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**CONSEQUENCES OF HOSPITALIZATION**  
**FORM W/D**  
**WORKERS-DIED DURING KEY HOSPITALIZATION**

INTERVIEW MODE  
 TELEPHONE.....01  
 IN-PERSON.....02

INTERVIEW WITH  
 PROXY.....02

CASE ID |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|

INTERVIEWER ID |\_\_|\_\_|\_\_|\_\_|

DATE INTERVIEW BEGAN: |\_\_|\_\_| |\_\_|\_\_|  
MO DAY

TIME INTERVIEW BEGAN: |\_\_|\_\_|:|\_\_|\_\_| AM  
PM

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SECTION 1. MEDICAL CARE (DIED DURING KEY HOSPITALIZATION)

1.1 Was (PATIENT) admitted to (HOSPITAL) on (ADMISSION DATE) from another hospital or nursing home?

YES.....01

NO.....00

DON'T KNOW.....-1

1.1A DATA ENTRY: ENTER 01 AND SKIP TO 1.29.

NO 1.2-1.28 THIS FORM.

1.29 At the time of (his/her) death, was (PATIENT) covered by Medicare Part A which covers hospital care?

PROBE: Federal insurance for people 65 and older and some people under 65 who are disabled.

YES.....01

NO.....(GO TO Q1.<sup>31</sup>~~30~~).....00

DON'T KNOW...(GO TO Q1.<sup>31</sup>~~30~~).....-1

1.30 And at the time of (his/her) death, was (PATIENT) covered by Medicare Part B supplemental insurance for doctor visits?

YES.....01

NO.....00

DON'T KNOW.....-1

1.31 Was (PATIENT) covered by Medicaid?

PROBE: A state program which offers health benefits to low income persons on public assistance.

YES.....(ASK A).....01

NO.....(GO TO Q1.32)...00

DON'T KNOW....(GO TO Q1.32)...-1

1.32 Was (PATIENT) covered by CHAMPUS or CHAMPVA?

PROBE: Health insurance for military personnel, their families and veterans.

YES.....(ASK A).....01

NO.....(GO TO Q1.33)...00

DON'T KNOW....(GO TO Q1.33)...-1

1.33 And at the time of (his/her) death, was (PATIENT) covered by any other health insurance plan which pays for any part of (his/her) hospital bills, doctor bills, or surgeon bills?

YES.....01

NO.....00

DON'T KNOW.....-1

2.0 DATA ENTRY: ENTER 01 AND SKIP TO 2.31.
--

SECTION 2B. HOMEMAKER

INTERVIEWER: START DATE (6 MONTHS PRIOR TO ADMISSION DATE): _____
ADMISSION DATE: _____

2.31 INTERVIEWER: WAS (PATIENT) A FEMALE?

YES.....01  
NO.....(GO TO SECTION 3).....00

2.31A INTERVIEWER: WAS PATIENT INSTITUTIONALIZED BEFORE KEY HOSPITALIZATION (F3 = 01)?
YES.....(GO TO SECTION 3).....01 NO.....00

The next part of the questionnaire concerns (PATIENT's) daily activities around the house during the six months prior to her hospitalization in (ADMISSION DATE).

2.32 Which of the following activities did (PATIENT) perform in an average week from (START DATE) to (ADMISSION DATE)? (READ EACH CATEGORY BELOW AND CODE "YES", "NO", OR "DON'T KNOW" FOR EACH.)

PROBE: If her health changed during those six months, think of the time before that change.

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>	<u>NOT APPLICABLE</u>
A. Preparing meals?.....	01	00	-1	
B. Laundry/ironing?.....	01	00	-1	
C. Shopping?.....	01	00	-1	
D. Managing the family budget?.....	01	00	-1	
E. After meal cleanup?.....	01	00	-1	
F. Regular house cleaning?.....	01	00	-1	
G. Child care?.....	01	00	-1	-4
H. Care of other family members?...	01	00	-1	-4

And, from (START DATE) to (ADMISSION DATE), did she (LIVING ARRANGEMENT)? FOR EACH LIVING ARRANGEMENT CODED YES IN SECTION A, FOLLOW SKIPS TO NEXT QUESTION OR B AND C.

	A			B	C																								
	YES	NO	DK																										
2.33 ... live alone?	01 (Q2.37)	00 (Q2.34)	-1 (Q2.37)	X	X																								
2.34 ... live with her ← husband? <i>spoux</i> <i>(or significant other)</i>	01 (Q2.35)	00 (Q2.35)	-1 (Q2.35)	X	X																								
2.35 ... live in a household with children?	01 (B)	00 (Q2.36)	-1 (Q2.36)	How many children lived in the household at that time?   _ _  ASK (C) ---->	What (were their ages/was the child's age) at that time? USE CATEGORIES AS PROBES. RECORD NUMBER FOR EACH AGE GROUP.  PROBE: How many of them were...  <table border="1"> <thead> <tr> <th></th> <th>NUMBER</th> <th>NONE</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>Under 2 years of age?</td> <td> _ _ </td> <td>00</td> <td>-1</td> </tr> <tr> <td>2 to 5?</td> <td> _ _ </td> <td>00</td> <td>-1</td> </tr> <tr> <td>6 to 11?</td> <td> _ _ </td> <td>00</td> <td>-1</td> </tr> <tr> <td>12 to 17?</td> <td> _ _ </td> <td>00</td> <td>-1</td> </tr> <tr> <td>Are you unsure of their age?</td> <td> _ _ </td> <td>00</td> <td>-1</td> </tr> </tbody> </table>		NUMBER	NONE	DK	Under 2 years of age?	_ _	00	-1	2 to 5?	_ _	00	-1	6 to 11?	_ _	00	-1	12 to 17?	_ _	00	-1	Are you unsure of their age?	_ _	00	-1
	NUMBER	NONE	DK																										
Under 2 years of age?	_ _	00	-1																										
2 to 5?	_ _	00	-1																										
6 to 11?	_ _	00	-1																										
12 to 17?	_ _	00	-1																										
Are you unsure of their age?	_ _	00	-1																										
2.36 ... live in a household with (other) adult relatives?	01 (B)	00 (Q2.37)	-1 (Q2.37)	(Including her husband), how many adult relatives lived in the household at that time?   _ _  ASK (C) ---->	What (were their ages/was that person's age) at that time? USE CATEGORIES AS PROBES. RECORD NUMBER FOR EACH AGE GROUP.  PROBE: And, how many of them were...  <table border="1"> <thead> <tr> <th></th> <th>NUMBER</th> <th>NONE</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>Under 25 years of age?</td> <td> _ _ </td> <td>00</td> <td>-1</td> </tr> <tr> <td>25 to 39?</td> <td> _ _ </td> <td>00</td> <td>-1</td> </tr> <tr> <td>40 to 54?</td> <td> _ _ </td> <td>00</td> <td>-1</td> </tr> <tr> <td>55 or older?</td> <td> _ _ </td> <td>00</td> <td>-1</td> </tr> <tr> <td>Any others whose age you're not sure of?</td> <td> _ _ </td> <td>00</td> <td>-1</td> </tr> </tbody> </table>		NUMBER	NONE	DK	Under 25 years of age?	_ _	00	-1	25 to 39?	_ _	00	-1	40 to 54?	_ _	00	-1	55 or older?	_ _	00	-1	Any others whose age you're not sure of?	_ _	00	-1
	NUMBER	NONE	DK																										
Under 25 years of age?	_ _	00	-1																										
25 to 39?	_ _	00	-1																										
40 to 54?	_ _	00	-1																										
55 or older?	_ _	00	-1																										
Any others whose age you're not sure of?	_ _	00	-1																										

