

APPENDIX II

ONE-TIME OR SINGLE SUPPLEMENTS

ACUTE CONDITIONS: CY 1973 and 1974

O.M.B. No. 68-R1600; Approval Expires March 31, 1975

<p>FORM HIS-1A (1974) (10-11-73)</p> <p style="text-align: center;">U.S. DEPARTMENT OF COMMERCE SOCIAL AND ECONOMIC STATISTICS ADMINISTRATION BUREAU OF THE CENSUS ACTING AS COLLECTING AGENT FOR THE U.S. PUBLIC HEALTH SERVICE</p> <p style="text-align: center;">U.S. HEALTH INTERVIEW SURVEY CONDITION SUPPLEMENT (Medically Attended)</p>	<p>NOTICE - All information which would permit identification of the individual will be held in strict confidence, will be used only by persons engaged in and for the purposes of the survey, and will not be disclosed or released to others for any purposes.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">a. PSU</td> <td style="width: 15%;">b. Segment number</td> <td style="width: 15%;">c. Serial number</td> <td style="width: 15%;">d. Sample</td> <td style="width: 15%;">e. Person number</td> <td style="width: 20%;">f. Sample person 1 Y 2 N</td> </tr> <tr> <td colspan="3">g. Name of condition</td> <td colspan="3">h. Name of person</td> </tr> </table>	a. PSU	b. Segment number	c. Serial number	d. Sample	e. Person number	f. Sample person 1 Y 2 N	g. Name of condition			h. Name of person																		
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<p>i. Determine if eligible respondent is available:</p> <p style="text-align: right;"> <input type="checkbox"/> Eligible respondent available <input type="checkbox"/> Telephone call or return visit required (A5, Condition page) </p>																													
<p>j. RECORD OF TELEPHONE CALLS ONLY</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Date</th> <th style="width: 15%;">Beginning time</th> <th style="width: 15%;">Ending time</th> <th style="width: 15%;">Completed</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>a.m. p.m.</td> <td>a.m. p.m.</td> <td></td> </tr> <tr> <td>2</td> <td>a.m. p.m.</td> <td>a.m. p.m.</td> <td></td> </tr> <tr> <td>3</td> <td>a.m. p.m.</td> <td>a.m. p.m.</td> <td></td> </tr> <tr> <td>4</td> <td>a.m. p.m.</td> <td>a.m. p.m.</td> <td></td> </tr> <tr> <td>5</td> <td>a.m. p.m.</td> <td>a.m. p.m.</td> <td></td> </tr> </tbody> </table>				Date	Beginning time	Ending time	Completed	1	a.m. p.m.	a.m. p.m.		2	a.m. p.m.	a.m. p.m.		3	a.m. p.m.	a.m. p.m.		4	a.m. p.m.	a.m. p.m.		5	a.m. p.m.	a.m. p.m.		<p>k. Reason for noninterview</p> <p>1 <input type="checkbox"/> Refused</p> <p>2 <input type="checkbox"/> Not at home - repeated calls</p> <p>3 <input type="checkbox"/> Temporarily absent</p> <p><input type="checkbox"/> Other (Specify) _____</p>	
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4	a.m. p.m.	a.m. p.m.																											
5	a.m. p.m.	a.m. p.m.																											
<p>INTRODUCTION:</p>		<p>In an interview at your household today (earlier this week) it was reported that you recently had The following questions refer to that condition.</p> <p>1 <input type="checkbox"/> Respondent denies having condition (RA)</p>																											
<p>Footnotes</p>																													

