

Please answer the following questions for → 

Name of person	P-N
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The 12-month period referred to below is from \_\_\_\_\_ to \_\_\_\_\_

IF EXACT AMOUNTS ARE NOT KNOWN, PLEASE ENTER YOUR BEST ESTIMATE

**DOCTORS' BILLS**

1. How much did all of the doctors' (including surgeons') bills for this person come to during the past 12 months? .....

Dollars	Cents
\$	\$

Be sure to count all doctors' bills for:  No doctors' bills

- |            |            |                |                  |                             |
|------------|------------|----------------|------------------|-----------------------------|
| Operations | Check-ups  | Pregnancy care | Laboratory fees  | Immunizations or shots      |
| Treatments | Deliveries | X-rays         | Eye examinations | Any other doctor's services |

**HOSPITAL BILLS**

2a. Was this person in a hospital (nursing home, rest home, sanitarium, etc.) overnight or longer during the past 12 months?  
 Yes     No (Go to question 3)

b. How much did all of the hospital bills come to for this person for the past 12 months? .....

Dollars	Cents
\$	\$

Be sure to count all hospital bills for:

- |                |                             |                                  |                 |                             |
|----------------|-----------------------------|----------------------------------|-----------------|-----------------------------|
| Room and board | Operating and delivery room | Anesthesia<br>Special treatments | X-rays<br>Tests | Any other hospital services |
|----------------|-----------------------------|----------------------------------|-----------------|-----------------------------|

**DENTISTS' BILLS**

3. How much did all of the dentists' bills for this person come to for the past 12 months? .....

Dollars	Cents
\$	\$

Be sure to count all dental bills for:  No dentists' bills

- |             |           |               |                        |                           |
|-------------|-----------|---------------|------------------------|---------------------------|
| Fillings    | Cleanings | Bridgework    | Straightening of teeth | Any other dental services |
| Extractions | X-rays    | Dental plates |                        |                           |

**DOCTOR VISITS**

4. During the past 12 months, how many times has this person visited or been visited by a medical doctor? .....

Doctor visits
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- Count:  None
1. All visits to a doctor's office or clinic for consultation, shots, x-rays, or for any other medical purpose.
  2. All doctor visits made to the home.

- Do NOT count:
1. Visits to dentists.
  2. Any visits made to this person while he was an inpatient for one or more nights in a hospital. (However, please note that the bills for such visits should be included in question 1 above.)

5. Name of person completing this page \_\_\_\_\_

Comments \_\_\_\_\_

<b>FOR CENSUS USE</b>					
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