANY SELF-INSURED:

How much was the employee contribution?

Employee contribution \$_____

Exhibit 5. Person-level section of employer questionnaire (Continued)

28. Which level of coverage did (PERSON) hold -- was it single-party, two-party, family, or some other level?

(CIRCLE ONE)

Single-Party 1
Two-Party 2
Family 3(GO TO Q.30)
Other (PLEASE DESCRIBE). 4
DESCRIBE _____

29. If (PERSON) had chosen family coverage, how much would (he/she) have contributed to the 1987 annual premiums? ENTER A "0" ON THE EMPLOYEE CONTRIBUTION LINE IF THERE WOULD HAVE BEEN NO EMPLOYEE CONTRIBUTION.

(NOT ASKED)
\$ _____
Total premium

\$ _____ (GO TO Q.31)
Employee contribution

30. If (PERSON) had chosen single-party coverage, how much would (he/she) have contributed to the 1987 annual premium? ENTER A "0" ON THE EMPLOYEE CONTRIBUTION LINE IF THERE WOULD HAVE BEEN NO EMPLOYEE CONTRIBUTION.

(NOT ASKED)
\$ _____
Total premium

\$ _____
Employee contribution

31. Was (PERSON) eligible for more than one hospital/medical, dental, vision, or prescription drug plan?

Yes 1
No 2 (P.9)

32. Does an individual's contribution to your different health insurance plans vary by employee category, such as full-time vs. part-time employees or is there no employee contribution?

Yes 1
No/No employee contribution 2 (GO TO BOX BEFORE Q.32 ON P.8)

Exhibit 5. Person-level section of employer questionnaire (Continued)

33. IF ONLY ONE PLAN IS LISTED IN EACH SET OF PAGES, 2-3 AND 4-5, SKIP TO PAGE 9.

Next, I'm going to ask some questions about the premiums for the other plan(s) you mentioned. We're interested in what (PERSON'S) contributions would have been for plans (he/she) was eligible for but did not select. CHECK PAGES 2-3 AND Q.25 FOR PLANS NOT CHOSEN BY EMPLOYEE.

(First/Next), (READ PLAN NAME LISTED ON PAGES 2-3). What would (PERSON'S) contribution have been for single-party coverage under this plan? What would it have been for family coverage? REPEAT FOR EACH PLAN LISTED ON PAGES 2-3 THAT WAS NOT CHOSEN BY THE EMPLOYEE.

Hospital/Medical Plans				
	Plan A	Plan B	Plan C	Plan D
Single-Party \$ Contribution		\$	\$	\$
Family \$ Contribution		\$	\$	\$

IF ONLY ONE PLAN LISTED ON PAGES 4-5, SKIP TO PAGE 9.

Now I'd like the same information for the dental/vision/prescription drug plans. CHECK PAGES 4-5 AND Q.25 FOR PLANS NOT CHOSEN BY EMPLOYEE.

(First/Next), (READ PLAN NAME LISTED ON PAGES 4-5). What would (PERSON'S) contribution have been for single-party coverage under this plan? What would it have been for family coverage?

REPEAT FOR EACH PLAN LISTED ON PAGES 4-5 THAT WAS NOT CHOSEN BY THE EMPLOYEE.

Dental/Vision/Prescription Drugs Plans				
	Plan E	Plan F	Plan G	Plan H
Single-Party \$ Contribution		\$	\$	\$
Family \$ Contribution		\$	\$	\$

Exhibit 6. Person-level sections of union questionnaire

Page 6.1

The following questions ask about the benefits of:

23. Did the person named above have any health or dental coverage with your union at any time between January 1, 1987, and December 31, 1987?

Yes _____ 1 GO TO Q25

No _____ 2

24. Was this person eligible for any health or dental coverage at any time during 1987?

Yes _____ 1 GO TO Q33, PAGE 7

No _____ 2 GO TO Q34, PAGE 8

25. What was the name of the insurance plan(s) in which this person was enrolled? Answer parts A and B.

A. Insurance Plan Names

- B. Please refer to pages 2-5 and circle the letter(s) for the plan(s) in which person was enrolled.

A B C D E F G H

26. During which months in 1987 was this person covered by this plan(s)?

From _____ / 87 To _____ / 87

27. What was the 1987 annual premium for all coverage held by this person? What was the contribution from various sources? If self-insured, please give only this person's contribution. Enter a "0" if there was no contribution from a particular source.

UNION NOT SELF-INSURED

\$ _____
Total Premium

\$ _____
Union contribution

\$ _____
Member contribution

\$ _____
Other contribution

UNION SELF-INSURED

\$ _____
Member contribution

28. Please indicate the level of coverage this person held.

(Circle One)

Single-Party _____ 1

Two-Party _____ 2

Family _____ 3

Other (PLEASE DESCRIBE) _____ 4

DESCRIBE _____

GO TO Q30

29. If this person had chosen family coverage, please specify what the 1987 annual premium and the amount contributed by this person would have been. Enter a "0" in the member contribution box if there would have been no member contribution.

\$	}	GO TO Q31
Total premium		
\$		
Member contribution		

30. If this person had chosen single-party coverage, please specify what the 1987 annual premium and the amount contributed by this person would have been. Enter a "0" in the member contribution box if there would have been no member contribution.

\$
Total premium
\$
Member contribution

31. Was this person eligible for more than one hospital/medical, dental, vision or prescription drug plan?

Yes _____ 1
 No _____ 2 **GO TO Q34**

32. Does an individual's contribution to your different health insurance plans vary by member category, such as seniority, work site, full-time/part-time, or occupation?

Yes _____ 1
 No _____ 2 **GO TO Q34**

33. Refer to each plan listed on pages 2-5. Please indicate what this person's annual contribution would have been for each plan this person was eligible for but did not select. Enter a "0" if there would have been no member contribution.

		HOSPITAL/MEDICAL PLANS			
		Plan A	Plan B	Plan C	Plan D
Single-Party Contribution	\$				
Family Contribution	\$				

		DENTAL/VISION/PRESCRIPTION DRUG PLANS			
		Plan E	Plan F	Plan G	Plan H
Single-Party Contribution	\$				
Family Contribution	\$				

Exhibit 7. Employer questionnaire section

REVIEW PAGE 1 FOR (PERSON) EMPLOYMENT STATUS.
IF "1" (EMPLOYEE) CONTINUE WITH Q.34. IF "2-5", SKIP TO Q.39.

34. During calendar year 1987, did (PERSON) have a tax-exempt health account set up through your organization to reimburse expenses for health care or health insurance premiums?

Yes 1
No 2 (GO TO Q.36)

35. Was (he/she) permitted to use the account to pay for health insurance?

Yes 1
No 2

36. Other than a reimbursement account, did your organization give (PERSON) the opportunity to choose other fringe benefits, cash, or salary in exchange for employer-paid health or dental insurance premiums during calendar year 1987?

Yes 1
No 2

37. [OMITTED]

38. [OMITTED]

section was repeated for each Household Survey or SAIAN respondent linked to an organization. For union plans, these questions concerned retirement health insurance coverage only (Exhibit 8).

Organization-level questions. An additional section collected information about employer policies regarding the availability of counseling or treatment for alcohol, drug, and mental health problems, the continuation of health insurance coverage in the event of layoff or retirement, and enrollment figures for active and retired employees (Exhibit 9). Another section concerned self-insurance status and arrangements (Exhibit 10) and collected information on stop-loss and minimum premium plans, the amount of total funding and the sources of funding for self-insured coverage, and data about outside administration of such plans. A third section contained questions about other benefits offered, company legal status, type of ownership, number of employees, percent union membership, and the number of low-wage workers among the workforce (Exhibit 11).

The union questionnaire (Exhibit 12) used the same self-insurance questions. However, the first section asked only about counseling and treatment for alcohol, drug, and mental health problems, and the third section about other benefits offered and total union enrollment. Employer specific questions, such as layoff and retirement coverage and employer legal status were asked.

Exhibit 8. Questions 34-35 from the HIPS Union Questionnaire

34. If this member were to retire at age 65, could he/she continue his/her group health insurance?

(Circle One)

Yes _____ 1

No _____ 2 GO TO Q36

35. Who would pay for this retirement coverage, in 1987?

(Circle One)

Paid entirely by member _____ 1

Paid partly by the union _____ 2

Paid entirely by the union _____ 3

} GO TO NEXT PAGE

**Exhibit 9. Organization-level section of employer questionnaire: counseling/treatment,
layoff/retirement insurance, active/retired enrollment**

39. The next set of questions I'd like to ask you are about your company.

Apart from health insurance benefits, does your company provide or pay for counseling or treatment for alcohol abuse? What about ... ASK FOR REMAINING TWO CATEGORIES.

	<u>Yes</u>	<u>No</u>
Alcohol abuse?	1	2
Drug abuse?	1	2
Mental health problems?	1	2

40. Open Enrollment permits all employees to change enrollment from one health or dental plan to another. During calendar year 1987, which of the following best describes your company's policy regarding the frequency of open enrollment? Was it only when first hired, yearly, every two years, or something else?