18a. During this visit on <u>(date)</u> , did the doctor prescribe or advise you to get any medicine for this . . . ?	1 Y 2 N(19)
b. Did you get this medicine?	0 Y(19) N
c. Why not?	_____
19a. During this visit did the doctor refer you to another doctor?	1 Y 2 N(28)
b. Did or will you see this other doctor?	1 Y(28) 2 N 9 DK
c. Why not?	_____ _____ (28)
20. Had you ever gone to this doctor or place before this call?	1 Y 2 N
21. How did you choose this doctor or place – through another doctor, a relative or friend, a medical bureau, from a telephone directory, or in some other way?	1 <input type="checkbox"/> Another doctor 2 <input type="checkbox"/> Relative/friend 3 <input type="checkbox"/> Medical bureau 4 <input type="checkbox"/> Telephone directory <input type="checkbox"/> Other – Specify <u> P </u>
22a. Is this doctor or place you called on <u>(date)</u> the doctor or place you would usually go to for this type of condition?	0 Y(23) N
b. Why didn't you use the doctor or place that you would usually go to for this type of condition?	_____ _____
23a. How difficult was it for you to reach the doctor by telephone on <u>(date)</u> – was it very difficult, somewhat difficult, or not at all difficult?	1 <input type="checkbox"/> Very difficult 2 <input type="checkbox"/> Somewhat difficult 3 <input type="checkbox"/> Not at all difficult (24)
b. Why was it difficult?	_____ _____
24. During this call on <u>(date)</u> , did the doctor spend enough time with you or not enough time?	1 <input type="checkbox"/> Spent enough time 2 <input type="checkbox"/> Did not spend enough time
25a. During this call did the doctor advise you to come in and see him for the . . . ?	1 Y 2 N(26)
b. Did or will you go in to see him for this condition?	1 Y(26) 2 N 9 DK
c. Why not?	_____ _____

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26a. During this call on <u>(date)</u> , did the doctor prescribe or advise you to get any medicine for this . . . ?		1 Y	2 N(27)
b. Did you get this medicine?		0 Y(27)	N
c. Why not?		_____	

27a. During this call, did this doctor refer you to another doctor?		1 Y	2 N(28)
b. Did or will you see this other doctor?		1 Y(28)	2 N 9 DK
c. Why not?		_____	

28a. In your opinion, were you satisfied or dissatisfied with the treatment or care you received from this doctor on <u>(date)</u> ?		<input type="checkbox"/> Satisfied (b) <input type="checkbox"/> Dissatisfied (c)	
b. Would you say that you were very satisfied or just somewhat satisfied?		1 <input type="checkbox"/> Very satisfied (29) 2 <input type="checkbox"/> Somewhat satisfied (d)	
c. Would you say that you were very dissatisfied or just somewhat dissatisfied?		4 <input type="checkbox"/> Very dissatisfied 3 <input type="checkbox"/> Somewhat dissatisfied	
d. Why is that?		_____	

29. Do you still have the . . . ?		1 Y	2 N
RA RESPONDENT	Show who responded for this supplement. If other than self-respondent, show who responded for him.	1 <input type="checkbox"/> Responded for self Person _____ was respondent	
	If other than self-respondent, give reason for accepting a proxy.	0 <input type="checkbox"/> Under 17 1 <input type="checkbox"/> Mentally incompetent 2 <input type="checkbox"/> Physically incompetent	
I TYPE OF INTERVIEW	Show how the information on this supplement was obtained.	1 <input type="checkbox"/> Completed during initial interview	
		2 <input type="checkbox"/> Completed by return visit	
		3 <input type="checkbox"/> Completed by a telephone callback	
GO TO A5, CONDITION PAGE			

FORM HIS-1A (10-11-73)

<p>FORM HIS-1B (1974) (10-11-73)</p> <p>U.S. DEPARTMENT OF COMMERCE SOCIAL AND ECONOMIC STATISTICS ADMINISTRATION BUREAU OF THE CENSUS ACTING AS COLLECTING AGENT FOR THE U.S. PUBLIC HEALTH SERVICE</p> <p>U.S. HEALTH INTERVIEW SURVEY CONDITION SUPPLEMENT (Nonmedically Attended)</p>	<p>NOTICE - All information which would permit identification of the individual will be held in strict confidence, will be used only by persons engaged in and for purposes of the survey, and will not be disclosed or released to others for any purposes.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:12.5%;">a. PSU</td> <td style="width:12.5%;">b. Segment number</td> <td style="width:12.5%;">c. Serial number</td> <td style="width:12.5%;">d. Sample</td> <td style="width:12.5%;">e. Person number</td> <td style="width:12.5%;">f. Sample person 1 Y 2 N</td> </tr> <tr> <td colspan="3">g. Name of condition</td> <td colspan="3">h. Name of person</td> </tr> </table>	a. PSU	b. Segment number	c. Serial number	d. Sample	e. Person number	f. Sample person 1 Y 2 N	g. Name of condition			h. Name of person		
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i. Determine if eligible respondent is available: Eligible respondent available
 Telephone call or return visit required (A5, Condition page)

j. RECORD OF TELEPHONE CALLS ONLY				<p>k. Reason for noninterview</p> <p>1 <input type="checkbox"/> Refused</p> <p>2 <input type="checkbox"/> Not at home - repeated calls</p> <p>3 <input type="checkbox"/> Temporarily absent</p> <p><input type="checkbox"/> Other (Specify) <u>7</u></p>
Date	Beginning time	Ending time	Completed	
1	a.m. p.m.	a.m. p.m.		
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INTRODUCTION: In an interview at your household today (earlier this week) it was reported that you recently had
 The following questions refer to that condition.
 1 Respondent denies having condition (RB)