2.37 During the six months prior to (PATIENT's) hospitalization, who generally helped her with the housework or meal preparation--was it a household member, someone else, or did she not receive any help?

- Household member.....(GO TO Q2.39)...01
- Someone else.....(GO TO Q2.38)...02
- Did not receive help....(GO TO Q2.39)...03
- DON'T KNOW.....(GO TO Q2.39)...-1

2.38 Was the person who generally helped (PATIENT), a paid employee, relative, friend, or someone else?

*Probe: Count significant other as relative.*

- Paid employee.....(ASK A).....01
- Relative.....(GO TO Q2.39).....02
- Friend.....(GO TO Q2.39).....03
- Someone else.....(GO TO Q2.39).....04

A. How much did (PATIENT) pay this assistant per week?  
CODE TIME PERIOD.

\$ |\_\_|\_\_|\_\_|. |\_\_|\_\_|

- per hour.....01
- per day.....02
- per week.....03
- per month.....04
- Other (SPECIFY).....09

- 
- DON'T KNOW.....-1
  - REFUSED.....-3

2.39 DATA ENTRY: ENTER 02 AND SKIP TO 3.0.



SECTION 3. WORK AND WAGES

3.0 DATA ENTRY: ENTER 01 AND CONTINUE WITH 3.1.

INTERVIEWER: START DATE (6 MONTHS PRIOR TO ADMISSION DATE): \_\_\_\_\_  
ADMISSION DATE: \_\_\_\_\_

3.1 INTERVIEWER: PRIOR TO KEY HOSPITALIZATION, PATIENT WAS  
(SCREENER F2 and F4)

EMPLOYED (F2, CODE 01).....(GO TO Q3.7).....01  
UNEMPLOYED/UNABLE TO WORK (F4, CODE 01-02)...(ASK Q3.2)....02  
A STUDENT (F4, CODE 06).....(GO TO SECTION 4)...03

3.2 What was the main reason (he/she) did not work between (START DATE)  
and (ADMISSION DATE)? (CODE ONE ONLY.)

*READ CATEGORIES*

ILLNESS/DISABLED/UNABLE TO WORK...01 - (GO TO Q3.3)  
CARE OF HOME/FAMILY/PREGNANT.....02  
SCHOOL.....03  
COULD NOT FIND WORK.....04  
DOING SOMETHING ELSE (SPECIFY)....05  
\_\_\_\_\_  
TEMPORARY LAYOFF.....06  
OTHER (SPECIFY).....09  
\_\_\_\_\_  
(GO TO Q3.5)

3.3 What was the nature of the illness or injury that prevented (PATIENT) from working during the time from (START DATE) to (ADMISSION DATE)?  
RECORD VERBATIM.

---

---

DON'T KNOW.....-1

3.4 Was the illness or injury the reason for (PATIENT's) hospitalization on (ADMISSION DATE)?

YES.....01  
NO.....00  
DON'T KNOW.....-1

3.5 When did (he/she) last work prior to (ADMISSION DATE)?

IF PATIENT LAST WORKED IN 1978 OR EARLIER, CODE 99 AND GO TO SECTION 4.

RECORD YEAR: 19 |\_\_|\_\_| - ASK Q3.6

DIDN'T WORK PRIOR TO HOSPITALIZATION/  
PRIOR TO 1978.....(GO TO SECTION 4).....99

DON'T KNOW.....(ASK A).....-1

A. Did (you/he/she) ever work?

YES.....01  
NO.....(GO TO SECTION 4).....00

B. Did (you/PATIENT) work at anytime between 1978 and (ADMISSION DATE)?

YES.....01  
NO.....(GO TO SECTION 4).....00

3.6 What was the main reason that (PATIENT) left that job?  
(CODE ONE ONLY.)

LAYOFF.....01  
FIRED.....02  
ILL/DISABLED/UNABLE TO WORK.....03  
RETIRED.....04  
CARE OF HOME/FAMILY/PREGNANCY.....05  
SCHOOL.....06  
COULD NOT FIND WORK.....07  
DOING SOMETHING ELSE (SPECIFY).....08

\_\_\_\_\_  
OTHER (SPECIFY).....09

\_\_\_\_\_  
DON'T KNOW.....-1

3.7 What was the name of the employer where (PATIENT) worked the most  
hours during the six months prior to (ADMISSION DATE/LAST YEAR WORKED  
IN Q3.5)?

EMPLOYER NAME: \_\_\_\_\_ (ASK A)

SELF-EMPLOYED.....9 + (ASK Q3.8)  
DON'T KNOW.....-1 + (GO TO Q3.12)

A. In what city is (EMPLOYER) located?

CITY  
NAME: \_\_\_\_\_

3.8 What kind of business or industry is that?  
(FOR EXAMPLE: TV AND RADIO MFG, RETAIL SHOE STORE, DOCTOR'S OFFICE)

\_\_\_\_\_  
\_\_\_\_\_

3.9 SELF-EMPLOYED, SKIP TO Q3.12.

What kind of work was (PATIENT) doing for that job?  
RECORD VERBATIM.