(CIRCLE ONE)

Only when first hired 1

Yearly 2

Every two years 3

Other (PLEASE DESCRIBE) _____

_____ 4

41. If laid-off during calendar year 1987, could an employee continue group health insurance through your organization for some period of time?

Yes 1

No 2 (GO TO Q.43)

42. During calendar year 1987, who initially would have paid for this continuation of group coverage? Would it have been ...

(CIRCLE ONE)

paid entirely by the employee, 1

paid partly by the organization, 2

or paid entirely by the organization? 3

43. As of December 31, 1987 (or the last date in 1987 for which enrollment figures are available), how many active employees were covered by single coverage? How many were covered by family coverage? ENTER A "0" IF A CATEGORY CONTAINS NO EMPLOYEES.

**Number with
Single-Party
Coverage**

**Number with
Family
Coverage**

**Total Number
of Covered
Employees**

Exhibit 9. Organization-level section of employer questionnaire: counseling/treatment,
layoff/retirement insurance, active/retired enrollment (Continued)

44. As of December 31, 1987, did any retirees receive group health insurance through your organization?

Yes1

No 2 (GO TO Q.46)

45A. How many retirees under age 65
received group health insurance?

Who usually paid for this
retirement coverage? Was it ...

(CIRCLE ONE)

Paid entirely by the retiree 1

Paid partly by the organization 2

Paid entirely by the organization 3

Or were retirees under age 65
not eligible? 4

B. How many retirees aged 65 and over
received group health insurance?

Who usually paid for this
retirement coverage? Was it ...

(CIRCLE ONE)

Paid entirely by the retiree 1

Paid partly by the organization 2

Paid entirely by the organization 3

Or were retirees age 65 and older
not eligible? 4

Exhibit 10. Organization-level section of employer questionnaire: self-insurance schemes

46. The next questions are about self-insurance versus purchased health insurance. Let me tell you what we mean by self-insurance. When an employer is self-insured, the employer is financially liable for employee claims or expenses covered under the plan. (The payments may be from the employer's own bank account or a special trust; claims processing and other administrative services may be handled by the firm or by a third party.)

On the other hand, when an employer purchases health insurance, the employer pays a premium to an insurance company (or Blue Cross/Blue Shield Plan) which then assumes all of the financial risk.

During calendar year 1987, were any of the health plans you offered self-insured? Include stop-loss and minimum premium plans as self-insurance.

YES 1
NO 2 (GO TO Q.54)

47. Did you purchase either a minimum premium plan—(MPP)—or stop-loss insurance during calendar year 1987?

YES 1
NO 2 (GO TO Q.49)

48. What was the dollar amount of premiums paid for your minimum premium plan or stop-loss insurance during the calendar year ending December 31, 1987. (If you have both a stop-loss and an MPP, please tell me the total premium for both plans combined.)

IF R CANNOT GIVE FIGURE FOR CALENDAR YEAR ENDING DECEMBER 31, 1987, ASK: Could you give me the figure for the end of your fiscal year or for a given month in 1987?

A. STOP-LOSS/MPP PREMIUM

\$ _____

B. REFERENCE PERIOD

(CIRCLE ONE)

For calendar year 1987 1

For the fiscal year ending _____ / _____ 2
MONTH YEAR

For the month of _____ / 87 3
MONTH

49. Please tell me the dollar amount of claims paid or incurred by your organization during the calendar year ending December 31, 1987.

IF R CANNOT GIVE FIGURE FOR CALENDAR YEAR ENDING DECEMBER 31, 1987, ASK: Could you give me the figure for the end of your fiscal year or for a given month in 1987?

A. TOTAL CLAIMS

\$ _____

B.

Paid 1

Incurred 2

C. REFERENCE PERIOD

(CIRCLE ONE)

For calendar year 1987 1

For the fiscal year ending _____ / _____ 2
MONTH YEAR

For the month of _____ / 87 3
MONTH

Exhibit 10. Organization-level section of employer questionnaire: self-insurance schemes
(Continued)

50. What was the total amount of funding for all self-insured coverage, including stop-loss and MPP coverage, for calendar year 1987?

Total funding \$ _____

How much was the employer contribution? (I just need the percent.) ENTER A "0" IF NO CONTRIBUTION FROM A PARTICULAR SOURCE.

Employer contributions %
How about ...
Employee contributions %
How about ...
Union contributions %
How about ...
Other contributions (DESCRIBE) %
DESCRIBE _____

51. How much did you pay for administration of your self-insured coverage during calendar year 1987?

\$ _____

52. Did this include any outside administration, such as Blue Cross/Blue Shield, a commercial insurance carrier, or a third party administrator?

YES 1

NO 2

53. Other than minimum premium, stop loss or outside administration, were any of your health insurance plans purchased during calendar year 1987?

Yes 1

No 2 (GO TO Q.56)

54. What was the total annual premium for all purchased health benefits for calendar year 1987? Please include contributions from all sources.

A. TOTAL HEALTH BENEFIT PREMIUM

\$ _____

B. REFERENCE PERIOD

(CIRCLE ONE)

For calendar year 1987 1

For the fiscal year ending _____ / _____ 2

MONTH YEAR

For the month of _____ / _____ 3

MONTH

55. Does this premium cover health care only or does it also include other benefits such as life insurance or disability insurance?

Health care only 1

Includes other benefits in addition to health car . . 2

Exhibit 11. Organization-level section of employer questionnaire: , other benefits

56. During calendar year 1987, did your organization offer ...
(READ CATEGORIES)

	<u>YES</u>	<u>NO</u>
1. Paid vacation?	1	2
2. Paid sick leave to any employees?	1	2
3. Long term disability insurance?	1	2
4. Life insurance?	1	2
5. Retirement plan?	1	2
6. Savings and capital accumulation?	1	2
7. Cash to purchase individual health or dental coverage?	1	2

57. What is your form of organization—is it ... (CIRCLE ONE)

- for profit 1
- non-profit 2
- state or local government 3 (59)
- or something else? (PLEASE DESCRIBE) _____ 4

58. What type of ownership does this organization have? Is it ...

(CIRCLE ONE)

- a sole Proprietorship, 1
- a partnership, 2
- a corporation, 3
- or a subchapter S Corporation? 4

59. As of December 31, 1987, how many people did you employ full-time at this location? (where (PERSON) worked).
PAUSE. Again, as of December 31, 1987, how many people did you employ part-time at this location? PROBE: So,
your total number of employees at this time was...?

IF R CANNOT GIVE FIGURE FOR CALENDAR YEAR ENDING DECEMBER 31, 1987, ASK: Could you give me the figure for the end of your fiscal year or for a given month in 1987?

A. EMPLOYEES

Full Time _____
Part Time _____
Total employees _____

B. REFERENCE PERIOD

(CIRCLE ONE)

Figures as of 12/31/87 1
Figures from fiscal year ending ____ / ____ 2
MONTH YEAR
For the month of ____ / 87 3

MONTH

Exhibit 11. Organization-level section of employer questionnaire: other benefits (Continued)

60. Considering the total number of full-time and part-time employees you just told me about, how many earned \$5.00 or less per hour? IF THE NUMBER IS NOT KNOWN, ASK FOR THE PERCENT
(\$200 or less per week, \$800 or less per month, \$9600 or less per year.)

Number of employees

61. Does your organization have facilities in more than one location?

Yes 1

No. 2 (GO TO Q.63)

62. How many people did you employ as of December 31, 1987 at all locations? (Please include the total number of employees at all locations and branches of your organization.)

A. EMPLOYEES

B. REFERENCE PERIOD

(CIRCLE ONE)

Total Employees _____

Figures as of 12/31/87 1

Figures from fiscal year ending _____ / _____ 2

MONTH YEAR

For the month of _____ / 87 3

MONTH

63. What percent of workers (in all locations and branches of this organization) were union members during calendar year 1987? ENTER A "0" IF THERE WERE NO UNION MEMBERS.

Percent of workers _____ % (GO TO Q.65)

64. COMPLETE AFTER INTERVIEW IS OVER. CODE FROM Q.65 WHICH OF THE FOLLOWING BEST DESCRIBES THE POSITION OF THE PERSON SPOKEN TO. (OR THAT OF ANOTHER PERSON SPOKEN TO WHO PROVIDED MOST OF THE INFORMATION FOR THE SURVEY.)

(CIRCLE ONE)

General Manager or Owner 1

Personnel Specialist or Manager 2

Employee Benefits Specialist or Manager .. 3

Chief Financial Officer 4

Other (PLEASE DESCRIBE) _____ 5

Exhibit 11. Organization-level section of employer questionnaire: other benefits (Continued)

65. In case we need to contact you about this questionnaire, please let us confirm your name, title, address, and phone number.

NAME: _____
TITLE: _____
STREET: _____
CITY: _____ STATE: _____ ZIP CODE: _____
TELEPHONE: (_____) _____ - _____ EXT. _____
(area code)

66. IF ANYONE ELSE HELPED COMPLETE THE QUESTIONNAIRE, ASK: Please tell me the name and title of the other person/people who helped complete this questionnaire.

