

HMO PAGE		RI	<input type="checkbox"/> Head <input type="checkbox"/> Spouse <input type="checkbox"/> Other	
In some parts of the country medical care is provided by Health Maintenance Organizations or HMO's. A "Health Maintenance Organization" or "HMO" is a medical group in which one doctor or a group of doctors provides medical care to all members, including office visits and hospital services. This medical care is provided for a fixed amount paid at regular intervals.		(1-11)		
		Person No. _____		
1. Have you ever heard the term, "Health Maintenance Organization," or "HMO"?	1 Y 2 N 9 DK			
2. Have you ever heard the term, "Prepaid Group Practice Plan"?	1 Y 2 N 9 DK			
3a. Can you name (a Health Maintenance Organization or/a prepaid group practice plan)? <small>If "Y" in 1 or 2, ask; otherwise go to 7</small>	1 Y 2 N (7)			
b. What is the name? _____				
4a. Does anyone in the family belong to a Health Maintenance Organization or a prepaid group practice plan?	1 Y 2 N (7) 9 DK (7)			
b. What is the name? Record in Table P below.				
c. Does anyone in the family belong to any other Health Maintenance Organization or prepaid group practice plan?	Y (Reask 4b and c) N DK			
TABLE P		ASK FOR EACH PLAN LISTED IN TABLE P		
Plan 1	5a. Name of plan _____ b. Who is the policyholder or subscriber of this <u>(name)</u> plan? _____ c. How long has <u>(name of subscriber)</u> belonged to this <u>(name)</u> plan? 1 _____ Mos. 2 _____ Yrs.	6a. Does -- belong to this <u>(name)</u> plan? b. Does he ever see a doctor who is not a part of this plan? c. Why does -- sometimes see other doctors? _____ d. Is there any other reason -- sometimes sees doctors who are not part of this plan?	1 <input type="checkbox"/> Belongs 2 <input type="checkbox"/> Does not belong (NP) b. 1 Y 2 N (NP) 9 DK (NP) c. _____ d. Y (Reask 6a and c) N (NP)	
	Plan 2	5a. Name of plan _____ b. Who is the policyholder or subscriber of this <u>(name)</u> plan? _____ c. How long has <u>(name of subscriber)</u> belonged to this <u>(name)</u> plan? 1 _____ Mos. 2 _____ Yrs.	6a. Does -- belong to this <u>(name)</u> plan? b. Does he ever see a doctor who is not a part of this plan? c. Why does -- sometimes see other doctors? _____ d. Is there any other reason -- sometimes sees doctors who are not part of this plan?	1 <input type="checkbox"/> Belongs 2 <input type="checkbox"/> Does not belong (NP) b. 1 Y 2 N (NP) 9 DK (NP) c. _____ d. Y (Reask 6a and c) N (NP)

7a. (Besides <u>plan</u>) Is anyone in the family covered by a health insurance plan which pays any part of a hospital, doctor's, or surgeon's bill? 1 Y 2 N (10) 3 DK (10)		
b. What is the name of the plan? Record in Table H. I. below.		
c. Is anyone in the family covered by any other health insurance plan? Y (Reask 7b and c) N		
	TABLE H. I.	ASK FOR EACH PLAN LISTED IN TABLE H. I.
Plan 1	8a. Name of plan b. Who is the policyholder or subscriber of this <u>(name)</u> plan?	9. Is --- covered under this <u>(name)</u> plan? 9. <input type="checkbox"/> Covered (NP) <input type="checkbox"/> Not covered (NP)
Plan 2	8a. Name of plan b. Who is the policyholder or subscriber of this <u>(name)</u> plan?	9. Is --- covered under this <u>(name)</u> plan? 9. <input type="checkbox"/> Covered (NP) <input type="checkbox"/> Not covered (NP)
Plan 3	8a. Name of plan b. Who is the policyholder or subscriber of this <u>(name)</u> plan?	9. Is --- covered under this <u>(name)</u> plan? 9. <input type="checkbox"/> Covered (NP) <input type="checkbox"/> Not covered (NP)
10. Is there ONE particular doctor or place -- usually goes to when he is sick or when you need advice about his health?		10. 1 Y 2 N (NP)
11. Where do you go for this care or advice for --, to a clinic, hospital, doctor's office, or some other place? If Hospital: Is this an outpatient clinic or the emergency room? If Clinic: Is this a hospital outpatient clinic, a company clinic, or some other kind of clinic?		11. <input type="checkbox"/> Private dr's office <input type="checkbox"/> Home <input type="checkbox"/> Doctor's clinic <input type="checkbox"/> Group practice <input type="checkbox"/> Hosp. Outpatient Clinic <input type="checkbox"/> Hosp. Emerg. Room <input type="checkbox"/> Company or Industry Clinic <input type="checkbox"/> Other - Specify <u> </u>
In some parts of the country medical care is provided by Health Maintenance Organizations or HMO's. A "Health Maintenance Organization" or "HMO" is a medical group in which one doctor or a group of doctors provides medical care to all members, including office visits and hospital services. This medical care is provided for a fixed amount paid at regular intervals.		R2 <input type="checkbox"/> HH Resp. SP 19+ (NP) <input type="checkbox"/> Not SP or SP under 19 (NP) <input type="checkbox"/> SP 19+ callback required (NP) <input type="checkbox"/> SP 19+ avail. (12-14)
12. Have you ever heard the term, "Health Maintenance Organization," or "HMO"?		12. 1 Y 2 N 3 DK
13. Have you ever heard the term, "Prepaid Group Practice Plan"? If "Y" in 12 or 13, ask; otherwise go to NP.		13. 1 Y 2 N 3 DK
14a. Can you name a Health Maintenance Organization/or prepaid group practice plan)? b. What is the name?		14a. 1 Y 2 N (NP) b. _____ Name of plan