IF MORE THAN ONE KIND OF WORK, PROBE: What kind of work was (he/she)  
doing for the most hours?

OFFICE CODE |\_\_|\_\_|

3.10 How many years had (he/she) worked for (EMPLOYER FROM Q3.7) before  
(ADMISSION DATE/LAST YEAR WORKED IN Q3.5)?

NUMBER OF YEARS: |\_\_|\_\_|

LESS THAN ONE YEAR.....00

DON'T KNOW.....-1

3.11 Was (PATIENT) a member of a labor union [when (he/she) worked for  
(EMPLOYER FROM Q3.7)] during this period?

YES.....(ASK A).....01

NO.....00

DON'T KNOW.....-1

} (SKIP TO Q3.12)

A. What is the name of the labor union?  
(RECORD NAME BELOW.)

DON'T KNOW.....-1

B. What is the number of the labor union local to which (PATIENT)  
belonged?

RECORD UNION NUMBER: |\_\_|\_\_|\_\_|\_\_|

DON'T KNOW.....-1

3.12 Altogether, how many hours per week did (PATIENT) usually work (during  
the 6 months prior to ADMISSION DATE/during ~~the last 6 months you~~  
~~worked in~~ YEAR IN Q3.5)?

|\_\_|\_\_| HOURS

DON'T KNOW.....-1

3.13 What did (PATIENT) earn in an average month from wages and salaries, before taxes and deductions, from all jobs during that 6 month period?

\$ |\_\_|\_\_|,|\_\_|\_\_|\_\_|.|\_\_|\_\_|

per hour.....	01	} (GO TO Q3.14)
per week.....	02	
per month.....	03	
per year.....	04	

REFUSED.....(ASK A).....-3  
 DON'T KNOW.....(ASK A).....-1

A. We just need to know which category (your/PATIENT's) income was in. Would you say (your/PATIENT's) average monthly income at that time was over \$3,000 per month, or less than \$3,000 per month?

More than \$3,000 per month....(GO TO B)...01  
 Less than \$3,000 per month....(GO TO C)...02

DON'T KNOW.....-1 } (GO TO Q3.14)  
 REFUSED.....-3

B. Would you say it was....

between \$3,001 to \$3,500 (per month).....01  
 between \$3,501 to \$4,000 (per month).....02  
 between \$4,001 to \$5,000 (per month).....03  
 between \$5,001 to \$7,000 (per month).....04  
 More than \$7,001 a month.....05

DON'T KNOW.....-1  
 REFUSED.....-3

\* \* \* GO TO Q3.14 \* \* \*

C. Would you say it was...

between \$ 500 to \$1,000 (per month).....01  
 between \$1,001 to \$1,500 (per month).....02  
 between \$1,501 to \$2,000 (per month).....03  
 between \$2,001 to \$2,500 (per month).....04  
 between \$2,501 to \$3,000 a month.....05

DON'T KNOW.....-1  
 REFUSED.....-3

3.14 INTERVIEWER: WAS PATIENT WORKING DURING 6 MONTHS PRIOR TO ADMISSION MONTH (Q3.1=01 YES)?

YES.....(GO TO Q3.16).....01  
 NO.....(ASK Q3.15).....00

3.15 During the last 6 months (PATIENT) worked <sup>IN</sup>~~prior to~~ (YEAR IN Q3.5), how many of those 26 weeks was (he/she) actually working? Include paid vacation but do not include weeks missed because of illness, unemployment or layoff.

|\_\_|\_\_| WEEKS

DON'T KNOW.....-1

\* \* \* GO TO Q4.1 \* \* \*

3.16 Thinking of the 26 weeks between (START DATE) and (ADMISSION DATE), please tell me about how many weeks (he/she) spent working (including paid vacation), and how many weeks (he/she) missed because of illness, layoff or strikes and for other reasons. USE CATEGORIES AS PROBES. ANSWERS SHOULD TOTAL 26.

	<u>WEEKS</u>	<u>DON'T KNOW</u>
A. WORKING INCLUDING PAID VACATION . . . . .	__ __	-1
B. MISSED BECAUSE OF ILLNESS OR INJURY . . .	__ __	-1
C. LAYOFF OR STRIKE. . . . .	__ __	-1
D. OTHER REASONS (SPECIFY) . . . . .	__ __	-1
26 TOTAL		

3.17 INTERVIEWER: ARE ANY WEEKS CODED IN Q3.16B (ILLNESS OR INJURY)?

YES.....(ASK Q3.18).....01  
NO.....(GO TO Q4.1).....00

3.18 What was the nature of the illness or medical problem that prevented (PATIENT) from working during those weeks? (RECORD VERBATIM.) CODE PREGNANCY 99 AND SKIP TO Q3.20.

\_\_\_\_\_  
\_\_\_\_\_  
(ASK A)

PREGNANT.....99 }  
DON'T KNOW.....-1 } (GO TO Q4.1)

A. Was (PATIENT's) hospitalization on (ADMISSION DATE) for the treatment of that illness?

YES.....01  
NO.....00  
DON'T KNOW.....-1

4.1 DATA ENTRY: CODE 00 AND CONTINUE WITH SECTION 10.

NO SECTIONS 5-9 THIS FORM.

## SECTION 10

The final questions refer to sources of income (PATIENT) or (his/her) spouse may have received. The information will help us understand the effects serious illness or injury may have on a family's economic well being.

- 10.1 Next, at any time since (START DATE), did (PATIENT), (his/her) spouse, or both of them receive (SOURCE)?

READ EACH SOURCE AND CODE YES OR NO IN COLUMN A. IF THE PATIENT AND/OR HIS/HER SPOUSE WAS ELIGIBLE FOR THE SOURCE, ASK QUESTIONS B-G FOR EACH ELIGIBLE PERSON, THEN GO TO THE NEXT SOURCE.