NAME: _____
TITLE: _____

NAME: _____
TITLE: _____

IF ANY POLICIES LISTED ON PAGES 2-5, READ:

To complete the research, we need a copy of the 1987 policy(s) for (PLAN NAME(S)). Since we will be receiving thousands of mailings like this from around the country, it's important that we can properly identify your policy(s). So, when you send us the policy(s) please:

1. Mail the materials to this address:

Dale Brown
NORC
1155 East 60th Street
Chicago, IL 60637

2. Write this identification number on the back of the envelope:

(READ PIE ID)

3. Please include your name and company name too. (It would even help if you would enclose a copy of your company stationary, if you have that.)

This concludes our interview. Thank you very much for your time and patience. We really appreciate it.

TIME ENDED: _____

QUESTIONS ABOUT YOUR UNION

36. Please indicate whether or not your union directly provides or pays for counseling or treatment (apart from health insurance benefits) for each of the following:

	Yes	No
Alcohol abuse _____	1	2
Drug abuse _____	1	2
Mental health problems _____	1	2

The next questions are about self-insurance and purchased health insurance. When a union is self-insured, the union is financially liable for member claims or expenses covered under the plan. The payments may be from the union's own bank account or a special trust; claims processing and other administrative services may be handled by the firm or by a third party.

When an union purchases health insurance, the union pays a premium to an insurance company (or Blue Cross/Blue Shield Plan) which then assumes all of the financial risk.

37. During calendar year 1987, were any of the health plans you offered your members self-insured? (Include stop-loss and minimum premium plans as self-insurance.)

Yes _____ 1
No _____ 2 GO TO Q47

38. Did you purchase either a minimum premium plan (MPP) or stop-loss insurance during calendar year 1987?

Yes _____ 1
No _____ 2 GO TO Q40

39. Please indicate the dollar amount of premiums paid for your minimum premium plan or stop-loss insurance during the calendar year ending December 31, 1987. If you have both a stop-loss and an MPP, please provide the total premium for both plans combined. Answer parts A and B.

A. Stop-Loss/MPP Premium

\$ _____

B. Reference Period

(Circle One)

For calendar year 1987 _____ 1

For the fiscal year ending ____/____ 2
Month Year

For the month of ____/87 3

40. Please indicate the dollar amount of claims paid or incurred by your organization during the calendar year ending December 31, 1987. Answer parts A, B, and C.

A. Total Claims

\$ _____

B. Paid or Incurred

Paid _____ 1

Incurred _____ 2

C. Reference Period

(Circle One)

For calendar year 1987 _____ 1

For the fiscal year ending ____/____ 2
Month Year

For the month of ____/87 3

Exhibit 12. Organization-level section of union questionnaire: counseling/treatment, other benefits, and total enrollment (Continued)
Page 10

41. What were the total amount and sources of funding for all self-insured coverage, including stop-loss and MPP coverage, for calendar year 1987? Please give sources as percentages of the total funding.

Total funding	_____	\$	_____
Employer contributions	_____		_____ %
Member contributions	_____		_____ %
Union contributions	_____		_____ %
Other contributions (PLEASE DESCRIBE)	_____		_____ %
DESCRIBE _____			

42. How much did you pay for administration of your self-insured coverage during calendar year 1987?

\$ _____
Administration Cost

43. Did this include any outside administration, such as Blue Cross/Blue Shield, a commercial insurance carrier, or a third party administrator?

Yes _____ 1
No _____ 2

44. Other than minimum premium, stop-loss, or outside administration, were any of your health insurance plans purchased during calendar year 1987?

Yes _____ 1
No _____ 2 GO TO Q47

45. What was the total annual premium for all purchased health benefits for calendar year 1987? Include contributions from all sources. Answer parts A and B.

A. Total Premium

\$ _____

B. Reference Period

(Circle One)

For calendar year 1987 _____ 1

For the fiscal year ending _____ / _____ 2
Month Year

For the month of _____ / 87 3

46. Does this premium cover health care only or does it also include other benefits, such as life insurance or disability insurance?

(Circle One)

Health care only _____ 1

Includes other benefits in addition to health care _____ 2

Exhibit 12. Organization-level section of union questionnaire: counseling/treatment, other benefits, and total enrollment (Continued)

Page 11

47. Through collective bargaining, did your union offer any of the following special benefits during calendar year 1987?

	Yes	No
1. Paid vacation? _____	1	2
2. Paid sick leave to any employees? _____	1	2
3. Long-term disability insurance? _____	1	2
4. Life insurance? _____	1	2
5. Retirement plan? _____	1	2
6. Savings and capital accumulation? _____	1	2
7. Cash to purchase individual health or dental coverage? _____	1	2

48. How many members did you have enrolled as of December 31, 1987? Answer parts A and B.

A. Members

Total Members

B. Reference Period

(Circle One)

For calendar year 1987 _____ 1

For the fiscal year ending _____ / _____ 2
Month Year

For the month of _____ / 87 3

49. What position best describes the primary person completing this questionnaire?

Member Benefits Specialist or Manager _____ 1

Other (PLEASE DESCRIBE) _____ 2

50. In case we need to contact you about this questionnaire, please indicate your name, title, address,
and phone number.

NAME: _____

TITLE: _____

STREET: _____

CITY/STATE/ZIP CODE: _____

TELEPHONE: (_____) _____ EXT. _____
(area code)

51. If anyone else helped complete this questionnaire, please list the person's name and title.

NAME: _____

TITLE: _____

NAME: _____

TITLE: _____

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE

**Please return the questionnaire and a copy of each
insurance policy in the enclosed prepaid envelope addressed to:**

**NORC
University of Chicago
1155 East 60th Street
Chicago, IL 60637**

If you have any question or need assistance,
please call Dale Brown at 1-(800)-635-9238.
In Illinois, call 1-(800)-543-3075.

2. Insurer Questionnaire

The length and structure of the HIPS insurer questionnaire (Exhibit 13) was very different from the employer and union questionnaires. Organization-level data and data on health insurance plan were not collected. Instead, the questionnaire was structured in terms of a single plan for a particular person-insurer pair and collected all relevant information for a particular plan held by a particular Household Survey or SAIAN respondent. Therefore, the number of questionnaires sent to an insurance company depended on both the number of Household Survey or SAIAN respondents linked to the company (its "burden") and the number of health insurance plans each person held.

For identification, the name of the insurance company and its respondent ID were preprinted on the cover of the questionnaire, and the name, person ID, date of birth, Social Security number, and ZIP code of the Household Survey or SAIAN respondent were preprinted on the first page of the questionnaire.

The insurer questionnaire contained three sections (see Table 8). In the first section, a screening question verified that the named Household Survey or SAIAN respondent had health or dental coverage with that organization during 1987. A negative response to this question resulted in a disavowal (see Section III.4, "Data Collection Procedures"). The next set of questions ascertained whether the plan was an HMO and if so, was it financed privately or by Medicare or Medicaid. The remaining questions elicited information about the characteristics of the plan held by the Household Survey or SAIAN respondent. Items included the name of the plan, the type and level of coverage, plan limitations, and total premium. The last question asked if the person had more than one policy with this particular company; if answered in the affirmative, the respondent was instructed to complete a separate questionnaire for the next plan.

Table 8. Content, question numbers, and critical items of Insurer Survey

Content	Question Number	Critical	MBDS
Screeners	1	1	1
HMO, Medicare, Medicaid	2-5	5	5
Plan name and details of coverage	6-18	6, 7, 12, 18	7, 18

Exhibit 13. Insurer questionnaire

Page 1

The person whose name appears below indicated that he/she had health insurance coverage provided by your organization. We would like to ask you about his/her health insurance coverage.

DOB:

SOC SEC NO:

ZIP CODE:

1. Did this person have any health or dental coverage with your organization at any time between January 1, 1987, and December 31, 1987?

(Circle One)

Yes _____ 1

No _____ 2 GO TO Q19

2. Was this coverage by a Health Maintenance Organization (HMO or prepaid plan) or a traditional fee-for-service plan?

(Circle One)

HMO _____ 1

Traditional _____ 2 GO TO Q6

3. Was this person's enrollment in the HMO financed through Medicare, Medicaid, or was it privately financed?

(Circle One)

Medicare _____ 1

Medicaid _____ 2 GO TO Q5

Privately financed _____ 3 GO TO Q6

4. If financed by Medicare, is reimbursement for this person made on a cost or risk basis (where "risk" is defined as 95% of the average adjusted per capita cost)?

(Circle One)

Cost basis _____ 1

Risk basis _____ 2

Other (PLEASE DESCRIBE) _____ 3

5. Please attach a copy or summary of the policy, or other materials that describe this person's benefits. Write the person's name on the cover of the policy.

☐

Please check here to indicate that
policy description is enclosed.

} GO TO Q18

Exhibit 13. Insurer questionnaire (Continued)

Page 2

6. Please enter the name(s) of the insurance. (If covered by more than one policy, please fill out a separate form for each policy. By policy we mean a set of benefits which can be purchased at a separate contribution or premium, or elected separately.)