1. Please look at the calendar (HAND CALENDAR) and tell me on what date you first noticed (had) the

_____ Month _____ Day

2. At that time when you first noticed (had) the . . . , how serious did you think it was - very serious, somewhat serious, or not serious at all?

1 Very serious
 2 Somewhat serious
 3 Not serious at all

3a. Did you ask anyone for advice about this condition, such as a nurse, druggist, relative, friend, or someone else?

1 Y 2 N(4)

b. Who was this?	1 <input type="checkbox"/> Nurse	2 <input type="checkbox"/> Druggist	3 <input type="checkbox"/> Relative (Household member)	4 <input type="checkbox"/> Relative (Non-household member)	5 <input type="checkbox"/> Friend	<input type="checkbox"/> Other - Specify <u>7</u>
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c. Did you ask anyone else for advice?
 Y (Reask 3b and c) N

Ask for each column marked in Q. 3b:

d. Did -- advise you to see a doctor?

1 Y 2 N	1 Y 2 N	1 Y 2 N	1 Y 2 N
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e. Did -- advise you to take some medicine?

1 Y 2 N	1 Y 2 N	1 Y 2 N	1 Y 2 N
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f. Did -- advise you on some other type of treatment?

1 Y 2 N	1 Y 2 N	1 Y 2 N	1 Y 2 N
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g. Did -- give you any other advice?

Y 0 N (Next col.)	Y 0 N (Next col.)	Y 0 N (Next col.)	Y 0 N(4)
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h. What advice did -- give you?

(Reask g)	(Reask g)	(Reask g)	(Reask g)

Footnotes

4. Do you expect to see or talk to a doctor about this . . . ?		1 Y(5b)	2 N	9 DK
5a. We are interested in the various reasons why people do not go to doctors. Please tell me whether any of the following statements were reasons why you didn't see or talk to a doctor about this condition -		A. Did you not see a doctor (did you wait) because you couldn't get an appointment or the doctor was not available? 1 Y 2 N		
b. We are interested in the various reasons why people wait before going to a doctor. Please tell me whether any of the following statements were reasons why you waited (time) to see or talk to a doctor about this condition -		B. Because you didn't have the money? 1 Y 2 N		
		C. Because you didn't have a way to get to the doctor? 1 Y 2 N		
		D. Did you not see a doctor (did you wait) because you felt the doctor couldn't do anything for the condition? 1 Y 2 N		
		E. Because you felt you could treat the condition yourself? 1 Y 2 N		
		F. Because you didn't want to bother the doctor? 1 Y 2 N		
		G. Did you not see a doctor (did you wait) because you didn't think it was serious enough? 1 Y 2 N		
		H. Because you feel uncomfortable with doctors or have a fear of doctors? 1 Y 2 N		
		I. Did you not see a doctor (did you wait) for any other reason? 1 Y 2 N(K)		
PROBE IF RESPONSE IS INAPPROPRIATE:		J. What was the reason? (1) _____ (Reask I) (2) _____ (Reask I)		
PROBE IF RESPONSE IS INAPPROPRIATE:		If all "N's" in A-I ask; otherwise, go to Q.5c: K. Why did you (not/wait to) see or talk to a doctor about this . . . ? Any other reason? (1) _____ (2) _____		
If 2 or more reasons given in statements A-K, ask; otherwise mark box: c. Which of these reasons would you say was the MAIN reason for (not seeing/waiting to see) a doctor for this condition? Circle the appropriate statement letter in the space to the right.		<input type="checkbox"/> Only 1 reason 01 A 04 D 07 G 10 J(2) 13 K(1) 16 K(4) 02 B 05 E 08 H 11 J(3) 14 K(2) 03 C 06 F 09 J(1) 12 J(4) 15 K(3)		
6. Do you still have this condition?		1 Y	2 N	
RB RESPONDENT	Show who responded for this supplement. If other than self-respondent, show who responded for him.	1 <input type="checkbox"/> Responded for self Person _____ was respondent		
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