- COLLECT FOR PATIENT UNTIL DEATH AND FOR SPOUSE THROUGH JUNE, 1988.

FOR YEARS PRIOR TO PATIENT'S DEATH, ONLY COLLECT FOR SPOUSE IF SPOUSE WAS MARRIED TO OR LIVING WITH THE PATIENT DURING THAT YEAR.

CODE SIGNIFICANT OTHER AS A SPOUSE.



	A	B	C	D		
	ELIGIBLE	Who was eligible (you/PATIENT), (your/his/her) spouse, or both?	When did (you/ (PERSON)) first receive (SOURCE)?	Did (you/PERSON) receive (SOURCE) continuously frc (DATE IN (C)) until (June of 1988/DEATH DATE)?		
10.1 Any kind of Social Security?  What type was that? IF NECESSARY, READ Q10.2-10.5 AS PROBES.	YES...01 (Q10.2) NO....00 (Q10.6) DK.....-1 (Q10.6)					
10.2 (Social Security) for old age?	YES...01 (B) NO....00 (Q10.3) DK.....-1 (Q10.3)	PATIENT...01 (C)  SPOUSE....01 (C)	_ _ / _ _  → MO YR   _ _ / _ _  → MO YR	<u>YES</u> 01 (F)	<u>NO</u> 00 (E)	<u>DK</u> -1 (F)
10.3 (Social Security) for disability?	YES...01 (B) NO....00 (Q10.4) DK.....-1 (Q10.4)	PATIENT...01 (C)  SPOUSE....01 (C)	_ _ / _ _  → MO YR   _ _ / _ _  → MO YR	<u>YES</u> 01 (F)	<u>NO</u> 00 (E)	<u>DK</u> -1 (F)
10.4 (Social Security) for survivor's benefits?	YES...01 (B) NO....00 (Q10.5) DK.....-1 (Q10.5)	PATIENT...01 (C)  SPOUSE....01 (C)	_ _ / _ _  → MO YR   _ _ / _ _  → MO YR	<u>YES</u> 01 (F)	<u>NO</u> 00 (E)	<u>DK</u> -1 (F)
10.5 Any (other) type of Social Security?	YES...01 (B) NO....00 (Q10.6) DK.....-1 (Q10.6)	PATIENT...01 (C)  SPOUSE....01 (C)	_ _ / _ _  → MO YR   _ _ / _ _  → MO YR	<u>YES</u> 01 (F)	<u>NO</u> 00 (E)	<u>DK</u> -1 (F)
10.6 Any veteran's benefits for retirement?	YES...01 (B) NO....00 (Q10.7) DK.....-1 (Q10.7)	PATIENT...01 (C)  SPOUSE....01 (C)	_ _ / _ _  → MO YR   _ _ / _ _  → MO YR	<u>YES</u> 01 (F)	<u>NO</u> 00 (E)	<u>DK</u> -1 (F)
10.7 Veteran's benefits for injury or illness?	YES...01 (B) NO....00 (Q10.8) DK.....-1 (Q10.8)	PATIENT...01 (C)  SPOUSE....01 (C)	_ _ / _ _  → MO YR   _ _ / _ _  → MO YR	<u>YES</u> 01 (F)	<u>NO</u> 00 (E)	<u>DK</u> -1 (F)

E	F	G
When did (you/ PERSON) last receive (SOURCE)?	How much did (you/PERSON) receive per month the last time (you/he/she) received a payment from (SOURCE)?	Did (SPOUSE) receive (SOURCE) because of (PATIENT's) death?
_ _ / _ _  → MO YR	\$  _ _ _ _ _  per month → GO TO SPOUSE OR Q10.3	X
_ _ / _ _  → MO YR	\$  _ _ _ _ _  per month → GO TO G ----->	YES.....01 NO.....00
_ _ / _ _  → MO YR	\$  _ _ _ _ _  per month → GO TO SPOUSE OR Q10.4	X
_ _ / _ _  → MO YR	\$  _ _ _ _ _  per month → GO TO G ----->	YES.....01 NO.....00
_ _ / _ _  → MO YR	\$  _ _ _ _ _  per month → GO TO SPOUSE OR Q10.5	X
_ _ / _ _  → MO YR	\$  _ _ _ _ _  per month → GO TO G ----->	YES.....01 NO.....00
_ _ / _ _  → MO YR	\$  _ _ _ _ _  per month → GO TO SPOUSE OR Q10.6	X
_ _ / _ _  → MO YR	\$  _ _ _ _ _  per month → GO TO G ----->	YES.....01 NO.....00
_ _ / _ _  → MO YR	\$  _ _ _ _ _  per month → GO TO SPOUSE OR Q10.7	X
_ _ / _ _  → MO YR	\$  _ _ _ _ _  per month → GO TO G ----->	YES.....01 NO.....00
_ _ / _ _  → MO YR	\$  _ _ _ _ _  per month → GO TO SPOUSE OR Q10.8	X
_ _ / _ _  → MO YR	\$  _ _ _ _ _  per month → GO TO G ----->	YES.....01 NO.....00