Name(s) of Insurance

7. Was this a group policy?

(Circle One)

Yes _____ 1
No _____ 2 GO TO Q9

8. As of December 31, 1987 (or the last date in 1987 for which enrollment figures are available), how many policyholders were enrolled in the group?

Total Number of
Policyholders

9. Please indicate whether or not each type of coverage was included in this plan.

	INCLUDED?	
	Yes	No
Basic Medical _____	1	2
Basic Hospitalization _____	1	2
Major Medical _____	1	2
Health Maintenance Organization _____	1	2
Dental _____	1	2
Prescription Drugs _____	1	2
Vision _____	1	2
Other (DESCRIBE) _____	1	2

10. For people who enrolled in calendar year 1987, was there a waiting period before hospital or medical benefits began?

(Circle One)

Yes, for all new policyholders _____ 1
Yes, for some new policyholders _____ 2
No _____ 3

Exhibit 13. Insurer questionnaire (Continued)

Page 3

11. For people who enrolled in calendar year 1987, were **pre-existing conditions excluded** from hospital or medical coverage for any length of time?

(Circle One)

Yes, excluded for all new policyholders _____ 1

Yes, excluded for some new policyholders _____ 2

No _____ 3

12. Please attach a copy or summary of the policy, or other materials that describe this person's benefits. Write the person's name on the cover of the policy.

☐

*Please check here to indicate that
policy description is enclosed.*

13. During 1987, for what months was the person named at the top of page 1 covered by this plan?

From _____ / 87 To _____ / 87
Month Month

14. Please indicate the type of coverage held by this person.

(Circle One)

Single-Party _____ 1

Two-Party _____ 2

Family _____ 3

Other (DESCRIBE) _____ 4

15. Please specify the annual premium for this coverage.

\$ _____
Total Annual Premium

16. Did the policyholder pay the entire premium?

(Circle One)

Yes _____ 1 GO TO Q18

No _____ 2

17. How much of the total premium did the policyholder pay?

\$ _____
Amount Paid by Policyholder

18. Was this person covered by more than one policy?

(Circle One)

Yes _____ 1 COMPLETE ANOTHER BOOKLET FOR THAT POLICY

No _____ 2

NAME: _____

TITLE: _____

STREET: _____

CITY/STATE/ZIP CODE: _____

TELEPHONE: (_____) _____ EXT. _____

(area code)

NORC
University of Chicago
1155 East 60th Street
Chicago, IL 60637

**If you have any question or need assistance,
please call Dale Brown at 1-(800)-635-9238.
In Illinois, call 1-(800)-543-3075.**

V. Policy Abstracting

The characteristics of the health insurance plans collected from HIPS respondents were enumerated and coded by a separate contractor (Glen Slaughter & Associates of Oakland, California). This section of the summarizes the policy abstracting process.

Abstracting was performed by trained coders with previous experience as health insurance claims adjusters. The abstract form used in the 1987 NMES HIPS was based on that originally designed for the Rand Health Insurance Experiment and modified for the 1977 National Medical Care Expenditure Survey. The information coded for each plan included whether the plan was an HMO or a traditional plan, detailed benefits for basic hospital and medical services and for major medical services, general benefit schedules, cost containment provisions, deductible, coinsurance, and maximum benefit schedules, and the specific provisions of dental, prescription drug, vision, and hearing coverage. There was also a section of the abstract for privately purchased Medicare supplements and employment-related retiree plans. Coders entered the plan information directly into an automated data capture system that performed range and consistency checks.

The HIPS Policy Abstract Form consisted of 12 sections that are briefly described below.

Health maintenance organization (HMO). This section was completed for all Health Maintenance Organization plans. It contained questions about Federal qualification and about the structure of the HMO (e.g., prepaid group practice, individual practice association).

Basic hospital and medical coverage. The basic coverage section asked detailed information about the benefits for basic and medical services. For each type of service, the abstract included questions regarding whether or not the service was covered by the plan, general benefits schedule, and limitations on the benefits.

A general benefit schedule is a list of the maximum allowable payments for specified medical or surgical services. The following specific services were asked about. These were the same for basic and major medical plans.

- Type of coverage;
- Type of document;
- Preexisting conditions limitations;
- Common deductibles (basic hospital and medical section only);
- Reinstatement of benefits (major medical only);
- Inpatient room and board;
- Inpatient miscellaneous;
- Long-term care facilities;
- Outpatient facilities;
- Physician inpatient visits;
- Physician outpatient visits;
- Surgery;
- Psychiatric - General;
- Psychiatric - Physician inpatient hospital visits;
- Psychiatric - Physician outpatient visits;
- Chemical dependency;
- Outpatient diagnostic, x-ray, and laboratory;
- Pregnancy-related benefits;
- Well-child care;
- Home health care;
- Supplies/durable medical equipment; and
- Hospice.

General benefits schedules (GBS). The details of each covered service under the basic plan were described in a General Benefits Schedule. For each service in the basic section, there was a box with an assigned procedure number where the coder entered the number of schedules to be coded. This was a control check against the actual number of General Benefits Schedules completed for a plan.

Cost containment - Basic. This section was completed for all basic plans that contained cost-containment provisions. The specific plan limitations coded were pre-admission or concurrent review, preferred provider organization (PPO), and second surgical opinion.

Major medical. This section of the abstract obtained detailed information about health care benefits provided under major medical plans. The first part of this section contained questions about the type of document being abstracted, coverage for pre-existing conditions, and reinstatement of benefits. The remainder of the section was identical to the Basic Coverage section.

Cost containment - Major medical. This section was completed for all major medical plans that contained cost containment provisions. The same plan limitations coded for basic coverage (pre-admission/concurrent review, Preferred Provider Organization, and second surgical opinion) were coded for major medical coverage.

Deductible, coinsurance, maximum schedules. These schedules captured the details (such as specific dollar amounts, percentages payable, and benefit periods) of applicable major medical, prescription drug, vision, hearing, and dental services. Generally, the benefit for each service was based on one of these schedules and the abstractor was asked to indicate which one in the boxes titled "Deductible" (DED), "Coinsurance" (COI), and "Maximum" (MAX) schedules. Occasionally the abstractor had to code additional limitations on a GBS, in which case the number of the GBS was indicated in the appropriate GBS box.

Dental care. The Dental Care section obtained the benefits and restrictions applicable to dental services. A fee schedule table and reference to Deductible, Coinsurance, and Maximum schedules were included. This section also included questions about incentive plans, panel dentists, prior authorization requirements, and waiting periods.

Prescription drugs. The Prescription Drug section contained questions about the provisions of outpatient drug coverage. It included questions about participating providers, generic drugs, and mail-order benefits. It was completed for policies that covered prescription drugs as a benefit provision of basic or major medical policies, as well as separate prescription drug policies or special riders. Deductible, Coinsurance, and Maximum schedules were coded when applicable.

Vision care. The Vision Care section described coverage for eye examinations, lenses and frames, and benefit limits on these services. There was also a question about participating providers. Deductibles, Coinsurance, and Maximum schedules were coded when applicable.

Hearing care. The Hearing Care section obtained the benefits provided for hearing exams and aids, as well as the restrictions placed upon these benefits. This section also included a question about participating providers. Deductible, Coinsurance, and Maximum schedules were coded when appropriate.

Medigap/retiree coverage. The Medigap/Retiree section was completed for all Medicare Supplements and retiree Medicare plans. Questions were asked about these benefits and how they related to Medicare. Specifically, this section contained detailed questions about coordination of benefits (COB), Parts A and B deductibles, copayments, and maximums. Deductible, Coinsurance, and Maximum schedules were coded when applicable.

VI. Summary

The Health Insurance Plans Survey component of the National Medical Expenditure Survey was conducted as an extension of the two household components of NMES, the Household Survey and the Survey of American Indians and Alaska Natives. Its purpose was to verify information reported by the household respondents about their health insurance coverage and to obtain additional details about that coverage from the employers, unions, and insurance companies through which the coverage was provided. In conjunction with the demographic and health care utilization data obtained in the household surveys, the HIPS data will enable researchers to examine how variation in health insurance benefits affects the use of specific health services.

The HIPS sample consisted of a subset of the employers, unions, and other sources of health insurance identified by respondents to the Household Survey and SAIAN. Employers were eligible for the sample regardless of whether they were reported as sources of health insurance. During their final interviews, household respondents were asked to sign permission forms authorizing the project to contact their employers and sources of insurance for additional information about their coverage. A group of employers for whom signed permission forms were not obtained were included in the data collection effort, but were asked to provide only firm-level information.

Different versions of the questionnaire were used to collect data from the three main groups of HIPS respondents: employers, unions, and insurance carriers. The same instruments were used whether the HIPS respondent was nominated by a person in the Household Survey or SAIAN. All HIPS respondents for whom permission forms had been obtained were asked to verify the existence of coverage and to provide information about the specific coverage held by household respondents who had nominated them. Employers were also asked to report on the range of health insurance options and other benefits available to the household respondents. The HIPS questionnaires elicited information on whether health insurance was offered to employees or union members, the number and types of plans offered, and characteristics of the employer or union, such as size, the provision of fringe benefits, and self-insurance status. The HIPS respondents were also asked to provide copies of the policy description booklets for all offered policies.

Data collection operations began in the fall of 1988 and were completed by the fall of 1989. The initial plan called for the questionnaires to be mailed to respondents for self-administration and mailed return. Because of lagging response to the mailed request, data collection was switched to telephone interviewing for low burden respondents. Personal interviews were used to collect data from high burden respondents. Tribal employers identified by SAIAN respondents were also interviewed in person.

Depending on the size and structure of a firm in the HIPS sample, one or several members of the firm might be called upon to provide information. Typical respondents included employee benefits directors, accountants, chief administrative officers, chief financial officers, and personnel directors.

Several issues received continuing attention during HIPS data collection. The employer questionnaires were designed to obtain information about the particular place or establishment at which the household respondent worked, and the initial data collection effort was directed to the individual establishments. During the field period, it was found that some companies with multiple establishments nominated by household respondents preferred that the data be provided from a centralized point in the corporate structure. An effort was then made to bring together the establishment level questionnaires for these companies for completion at the central location.

When a HIPS respondent reported having no record of the household respondent who had nominated the firm, the household data for the case was systematically reviewed for additional information about the person and the person's relationship to the HIPS respondent. The information was then used to redirect the data collection to a different HIPS respondent or, alternatively, given to telephone interviewers who recontacted the original HIPS respondent in a further effort to identify the appropriate records.

For SAIAN HIPS data collection from tribal employers a single interviewer was designated as tribal liaison in each area. This interviewer worked with a local representative knowledgeable about tribal employment arrangements to locate the records needed to complete the questionnaires.

The level of cooperation with the survey by HIPS respondents was 84.7 percent for the HIPS Household Survey and 83.6 percent for HIPS SAIAN. Response for person-employer and person-insurer pairs was 81.8 percent for HIPS Household and 79.5 percent for HIPS SAIAN. For persons with a single HIPS respondent, cooperation was obtained from the HIPS respondent for 83.5 percent of persons from the Household Survey and for 81 percent of persons from SAIAN. For persons with more than one HIPS respondent, the corresponding rates were 61 percent and 57.5 percent, respectively.

Benefit information in health insurance plan booklets obtained from cooperating HIPS respondents was abstracted by coders with previous experience as health insurance claims adjusters. The policy booklets were obtained for 73.9 percent of Household Survey persons and 82.3 percent of SAIAN persons with one HIPS respondent who confirmed their coverage. Some or all of the booklets were obtained for 77.9 percent of Household Survey persons and for 77.6

percent of SALAN persons with more than one HIPS respondent who confirmed coverage. For each plan identified in the booklets, information was coded to indicate whether the plan was an HMO or a traditional plan and to identify in detail the services covered and deductible and coinsurance provisions, maximum benefit schedules, and other pertinent aspects of the plan.

Attachment 3

Variance Estimation Programs

**VARIANCE ESTIMATION PROGRAMS FOR USE
WITH COMPLEX SURVEY DATA**

Listed below are several well-known variance estimation programs that are appropriate for use with complex survey data comparable to those of the National Medical Expenditure Survey. Table A.2-1 shows the estimation capabilities of these programs.

SESUDAAN: Standard Errors Program for Computing of Standardized Rates from Sample Survey Data, accessible through SAS, and developed by the Research Triangle Institute (Shah, 1981a). Uses Taylor series linearization method for complex survey data.

SUPER CARP: Cluster Analysis and Regression Program developed by the Survey Section of the Statistical Laboratory at Iowa State University (Hidiroglou, Fuller, Hickman, 1980). Uses Taylor series linearization method.

WESVAR: Computes basic survey estimates and associated sampling errors, as well as confidence intervals and Chi-square tests of independence, and is accessible through SAS (Westat, Inc., 1989). Uses either balanced repeated half-sample replication (BRR) or jackknife replication methods for complex survey data.

HESBRR: Health Examination Survey Variance and Crosstabulation Program, developed by the National Center for Health Statistics (Jones, 1983). Uses balanced half-sample method.

PSALMS: Sampling Error Analysis procedure, accessible through OSIRIS IV (Statistical Analysis and Data Management Software Systems Package), and developed by the Survey Research Center of the Institute for Social Research, University of Michigan (Van Eck, 1979). Uses Taylor series linearization method.

RATIOEST: Standard Errors Program for Computing Ratio Estimates from Sample Survey Data accessible through SAS, and developed by the Research Triangle Institute (Shah, 1981b). Uses the Taylor series linearization method for complex survey data.

SURREGR: Standard Errors of Regression Coefficients from Sample Survey Data accessible through SAS, and developed by the Research Triangle Institute (Holt, 1982). Uses the Taylor series linearization method for complex survey data.

REPERR: Repeated Replication Sampling Error analysis procedure, accessible through OSIRIS IV Statistical

Analysis and Data Management Software Systems Package, and developed by the Survey Research Center of the Institute for Social Research, University of Michigan (Van Eck, 1979). Uses any of three repeated replication procedures: (a) balanced half-sample, (b) jackknife, or (c) user specified.

NASSREG: National Accident Sampling System Regression, a SAS-accessible procedure developed by Westat, Inc. (Chu et al., 1985). Uses the balanced half-sample replication technique.

RTILOGIT: Survey Data Analysis Software for Logistic Regression, used in conjunction with the supplementary SAS procedure, PROC LOGIST, and developed by the Research Triangle Institute (Shah et al., 1984). Uses the Taylor series linearization method.

NASSLOG: National Accident Sampling System Logistic Regression, a SAS-accessible procedure developed by Westat, Inc. (1989). Uses the balanced repeated replication method.

Two procedures have been developed as packages for use on microcomputers. SUDAAN (which incorporates the capabilities of SESUDAAN, RATIOEST, SURREGR, and RTILOGIT) has been developed by the Research Triangle Institute. A mainframe version of SUDAAN is expected to be available to the public by the end of 1990, and will supersede these four RTI mainframe procedures. PC CARP, developed at Iowa State University, is the microcomputer version of SUPER CARP, and has a supplementary logistic regression module.

Table A.2-1. Estimation capabilities of several variance estimation programs

Program	Computes standard errors for			
	Means, proportions, totals	Ratios, rates	Regression coefficients	Logistic regression coefficients
SESUDAAN	X			
SUPER CARP	X	X	X	
WESVAR	X	X		
HESBRR	X	X		
PSALMS	X	X		
RATIOEST		X		
SURREGR			X	
REPERR			X	
NASSREG			X	
RTILOGIT				X
NASSLOG				X

References

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- Hidiroglou, M.A., Fuller, W.A. and Hickman, R. (1980). SUPERCARP (6th ed.) Ames, Iowa: Iowa State University, Survey Section, Statistical Laboratory.
- Holt, M.M., (1982). SURREGR: Standard errors of regression coefficients from sample survey data. Technical report, Research Triangle Park, North Carolina: Research Triangle Institute.
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- Van Eck, N., (1979). OSIRIS IV Users Manual: 15th edition. Survey Research Center, Institute for Social Research, The University of Michigan, Ann Arbor, MI.
- Westat, Inc., 1989. The WESVAR Procedure, Rockville, MD.
- Westat, Inc., 1989. The NASSLOG Procedure, Rockville, MD.

Attachment 4

List of Previously Released
NMES Public Use Tapes

Data from the 1987 National Medical Expenditure Survey

Public Use Tape Information

August, 1992

The Agency for Health Care Policy and Research is releasing data from the 1987 National Medical Expenditure Survey (NMES) to the public through the National Technical Information Service, 5285 Port Royal Road, Springfield, VA 22161, (703) 487-4650. As of this point in time, 40 NMES Public Use Tapes are planned for release.

The data for NMES Public Use Tapes 1 through 6 are available on magnetic tape as SAS and EBCDIC files. Beginning with Public Use Tape 8, NMES tapes are released as EBCDIC files only; however, these tapes also include an EBCDIC file containing the programming statements required to create a SAS data file and a SAS format library. Related documentation provided with each NMES tape consists of a description of NMES and the data file, codebooks, technical and programming information, copies of data collection instruments and information on weights and variance estimation. Ordering information including prices is provided at the back of this list.

All files from the NMES Household Survey and Health Insurance Plan Survey can be linked to each other. Similarly, all files from the Institutional Population Component can be linked. Files from the Survey of American Indians and Alaskan Natives (SAIAN) can also be linked to each other.

For additional information on NMES public use tapes, call: Agency for Health Care Policy and Research, Center for General Health Services Intramural Research (301)443-4836.

To date, the following data sets are available:

NMES Public Use Tape 1, The 1986 Inventory of Long-Term Care Places (ILTCP). This data set is a comprehensive listing of nursing and personal care homes, and facilities for the mentally retarded in the 50 states and the District of Columbia and constitutes the unedited sampling frame for the Institutional Population Component of NMES.