	A	B	C	D
	ELIGIBLE	Who was eligible (you/PATIENT), (your/his/her) spouse, or both?	When did (you/ (PERSON)) first receive (SOURCE)?	Did (you/PERSON) receive (SOURCE) continuously from (DATE IN (C)) until (June of 1988/DEATH DATE)?
				<u>YES</u> <u>NO</u> <u>DK</u>
10.8 Any type of SSI? (Supplemental Security Income)	YES..01 (B) NO...00 (Q10.9) DK...-1 (Q10.9)	PATIENT...01 (C) →  SPOUSE....01 (C) →	_ _ / _ _  → MO            YR   _ _ / _ _  → MO            YR	01 (F)    00 (E)    -1 (F)  01 (F)    00 (E)    -1 (F)
10.9 AFDC? (Aid to Families with Dependent Children)	YES..01 (B) NO...00 (Q10.10) DK...-1 (Q10.10)	PATIENT...01 (C) →  SPOUSE....01 (C) →	_ _ / _ _  → MO            YR   _ _ / _ _  → MO            YR	<u>YES</u> <u>NO</u> <u>DK</u> 01 (F)    00 (E)    -1 (F)  01 (F)    00 (E)    -1 (F)
10.10 Any pensions?	YES..01 (Q10.11) → NO...00 (Q10.15) DK...-1 (Q10.15)			
10.11 What type of pension? (SPECIFY)	YES..01 (B) NO...00 (Q10.14) DK...-1 (Q10.14)	PATIENT...01 (C) →  SPOUSE....01 (C) →	_ _ / _ _  → MO            YR   _ _ / _ _  → MO            YR	<u>YES</u> <u>NO</u> <u>DK</u> 01 (F)    00 (E)    -1 (F)  01 (F)    00 (E)    -1 (F)
10.12 Any other pension? What type? (SPECIFY)	YES..01 (B) NO...00 (Q10.14) DK...-1 (Q10.14)	PATIENT...01 (C) →  SPOUSE....01 (C) →	_ _ / _ _  → MO            YR   _ _ / _ _  → MO            YR	<u>YES</u> <u>NO</u> <u>DK</u> 01 (F)    00 (E)    -1 (F)  01 (F)    00 (E)    -1 (F)
10.13 Any other pension? What type? (SPECIFY)	YES..01 (B) NO...00 (Q10.14) DK...-1 (Q10.14)	PATIENT...01 (C) →  SPOUSE....01 (C) →	_ _ / _ _  → MO            YR   _ _ / _ _  → MO            YR	<u>YES</u> <u>NO</u> <u>DK</u> 01 (F)    00 (E)    -1 (F)  01 (F)    00 (E)    -1 (F)

E	F	G
When did (you/ PERSON) last receive (SOURCE)?	How much did (you/PERSON) receive per month the last time (you/he/she) received a payment from (SOURCE)?	Did (SPOUSE) receive (SOURCE) because of (PATIENT's) death?
_ _ / _ _  → MO YR	\$  _ _ _ _ _  per month → GO TO SPOUSE OR Q10.9	X
_ _ / _ _  → MO YR	\$  _ _ _ _ _  per month → GO TO G ----->	YES.....01 NO.....00
_ _ / _ _  → MO YR	\$  _ _ _ _ _  per month → GO TO SPOUSE OR Q10.10	X
_ _ / _ _  → MO YR	\$  _ _ _ _ _  per month → GO TO G ----->	X
_ _ / _ _  → MO YR	\$  _ _ _ _ _  per month → GO TO SPOUSE OR Q10.12	X
_ _ / _ _  → MO YR	\$  _ _ _ _ _  per month → GO TO G ----->	YES.....01 NO.....00
_ _ / _ _  → MO YR	\$  _ _ _ _ _  per month → GO TO SPOUSE OR Q10.13	X
_ _ / _ _  → MO YR	\$  _ _ _ _ _  per month → GO TO G ----->	YES.....01 NO.....00
_ _ / _ _  → MO YR	\$  _ _ _ _ _  per month → GO TO SPOUSE OR Q10.14	X
_ _ / _ _  → MO YR	\$  _ _ _ _ _  per month → GO TO G ----->	YES.....01 NO.....00

10.14 (Were any of these pensions/Was this pension) (that is, NAME[S] OF PENSION IN Q10.11-10.13) received because of a disability?

YES.....01  
NO.....00

A. INTERVIEWER: IF ONLY ONE PENSION RECEIVED, CODE WITHOUT ASKING.

Which one(s)?

PENSION IN Q10.11 FOR PATIENT.....01  
FOR SPOUSE.....02  
PENSION IN Q10.12 FOR PATIENT.....03  
FOR SPOUSE.....04  
PENSION IN Q10.13 FOR PATIENT.....05  
FOR SPOUSE.....06

The next income questions are about sources of income people may have when they are unable to work for short periods of time. These questions refer only to (PATIENT).

- o ASK IF PATIENT RECEIVED INCOME FROM (SOURCE).
- o IF YES: ASK HOW MANY TIMES INCOME WAS RECEIVED FROM (SOURCE).
- o ASK C AND D FOR FIRST FIVE TIMES INCOME WAS RECEIVED. IF YOU RECEIVE TWO DK'S IN C FOR THAT SOURCE, GO TO E.
- o THEN ASK THE AMOUNT OF THE LAST PAYMENT PATIENT RECEIVED FROM (SOURCE).
- o GO TO THE NEXT (SOURCE).

Since (START DATE), has (he/she) received (SOURCE).

	A	B	C	D	E
	RECEIVED?	How many times from (START DATE) until (DEATH DATE) did (he/she) receive (SOURCE)?	When did (he/she) (first/next) receive (SOURCE)?	For how long did (he/she) receive (SOURCE) that time?	How much did (PERSON) rec the last time (he/she) received a payment from (SOURCE)?
10.15 New York State Temporary Disability Insurance?	YES...01 (B) ----> NO....00 (Q10.16) DK....-1 (Q10.16)	_ _  TIMES  DON'T KNOW.....-1 (E)	C1  _ _ / _ _  --> MO YR C2  _ _ / _ _  --> MO YR C3  _ _ / _ _  --> MO YR C4  _ _ / _ _  --> MO YR C5  _ _ / _ _  --> MO YR	D1  _ _  WEEKS...01 MONTHS...02 D2  _ _  WEEKS...01 MONTHS...02 D3  _ _  WEEKS...01 MONTHS...02 D4  _ _  WEEKS...01 MONTHS...02 D5  _ _  WEEKS...01 MONTHS...02	\$  _ _  per week... per month.. DON'T KNOW.
10.16 Worker's Compensation?	YES...01 (B) ----> NO....00 (Q10.17) DK....-1 (Q10.17)	_ _  TIMES  DON'T KNOW.....-1 (E)	C1  _ _ / _ _  --> MO YR C2  _ _ / _ _  --> MO YR C3  _ _ / _ _  --> MO YR C4  _ _ / _ _  --> MO YR C5  _ _ / _ _  --> MO YR	D1  _ _  WEEKS...01 MONTHS...02 D2  _ _  WEEKS...01 MONTHS...02 D3  _ _  WEEKS...01 MONTHS...02 D4  _ _  WEEKS...01 MONTHS...02 D5  _ _  WEEKS...01 MONTHS...02	\$  _ _  per week... per month.. DON'T KNOW.