NMES Public Use Tape 2, Institutional Population Component, Phase 1. Provides data obtained from a nationally representative sample of nursing homes and facilities for the mentally retarded and their residents on facility and patient characteristics as of 1 January 1987. The facility level data on this tape have since been replaced by the data on NMES Public Use Tape 6 and the person level data have been replaced with the data on NMES Public Use Tape 8.

NMES Public Use Tape 3, Round 1 Household Survey Population Characteristics and Home Health Provider Data. Provides two data sets on a nationally representative sample of the civilian noninstitutionalized population. The first contains data on household and individual

characteristics of the household sample participants for the first months of 1987, including demographic, insurance and employment information and indicators of functional status related to the need for and provision of long-term care. The second set provides data on characteristics and services of home health care providers linked to the household sample population for Round 1 of the Household Survey. The first data set will be replaced with the round 1 data soon to be released on NMES Public Use Tape 13. The second data set has been replaced with the data released on Public Use Tape 10.

NMES Public Use Tape 4, 1987 Prescribed Medicine Event and Person Level Data for Medicare Beneficiaries. This data set from the NMES Household Survey Component provides full-year information on prescribed medicines obtained by the civilian noninstitutionalized Medicare population during 1987, as well as related conditions and demographic and insurance information.

NMES Public Use Tape 5, Institutional Population Component, Facility Questionnaire Supplement. Provides data for a nationally representative sample of nursing and personal care homes and facilities for the mentally retarded on facility characteristics from the phase 3 Facility Questionnaire Supplement. The data supplement the information elicited in the phase 1 facility questionnaire (Public Use Tape 2). The data file includes information on current and projected Alzheimer's Disease units in nursing and personal care homes and on accreditation status, resident census, and whether the facilities were part of life care communities.

NMES Public Use Tape 6, Institutional Population Component, Facility Questionnaire Weight Update. Updates the facility questionnaire file of the Institutional Population Component, released as Public Use Tape 2, by including a revised weight variable. All other variables remain unchanged.

NMES Public Use Tape 7, Institutional Population Component, Baseline Questionnaire Data for the Current Resident Population, Update has been merged into NMES Public Use Tape 8.

NMES Public Use Tape 8, Institutional Population Component, Baseline Questionnaire Data for the Institutional Population. Provides person-level baseline questionnaire data and sampling weights for a nationally representative sample of persons institutionalized at any time in 1987 in nursing and personal care homes and facilities for the mentally retarded. In conjunction with the appropriate weight, the data can be used to make unbiased national estimates for 1987 for the following institutional populations, including their demographic characteristics and health and functional status: (1) all persons who spent one or more nights in an IPC eligible nursing or personal care home or a facility for the mentally retarded at any time during 1987; (2) persons who were residents of IPC eligible facilities on January 1, 1987; (3) persons with one or more admissions to a nursing or personal care home during 1987; (4) all admissions in 1987 to nursing or personal care homes. Because of the relatively small number of annual admissions to facilities for the mentally retarded, the IPC was not designed to provide separate estimates of persons admitted to MR facilities during 1987. This data tape

replaces Public Use Tape 2 by providing information for both current residents and persons sampled as admissions. Also included is a revised current resident weight which has been adjusted for sampling frame duplication.

NMES Public Use Tape 9, Household Survey, Health Status Questionnaires and Access to Care Supplement Data. Contains person level data from the Household Survey health status questionnaire and the access to care supplement. This file contains one record each for a total of 30,038 Household Survey respondents who provided information for their entire period of survey eligibility and responded to a minimum set of items in both the health status questionnaire and the access to care supplement. Children less than age 1 as of December 31, 1987 are excluded from the file. The health status questionnaire elicited information on current and past health status, as well as health related behaviors, including care seeking and preventive care, and immunizations for children under age 18. The access to care supplement contained questions about usual sources of medical and dental care, including characteristics of the usual source of care and reasons for the lack of a usual source of care. The file also contains basic demographic characteristics for respondents which replace data items previously released in Public Use Tape 3.

NMES Public Use Tape 10, Household Survey, Long-Term Care Supplement Data. This public use data set contains two data files. File 1 contains a person-level record for the 34,459 sampled persons who were eligible for the NMES household survey and responded for their entire period of eligibility and includes person identifiers, demographic data, dates of interview, and weights variables. The demographic data on this file replace corresponding data items previously released in Public Use Tape 3. The population on file 2 is a subset of persons on file 1. File 2 contains long-term care supplement data for 33,971 round 1 respondents and 33,986 round 4 respondents who were eligible when the supplement was administered. The long-term care (LTC) supplement contained a series of questions relating to functional status including activities of daily living and instrumental activities of daily living, continence, and the use of special equipment, as well as the use of adult day care, senior centers, home-delivered and congregate meals, special transportation, and telephone assurance for those having at least one ADL or IADL difficulty. In addition, the supplement provides information about prior nursing home stays for this group of respondents. These data replace LTC data items previously released on Public Use Tape 3. The round 1 and round 4 weights released with these data will be replaced with the round 1 and round 4 weights released as part of Public Use Tape 13.

NMES Public Use Tape 11, Survey of American Indians and Alaska Natives, Round 1 Person-Level Data. This is the first public use data file from the Survey of American Indians and Alaska Natives (SAIAN) component of the 1987 National Medical Expenditure Survey (NMES). The SAIAN was designed to produce statistically unbiased estimates that are representative of the civilian noninstitutionalized population living on or near reservations and eligible for services provided or supported by the Indian Health Service (IHS). This public use data set contains one record for each person who was identified and responded in an eligible dwelling unit in round 1 of the SAIAN, for a total of 7,071 person-level records. Each record includes identifiers, eligibility status indicator, demographic and family characteristics,

employment and health insurance status and sampling weight and variance estimation variables. This public use file was constructed to permit concatenation of NMES public use tape 3, which contains demographic, employment and insurance data for round 1 of the Household Survey component of NMES, with the corresponding SAIAN variables.

NMES Public Use Tape 13, Household Survey, Population Characteristics and Utilization Data for 1987. This public use data tape contains person-level characteristics and utilization data collected in rounds 1-4 of the Household Survey. The tape is intended to serve as the base tape for all NMES Household Survey public use tapes containing full-year 1987 data and contains detailed information on eligibility status, and survey administration variables for all persons in the sample. There are two person-level data files on this tape, both files containing one record for each of 38,446 persons. File 1 contains a combination of edited and constructed variables describing demographic and family relationships, income, disability, employment, health insurance status and utilization data for all of 1987. File 2 contains the original unedited versions for the edited variables on File 1 as well as imputation flags for the edited and constructed variables on File 1. Full identifier variables and weight and variance estimation variables are included on both files. The round 1 demographics, insurance and employment items previously released on NMES Public Use Tape 3 are replaced by similar items on this tape.

NMES Public Use Tape 14.1, Household Survey, Prescribed Medicine Data, Calendar Year 1987. This public use data tape from the Household Survey (HS) of the 1987 National Medical Expenditure Survey (NMES) contains information and related documentation on the use of and expenditures for prescribed medicines for calendar year 1987. The NMES is a nationwide survey sponsored by the Agency for Health Care Policy and Research. The records on this file represent use and expenditures by persons in the civilian noninstitutionalized population who used prescribed medicines during one or more reference periods during calendar year 1987 and who responded for their entire period of eligibility. The data file contains one record per unique medication per reference period for each eligible person in the Household Survey who reported having purchased or otherwise obtained a prescribed medication during that reference period, for a total of 110,080 records. In addition, each record contains selected person-level demographic information for the respective user, medical conditions associated with the prescription, frequency of purchase, dates of use, and a range of medication-specific variables such as controlled substance status. Full identifier variables which permit linkages to previously released NMES Household Survey Public Use Tapes and weight and variance estimation variables are also included on the data file.

NMES Public Use Tape 14.3, Household Survey, Dental Visit Data, Calendar Year 1987. This public use data tape contains information on the use of, expenditures, and sources of payment for dental services for calendar year 1987. The records on this file represent dental visits, expenditures and sources of payment for persons in the civilian noninstitutionalized population who used any dental services during calendar year 1987 and who responded for their entire period of eligibility. The data file contains one record per dental visit for a total of 38,429 records. In addition, each record contains selected person-level demographic

information, medical conditions associated with the dental visit, date of visit, and variables describing the type of dental services received. This tape can be used to construct summary variables of expenditures, sources of payment, and other aspects of utilization of dental services. Full identifier variables which permit linkages to previously released NMES Household Survey Public Use Tapes and weight and variance estimation variables are also included on the data file.

NMES Public Use Tape 14.4, Household Survey, Hospital Stays Data, Calendar Year 1987. This public use data tape contains information on the use of, expenditures, and sources of payment for inpatient hospital stays and related physician expenses for calendar year 1987. The records on this file represent inpatient hospital stays, basic facility and separate physician expenditures and sources of payment for persons in the civilian noninstitutionalized population who reported having had at least one inpatient hospital stay during calendar year 1987 and who responded for their entire period of eligibility. The data file contains one record per inpatient hospital stay for a total of 5,432 records. In addition, each record contains selected person-level demographic information, household reported medical conditions and procedures associated with the hospital stay, dates of admission and discharge, main reason for admission, and number of nights in the hospital. This tape can be used to construct summary variables of expenditures, sources of payment, and other aspects of utilization of inpatient hospital services. Full identifier variables which permit linkages to previously released NMES Household Survey Public Use Tapes and weight and variance estimation variables are also included on the data files.

NMES Public Use Tape 14.5, Household Survey, Ambulatory Medical Visit Data, Calendar Year 1987. This public use data tape contains information on the use of, expenditures, and sources of payment for ambulatory medical services provided by physicians and other health care providers during calendar year 1987. The records on this file represent all ambulatory services for persons in the civilian noninstitutionalized population who reported having received at least one ambulatory service during calendar year 1987 and who responded for their entire period of eligibility. The 3 data files contain data on 3 types of services, where each record per file represents a unique ambulatory event: (1) visits and telephone calls to physicians and other providers in settings other than a hospital or home (156,957 records); (2) visits to hospital outpatient departments (20,648 records); and (3) visits to hospital emergency rooms (8,249 records). Also excluded from this tape are persons who were admitted and discharged from a hospital on the same day and who had no other ambulatory care visits; these are included on NMES Public Use Tape 14.4 - Hospital Stays. In addition to utilization, expenditure and source of payment information, each record contains selected person-level demographic information, date of visit, household reported medical conditions and procedures associated with the visit, and main reason for the visit. This tape can be used to construct summary variables of expenditures, sources of payment, and other aspects of utilization of ambulatory medical services. Full identifier variables which permit linkages to previously released NMES Household Survey Public Use Tapes and weight and variance estimation variables are also included on the data files.

NTIS Ordering Information

NMES Public Use Tapes are released to the public through the National Technical Information Service, 5285 Port Royal Road, Springfield, VA 22161, (703) 487-4650.

The data for NMES Public Use Tapes 1 through 6 are available on magnetic tape as SAS and EBCDIC files. Beginning with Public Use Tape 8, NMES tapes are released as EBCDIC files only; however, these tapes also include an EBCDIC file containing the programming statements required to create a SAS data file and a SAS format library. Related documentation provided with each NMES tape consists of a description of NMES and the data file, codebooks, technical and programming information, copies of data collection instruments and information on weights and variance estimation.

NMES Public Use Tape 1, The 1986 Inventory of Long-Term Care Places (ILTCP)

NTIS accession number PB88-122387: SAS file documentation only; price: \$15.95.

NTIS accession number PB88-122361: EBCDIC file documentation only; price: \$15.95.

NTIS accession number PB88-122379: SAS data files and documentation; price: \$210.

NTIS accession number PB88-122353: EBCDIC data files and documentation; price: \$210.

NMES Public Use Tape 2, Institutional Population Survey, Phase 1.

NTIS accession number PB89-178495: SAS file documentation only; price: \$49.95 - hard copy, \$6.95 - microfiche.

NTIS accession number PB89-178479: EBCDIC file documentation only; price: \$49.95 -hard copy, \$6.95 - microfiche.

NTIS accession number PB89-178487: SAS data files and documentation; price: \$325.

NTIS accession number PB89-178461: EBCDIC data files and documentation; price: \$325.

NMES Public Use Tape 3, Round 1 Household Survey Population Characteristics and Home Health Provider Data

NTIS accession number PB 90-112988: SAS file documentation only; price: \$67 - hard copy, \$16.50 - microfiche.

NTIS accession number PB 90-112970: EBCDIC file documentation only; price: \$61.95 - hard copy, \$15.50 - microfiche.

NTIS accession number PB 90-500232: SAS data files and documentation; price: \$340.

NTIS accession number PB-90-500224: EBCDIC data files and documentation; price: \$340.

NMES Public Use Tape 4, 1987 Prescribed Medicine Event and Person Level Data for Medicare Beneficiaries

NTIS accession number PB90-101254: SAS file documentation only; price: \$45 - hard copy, \$15 - microfiche.

NTIS accession number PB90-101247: EBCDIC file documentation only; price: \$45 -hard copy, \$15 - microfiche.

NTIS accession number PB 90-501362: SAS data files and documentation; price: \$340.

NTIS accession number PB 90-501388: EBCDIC data files and documentation; price: \$340.

NMES Public Use Tape 5, Institutional Population Component, Facility Questionnaire Supplement

NTIS accession number PB91-110480: SAS file documentation only; price: \$39 - hard copy, \$11 - microfiche.

NTIS accession number PB91-110494: EBCDIC file documentation only; price: \$39 -hard copy, \$11 - microfiche.

NTIS accession number PB91-505453: SAS data files and documentation; price: \$340.

NTIS accession number PB91-505461: EBCDIC data files and documentation; price: \$340.

NMES Public Use Tape 6, Institutional Population Component, Facility Questionnaire Weight Update

NTIS accession number PB91-146266: SAS file documentation only; price: \$39-hard copy, \$11-microfiche.

NTIS accession number PB91-146258: EBCDIC file documentation only; price: \$39-hard copy, \$11-microfiche.

NTIS accession number PB91-506683: SAS data files and documentation; price: \$340

NTIS accession number PB91-506675: EBCDIC data files and documentation; price: \$340

NMES Public Use Tape 8, Institutional Population Component, Baseline Questionnaire Data for the Institutional Population

NTIS accession number PB91-146274: documentation only; price: \$45-hard copy, \$15-microfiche.

NTIS accession number PB91-506691: tape and documentation; price: \$340.

NMES Public Use Tape 9, Household Survey, Health Status Questionnaires and Access to Care Supplement Data

NTIS accession number PB91-190165: documentation only; price: \$53-hard copy, \$17-microfiche.

NTIS accession number PB91-507533: tape and documentation; price: \$340.

NMES Public Use Tape 10, Household Survey, Long-Term Care Supplement Data

NTIS accession number PB91-221739: documentation only; price: \$60-hard copy, \$17-microfiche.

NTIS accession number PB91-509828: tape and documentation; price: \$340.

NMES Public Use Tape 11, Survey of American Indians and Alaska Natives, Round 1 Person-Level Data

NTIS accession number PB91-227926: documentation only; price: \$60-hard copy, \$17-microfiche.

NTIS accession number PB91-509885: tape and documentation; price: \$340.

NMES Public Use Tape 13, Household Survey, Population Characteristics and Utilization Data for 1987

NTIS accession number PB92-100189: documentation only; price: \$73-hard copy, \$26-microfiche.

NTIS accession number PB92-500057: tape and documentation; price: \$360.

NMES Public Use Tape 14.1, Household Survey, Prescribed Medicine Data, Calendar Year 1987.

NTIS accession number PB92-139096: documentation only; price: \$59-hard copy, \$26-microfiche.

NTIS accession number PB92-501287: tape and documentation; price: \$480.

NMES Public Use Tape 14.3, Household Survey, Dental Visit Data, Calendar Year 1987.

NTIS accession number PB92-155423: documentation only; price: \$59-hard copy, \$19-microfiche.

NTIS accession number PB92-501865: tape and documentation; price: \$480.

NMES Public Use Tape 14.4, Household Survey, Hospital Stays Data, Calendar Year 1987.

NTIS accession number PB92-169671: documentation only; price: \$73-hard copy, \$26-microfiche.

NTIS accession number PB92-503150: tape and documentation; price: \$360.

NMES Public Use Tape 14.5, Household Survey, Ambulatory Medical Visit Data, Calendar Year 1987.

ordering information available from NTIS

Attachment 5

NMES Household Survey Full-Year Data Items and Health Insurance
Plans Survey Data Items Released to Date
for the Civilian Noninstitutionalized Population

NMES Household Survey Full-Year Data Items for the Civilian
Noninstitutionalized Population by Order of Completion Date, 1991 to Current

Data item	Public use tapes by tape number of issue:								
	9	10	13	14.1	14.2	14.3	14.4	14.5	15*
RECORD IDENTIFIERS AND LINK VARIABLES									
Person level	x	x	x	x	x	x	x	x	x
Family level			x						
ODU level	x	x	x	x	x	x	x	x	x
RU level by Rd			x						
Event level				x	x	x	x	x	
Medical provider identifiers	x				x		x	x	
Insurance provider identifiers									x
Policyholder-level identifiers									x
SURVEY ADMINISTRATION AND ELIGIBILITY STATUS									
Eligibility status for HS by Rd			x						
Interview dates for health status questionnaire and access supplement	x								
Interview dates by Rd			x						
Reference period dates by Rd			x						
Respondent identifiers by Rd			x						
Round of Data Collection				x	x	x	x	x	
Response disposition code in HIPS									x
SAMPLING WEIGHTS AND VARIANCE ESTIMATION									
Health status questionnaire/access supplement weight (HSQACCWT)	x								
Round 1 weight (INCR1PER)		x							
Round 1 weight (WGTR1PER)			x						
Round 4 weight (INCR4PER)		x							
Round 4 weight (WGTR4PER)			x						
Full-year weight (INCALPER)		x	x	x	x	x	x	x	
Policyholder weight (POSTJ02)									x
Strata	x	x	x	x	x	x	x	x	x
Primary sampling unit	x	x	x	x	x	x	x	x	x
DEMOGRAPHICS									
Census region	x	x	x	x	x	x	x	x	x
Census division			x						
SMSA status			x						
Age	x	x	x	x	x	x	x	x	x
Race	x	x	x	x	x	x	x	x	x
Race/ethnicity	x	x	x	x	x	x	x	x	x
Hispanic ancestry group			x						
Sex	x	x	x	x	x	x	x	x	x
Education			x						
Veterans status			x						
Current/past military service			x						
Service related disability			x						
Native language	x								
FAMILY RELATIONSHIPS									
Marital status by Rd			x						
Parent identifiers			x						
Spouse identifiers by Rd			x						
Relationship to family reference person by Rd			x						