	A	B	C	D	E
	RECEIVED?	How many times from (START DATE) until (DEATH DATE) did (he/she) receive (SOURCE)?	When did (he/she) (first/next) receive (SOURCE)?	For how long did (he/she) receive (SOURCE) that time?	How much did (PERSON) receive the last time (he/she) received a payment from (SOURCE)?
10.17 Any other income related to illness? (SPECIFY)	YES...01 (B) --> NO....00 (Q10.18) DK....-1 (Q10.18)	_ _  TIMES  DON'T KNOW.....-1 (E)	C1  _ _ / _ _  -> MO YR C2  _ _ / _ _  -> MO YR C3  _ _ / _ _  -> MO YR C4  _ _ / _ _  -> MO YR C5  _ _ / _ _  -> MO YR	D1  _ _  WEEKS...01 MONTHS...02 D2  _ _  WEEKS...01 MONTHS...02 D3  _ _  WEEKS...01 MONTHS...02 D4  _ _  WEEKS...01 MONTHS...02 D5  _ _  WEEKS...01 MONTHS...02	\$  _ _  per week.... per month... DON'T KNOW..

10.18 ARE YOU INTERVIEWING PATIENT'S SPOUSE?

YES.....01  
 NO.....(SKIP TO Q10.20).....00

10.19 PATIENT'S SPOUSE'S INCOME

10.19 For each year I mention, please tell me what (PATIENT's) spouse (or partner) earned from wages and salaries before taxes and other deductions. If (he/she) was living alone that year, please tell me. I just need to know the approximate amount. RECORD AS MONTHLY OR ANNUAL SALARY. COLLECT THROUGH 1988 FOR ALL PATIENT SPOUSES. IF NO SPOUSE OR PARTNER, CODE NONE. What did (his/her) partner earn...

In 1984? . . . . . \$ |\_\_|\_\_|,|\_\_|\_\_|\_\_| per month.....01  
 per year.....02  
 REFUSED.....-3  
 DON'T KNOW.....-1  
 NONE.....00

In 1985? . . . . . \$ |\_\_|\_\_|,|\_\_|\_\_|\_\_| per month.....01  
 per year.....02  
 REFUSED.....-3  
 DON'T KNOW.....-1  
 NONE.....00

In 1986? . . . . . \$ |\_\_|\_\_|,|\_\_|\_\_|\_\_| per month.....01  
 per year.....02  
 REFUSED.....-3  
 DON'T KNOW.....-1  
 NONE.....00

In 1987? . . . . . \$ |\_\_|\_\_|,|\_\_|\_\_|\_\_| per month.....01  
 per year.....02  
 REFUSED.....-3  
 DON'T KNOW.....-1  
 NONE.....00

In 1988 through June?. . . \$ |\_\_|\_\_|,|\_\_|\_\_|\_\_| per month.....01  
 per year.....02  
 REFUSED.....-3  
 DON'T KNOW.....-1  
 NONE.....00



10.20 Did (PATIENT) have any other income or lump sum payments after (DISCHARGE DATE) that we haven't already discussed?

YES.....01  
NO.....(GO TO Q10.21).....00  
206

A. What was that (income/money) from?

---

B. Did (PATIENT) receive this as a single payment?

YES.....(GO TO Q10.20F).....01  
NO.....00 -

C. When was (PATIENT) first eligible to receive (SOURCE)?

|\_\_|\_\_|/|\_\_|\_\_|  
MO YR

D. Did (PATIENT) receive (SOURCE) continuously from (DATE IN (C)) until (DEATH DATE)?

YES.....(GO TO F).....01  
NO.....00  
DON'T KNOW.....(GO TO F).....-1

E. When did (PATIENT) last receive (SOURCE)?

|\_\_|\_\_|/|\_\_|\_\_|  
MO YR

F. How much did (PATIENT) receive per month the last time (he/she) received a payment from (SOURCE)?

\$ |\_\_|\_\_|\_\_|\_\_| PER MONTH

G. WAS (PATIENT) MARRIED OR LIVING AS MARRIED AT ANY TIME FROM (START DATE) UNTIL (JUNE 1988/DEATH DATE)?

YES.....01  
NO.....(GO TO Q10.22).....00

10.21 Did (PATIENT's) spouse have any other income or lump sum payments after (ADMISSION DATE) that we haven't already discussed?

YES.....01  
NO.....(GO TO Q10.22).....00

A. What was that (income/money) from?

---

B. Did (PATIENT's) spouse receive this as a single payment?

YES.....(GO TO Q10.22).....01  
NO.....00

C. When was (PATIENT's) spouse first eligible to receive (SOURCE)?

|\_|\_|\_|/|\_|\_|\_|  
MO YR

D. Did (PATIENT's) spouse receive (SOURCE) continuously from (DATE IN (C)) until (June of 1988)?

YES.....(GO TO F).....01  
NO.....00  
DON'T KNOW.....(GO TO F).....-1

E. When did (PATIENT's) spouse last receive (SOURCE)?

|\_|\_|\_|/|\_|\_|\_|  
MO YR

F. How much did (PATIENT's) spouse receive per month the last time (you/he/she) received a payment from (SOURCE)?

\$ |\_|\_|\_|\_| PER MONTH

10.22 Thank you for your time and help.

FIELD ONLY READ: May I please have your name and telephone number  
just in case my office wants to verify this interview?

PROXY NAME: \_\_\_\_\_

TELEPHONE NUMBER: |\_\_|\_\_|\_\_|\_|-|\_\_|\_\_|\_\_|\_|-|\_\_|\_\_|\_\_|\_|  
                                AREA CODE

REFUSED.....-3 (END)  
NO PHONE.....00 (END)

A. Is this phone located in your own home?

YES.....01 (END)  
NO.....00 (B)

B. Where is this phone located?

\_\_\_\_\_

TIME INTERVIEW ENDED: |\_\_|\_\_|:|\_\_|\_\_| AM....01  
  PM....02

CONSEQUENCES OF HOSPITALIZATION

FORM NLF

AT KEY HOSPITALIZATION

ADULTS NOT IN LABOR FORCE

<u>INTERVIEW MODE</u>	CASE ID	_ _ _ _ _ _ _
TELEPHONE.....01	INTERVIEWER ID	_ _ _ _ _ _ _
IN-PERSON.....02	DATE INTERVIEW BEGAN:	_ _ _ _ _ _ _
		MO DAY
<u>INTERVIEW WITH</u>	TIME INTERVIEW BEGAN:	_ _ _ _ _ _ _
RESPONDENT.....01		AM
PROXY.....02		PM



SECTION 1. MEDICAL CARE (LIVE AT DISCHARGE)

1.1 (Were you/Was PATIENT) admitted to (HOSPITAL) on (ADMISSION DATE) from another hospital or nursing home?