Data item	Public use tapes by tape number of issue:								
	9	10	13	14.1	14.2	14.3	14.4	14.5	15*
Family reference person identifiers			x						
Family size			x						
HEALTH STATUS AND ATTITUDES									
Height and weight	x								
Health practices	x								
Health status	x								
Check lists of health conditions	x								
Check lists of symptoms	x								
Immunizations for children 17 and younger	x								
Vision and hearing	x								
Dental care	x								
Health perceptions	x								
Social activities	x								
ADL/IADL difficulties		x							
Continence		x							
Use of special equipment		x							
Use of special transportation, etc. for those with at least one ADL/IADL		x							
Prior nursing home stays for those with at least one ADL/IADL		x							
ACCESS TO CARE									
Usual source of care	x								
Characteristics of the usual source of care and regular medical providers	x								
Reasons for no usual source of care	x								
Usual source of dental care	x								
Travel and waiting times	x							x	
Barriers to care	x								
INCOME AND POVERTY STATUS									
Total family income			x						
Total person income			x						
Poverty status			x						
EMPLOYMENT									
Employment status in week prior to interview by Rd			x						
Employment status during the Rd			x						
Details about workers laid off or without work by Rd			x						
Items for main/last job(s)			x						
Wage rate			x						
Usual hours worked per week			x						
Job start/end dates			x						
Size of employer			x						
Union membership			x						
Industry and occupation codes			x						
Other job characteristics			x						
Annual weeks worked			x						
Changed job during 1987			x						
Employment status in 1987			x						
HOUSEHOLD SURVEY REPORTED INSURANCE COVERAGE									
Medicare by Rd			x						

Data item	Public use tapes by tape number of issue:								
	9	10	13	14.1	14.2	14.3	14.4	14.5	15*
CHAMPUS/CHAMPVA by Rd			x						
Medicaid by Rd			x						
Other public medical assistance by Rd			x						
Private health insurance by Rd			x						
Uninsured by Rd			x						
Sources of private insurance plans by Rd			x						
Policy holders of insurance plans by Rd			x						
Insurance Status as of 12/31/87			x						
ANNUAL PERSON-LEVEL DISABILITY MEASURES									
Number of bed disability days			x						
Number of work-loss days			x						
Number of school-loss days			x						
Number of cutdown days			x						
ANNUAL PERSON-LEVEL UTILIZATION MEASURES									
Number of medical provider visits									
To a physician			x						
To a non-physician provider			x						
Telephone calls to physician			x						
Telephone calls to a non-physician medical provider			x						
Number of hospital outpatient visits									
To a physician			x						
To a non-physician medical provider			x						
Number of emergency room visits			x						
Number of emergency room visits resulting in a hospitalization			x						
Number of hospital inpatient stays			x						
Number of nights spent in a hospital			x						
Number of home health services									
Provided by physicians			x						
Provided by non-physician medical providers			x						
Number of prescribed medicine purchases			x						
Number of dental visits			x						
Number of dental visits involving orthodontia			x						
Number of purchases or repairs to eyeglasses/contacts			x						
Number of purchases or rentals of medical equipment and supplies			x						
1987 PRESCRIBED MEDICINE USE AND EXPENDITURE									
EVENT-LEVEL DATA									
Types of prescribed medicines				x					
Medical conditions associated with prescribed medicines				x					
Types of generic equivalents				x					
Federal controlled substance status				x					
Composition status				x					
Dates first and last taken				x					
Number of purchases			x	x					

Data item	Public use tapes by tape number of issue:								
	9	10	13	14.1	14.2	14.3	14.4	14.5	15*
Total expense				x					
Sources of payment from nine sources				x					
1987 HOME HEALTH VISIT AND EXPENDITURE EVENT-LEVEL DATA									
Beginning and ending dates of HH care					x				
Type of provider performing HH care					x				
Provider's place of work					x				
Time of day of visits					x				
Length of visits					x				
Number of visits by provider type			x		x				
Medical or nursing treatments performed					x				
ADL or IADL assistance performed					x				
Total expense for visit					x				
Nine sources of payment for last visit					x				
1987 OTHER MEDICAL EXPENSES USE AND EXPENDITURE EVENT-LEVEL DATA									
Number of purchases or rentals of medical equipment and supplies			x		x				
Type of medical item bought/rented/used					x				
Date medical item first obtained					x				
Total expense					x				
Sources of payment from nine sources					x				
1987 DENTAL VISIT AND EXPENDITURE EVENT-LEVEL DATA									
Type of dental services provided						x			
Number of dental visits			x			x			
Dental visits due to accidents or injury						x			
Medical conditions associated with dental visits due to accident or injury						x			
Total expense						x			
Sources of payment from nine sources						x			
VA facility indicator						x			
1987 HOSPITAL INPATIENT STAY AND EXPENDITURE EVENT-LEVEL DATA									
Dates entered and left hospital							x		
Number of hospital stays			x				x		
Number of nights in hospitals			x				x		
Reason for hospital stay							x		
Medical conditions associated with hospital stay							x		
Any operation?							x		
Procedures performed							x		
Facility expense and nine associated sources of payment							x		
Doctor expense and nine associated sources of payment							x		
Private duty nurse expense							x		
VA facility indicator							x		

Data item	Public use tapes by tape number of issue:								
	9	10	13	14.1	14.2	14.3	14.4	14.5	15*
1987 MEDICAL PROVIDER VISIT AND EXPENDITURE EVENT-LEVEL DATA									
Date of medical visit								x	
Number of medical provider visits			x					x	
Location of service								x	
Physician/non-physician provider								x	
In person/telephone visit								x	
Medical visits by site								x	
Reason for the visit								x	
Medical condition associated with visit								x	
Type of specialist seen during visit								x	
Surgical procedures performed during visit									
Types of tests administered during visit									
Total expense for visit									
Source of payment from nine sources									
1987 HOSPITAL OUTPATIENT DEPARTMENT VISIT AND EXPENDITURE EVENT-LEVEL DATA									
Date of medical visits								x	
Number of medical visits			x					x	
Type of provider								x	
Number of zero night hospital stays during 1987								x	
Reason for the visit								x	
Medical conditions associated with visit								x	
Surgical procedures performed during visit								x	
Types of tests administered during visit								x	
Types of physician specialist seen								x	
Facility expense and nine associated sources of payment items								x	
Doctor expense and nine associated sources of payment items								x	
VA facility indicator								x	
1987 EMERGENCY ROOM VISIT AND EXPENDITURE EVENT - LEVEL DATA									
Date of medical visit								x	
Number of emergency room visits			x					x	
Visit results in inpatient hospital stay								x	
Medical condition associated with visit								x	
Type of physician specialist seen during visit								x	
Surgical procedures performed during visits								x	
Types of tests administered during visit								x	
Travel and waiting times	x							x	
Mode of transportation to the facility								x	
VA facility indicator								x	

Data item	Public use tapes by tape number of issue:								
	9	10	13	14.1	14.2	14.3	14.4	14.5	15*
Facility expense and nine associated sources of payment items								x	
Doctor expense and nine associated sources of payment items								x	
PRIVATE HEALTH INSURANCE CHARACTERISTICS FROM THE HEALTH INSURANCE PLANS SURVEY QUESTIONNAIRES									
Total health insurance premiums									x
Employer contributions to health insurance premiums									x
Out-of-Pocket premium expenses									x
Other contributions toward health insurance premiums									x
Level of health insurance coverage (single, family, etc.)									x
Summary variables of health insurance coverage (including indicators of coverage for basic medical, basic hospitalization, major medical, dental vision and prescription drugs)									x
Indicator of whether employment-related coverage included an HMO or traditional fee-for-service plan									x
Indicator of whether coverage that was not employment-related was an HMO, traditional fee-for-service, or Medigap plan									x
Indicator of group coverage									x
Indicator of self-insurance status of health-insurance coverage									x
Characteristics of employers and unions providing insurance coverage									x

* Data for policyholders of private health insurance only. Similar data items for dependents to be released on NMES Public Use Tape 24.