YES.....01  
NO.....00  
DON'T KNOW.....-1

1.1A INTERVIEWER: DID PATIENT DIE DURING KEY HOSPITALIZATION?

YES.....(GO TO Q1.29).....01  
NO.....00

1.2 And, when (you were/PATIENT was) discharged from (HOSPITAL), (were you/was [he/she]) sent to another hospital or a nursing home?

YES.....(GO TO Q1.4).....01  
NO.....(ASK Q1.3).....00  
DON'T KNOW.....(ASK Q1.3).....-1

1.3 Did (you/PATIENT) stay in a hospital or nursing home overnight as a patient at any time since (DISCHARGE DATE) when (you were/[he/she] was) discharged from (HOSPITAL)?

YES.....(ASK Q1.4).....01  
NO.....(GO TO Q1.7).....00  
DON'T KNOW.....(GO TO Q1.7).....-1

1.4 (Were you/Was [he/she]) in a hospital or nursing home continuously since (DISCHARGE MONTH)?

YES.....01  
NO.....(GO TO Q1.5).....00

A. Was this because of health problems or conditions related to (your/his/her) hospitalization in (HOSPITAL) in (DISCHARGE MONTH)?

YES.....01  
NO.....00

B. (Were you/Was PATIENT) in the same hospital or nursing home since (DISCHARGE DATE)?

YES.....(ASK C).....01  
NO.....(GO TO Q1.5).....00

C. What is the name of the hospital or nursing home (you are/PATIENT is) in?

\_\_\_\_\_

D. What city and state is (NAME OF HOSPITAL) in?

\_\_\_\_\_

CITY

\_\_\_\_\_

STATE

\* \* \* GO TO Q1.11 \* \* \*

1.5 How many different hospital or nursing home stays did (you/PATIENT) have since (DISCHARGE DATE FROM FACE SHEET)?

NUMBER OF DIFFERENT STAYS: |\_\_|\_\_|

NONE.....(GO TO Q1.7).....00  
DON'T KNOW.....-1

A. How many of these stays were because of health problems or conditions related to (your/his/her) hospitalization in (HOSPITAL) on (ADMISSION DATE)?

NUMBER OF DIFFERENT STAYS: |\_\_|\_\_|

NONE.....(GO TO Q1.7).....00  
DON'T KNOW.....-1

1.6 I would like to ask you a little more about (that/each) hospital (or nursing home stay) which was due to health problems or conditions related to (your/his/her) hospitalization in (HOSPITAL) from (ADMISSION DATE) to (DISCHARGE DATE).

Think of the (first/next) hospital (or nursing home) (you/he/she) stayed in after (DISCHARGE DATE).

- o RECORD FIRST HOSPITAL NAME IN COLUMN (a), AND ADDRESS IN COLUMN (b).
- o THEN ASK START DATE AND LENGTH OF STAY FOR EACH VISIT IN COLUMN (c).
- o IF RESPONDENT CANNOT LIST EACH VISIT, ASK FOR THE NUMBER OF NIGHTS (HE/SHE) WAS IN THAT HOSPITAL EACH YEAR IN COLUMN (d).
- o THEN GO TO NEXT HOSPITAL.
- o IF NO NEXT HOSPITAL, GO TO Q1.7.



PROBE: Please tell me only about stays due to health problems or conditions related to (your/his/her) hospitalization which ended on (DISCHARGE DATE).

RECORD EACH VISIT AND LENGTH OF STAY IN COLUMNS (c1) AND (c2). IF RESPONDENT CANNOT LIST VISITS, COLLECT AGGREGATE DAYS PER YEAR IN COLUMN (d2).

(a)	(b)	(c)		(d)	
1.6A  What is the (first/next) (hospital's/ nursing home's) name?	What city and state is (NAME) in? RECORD FOREIGN COUNTY ON STATE LINE.	(c1)  In what month and year did (your/his/her) (first/next) visit start?	(c2)  How long was that stay?	It is difficult for many people to remember the dates of hospitalization. Please tell me approximately how many days (YEAR) (you/he/she) was in (NAME) Was it...  (d1)                      (d2)  YEAR                      DAYS IN HOSPITAL	
	CITY	CANNOT ANSWER....-1 → (GO TO COLUMN (d))		in 1984 after	1-10 days.....
		1st  __ _ / __ _  →  __ _	DAYS...01 WEEKS...02 DK.....-1	(your/his/her) discharge on (DISCHARGE DATE).	11-20 days..... 21-30 days..... 31-60 days..... 61-90 days..... More than 91 days... DON'T KNOW.....
	STATE	2nd  __ _ / __ _  →  __ _	DAYS...01 WEEKS...02 DK.....-1	in 1985	1-10 days..... 11-20 days..... 21-30 days..... 31-60 days..... 61-90 days..... More than 91 days... DON'T KNOW.....
		3rd  __ _ / __ _  →  __ _	DAYS...01 WEEKS...02 DK.....-1	in 1986	1-10 days..... 11-20 days..... 21-30 days..... 31-60 days..... 61-90 days..... More than 91 days... DON'T KNOW.....
		4th  __ _ / __ _  →  __ _	DAYS...01 WEEKS...02 DK.....-1	in 1987	1-10 days..... 11-20 days..... 21-30 days..... 31-60 days..... 61-90 days..... More than 91 days... DON'T KNOW.....
		5th  __ _ / __ _  →  __ _	DAYS...01 WEEKS...02 DK.....-1	through June 30 of 1988	1-10 days..... 11-20 days..... 31-30 days..... 31-60 days..... 61-90 days..... More than 91 days... DON'T KNOW.....
		6th  __ _ / __ _  →  __ _	DAYS...01 WEEKS...02 DK.....-1		
		7th  __ _ / __ _  →  __ _	DAYS...01 WEEKS...02 DK.....-1		
		8th  __ _ / __ _  →  __ _	DAYS...01 WEEKS...02 DK.....-1		
		9th  __ _ / __ _  →  __ _	DAYS...01 WEEKS...02 DK.....-1		

PROBE: Please tell me only about stays due to health problems or conditions related to (your/his/her) hospitalization which ended on (DISCHARGE DATE).

RECORD EACH VISIT AND LENGTH OF STAY IN COLUMNS (c1) AND (c2). IF RESPONDENT CANNOT LIST VISITS, COLLECT AGGREGATE DAYS PER YEAR IN COLUMN (d2).

(a)	(b)	(c)		(d)																			
1.6B  What is the next (hospital's/nursing home's) name?	What city and state is (NAME) in? RECORD FOREIGN COUNTY ON STATE LINE.	(c1)  In what month and year did (your/his/her) (first/next) visit start?	(c2)  How long was that stay?	(d1)  YEAR	(d2)  DAYS IN HOSPITAL																		
	CITY	CANNOT ANSWER....-1 → (GO TO COLUMN (d))		in 1984 after	1-10 days.....C																		
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_ _	/	_	+	_	DAYS...01																		
MO		YR			WEEKS...02																		
					DK.....-1																		
				(DISCHARGE	21-30 days.....C																		
				DATE).	31-60 days.....C																		
					61-90 days.....C																		
					More than 91 days...C																		
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_ _	/	_	+	_	DAYS...01																		
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_ _	/	_	+	_	DAYS...01																		
MO		YR			WEEKS...02																		
					DK.....-1																		
				June 30	11-20 days.....C																		
				of 1988	31-30 days.....C																		
					31-60 days.....C																		
					61-90 days.....C																		
					More than 91 days...C																		
					DON'T KNOW.....-																		
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_ _	/	_	+	_	DAYS...01																		
MO		YR			WEEKS...02																		
					DK.....-1																		

PROBE: Please tell me only about stays due to health problems or conditions related to (your/his/her) hospitalization which ended on (DISCHARGE DATE).

RECORD EACH VISIT AND LENGTH OF STAY IN COLUMNS (c1) AND (c2). IF RESPONDENT CANNOT LIST VISITS, COLLECT AGGREGATE DAYS PER YEAR IN COLUMN (d2).

(a)	(b)	(c)		(d)	
1.6C  What is the next (hospital's/nursing home's) name?	What city and state is (NAME) in? RECORD FOREIGN COUNTY ON STATE LINE.	(c1)  In what month and year did (your/his/her) (first/next) visit start?	(c2)  How long was that stay?	It is difficult for many people to remember the dates of hospitalization. Please tell me approximately how many days (YEAR) (you/he/she) was in (NAME) Was it...  (d1) YEAR      (d2) DAYS IN HOSPITAL	
	CITY	CANNOT ANSWER....-1 → (GO TO COLUMN (d))		in 1984 after (your/his/her) discharge on (DISCHARGE DATE).	1-10 days.....(
	STATE	1st  __ _ / __ _  →  __ _  MO YR	DAYS...01 WEEKS...02 DK.....-1		11-20 days.....(
		2nd  __ _ / __ _  →  __ _  MO YR	DAYS...01 WEEKS...02 DK.....-1		21-30 days.....(
		3rd  __ _ / __ _  →  __ _  MO YR	DAYS...01 WEEKS...02 DK.....-1	in 1985	31-60 days.....(
		4th  __ _ / __ _  →  __ _  MO YR	DAYS...01 WEEKS...02 DK.....-1		61-90 days.....(
		5th  __ _ / __ _  →  __ _  MO YR	DAYS...01 WEEKS...02 DK.....-1	in 1986	More than 91 days... DON'T KNOW.....(
		6th  __ _ / __ _  →  __ _  MO YR	DAYS...01 WEEKS...02 DK.....-1		1-10 days.....(
		7th  __ _ / __ _  →  __ _  MO YR	DAYS...01 WEEKS...02 DK.....-1	in 1987	11-20 days.....(
		8th  __ _ / __ _  →  __ _  MO YR	DAYS...01 WEEKS...02 DK.....-1		21-30 days.....(
		9th  __ _ / __ _  →  __ _  MO YR	DAYS...01 WEEKS...02 DK.....-1	through June 30 of 1988	31-60 days.....(
					61-90 days.....(
					More than 91 days.. DON'T KNOW.....(

PROBE: Please tell me only about stays due to health problems or conditions related to (your/his/her) hospitalization which ended on (DISCHARGE DATE).

RECORD EACH VISIT AND LENGTH OF STAY IN COLUMNS (c1) AND (c2). IF RESPONDENT CANNOT LIST VISITS, COLLECT AGGREGATE DAYS PER YEAR IN COLUMN (d2).

(a)	(b)	(c)	(d)								
1.60  What is the next (hospital's/nursing home's) name?	What city and state is (NAME) in? RECORD FOREIGN COUNTY ON STATE LINE.	<table border="1"> <thead> <tr> <th data-bbox="753 465 953 655">(c1)</th> <th data-bbox="953 465 1140 655">(c2)</th> </tr> <tr> <td data-bbox="753 519 953 655">In what month and year did (your/his/her) (first/next) visit start?</td> <td data-bbox="953 519 1140 655">How long was that stay?</td> </tr> </thead> </table>	(c1)	(c2)	In what month and year did (your/his/her) (first/next) visit start?	How long was that stay?	<p data-bbox="1146 332 1509 461">It is difficult for many people to remember the dates of hospitalization. Please tell me approximately how many days (YEAR) (you/he/she) was in (NAME). Was it...</p> <table border="1"> <thead> <tr> <th data-bbox="1140 465 1311 655">(d1)</th> <th data-bbox="1311 465 1521 655">(d2)</th> </tr> <tr> <td data-bbox="1140 627 1311 655">YEAR</td> <td data-bbox="1311 627 1521 655">DAYS IN HOSPITAL</td> </tr> </thead> </table>	(d1)	(d2)	YEAR	DAYS IN HOSPITAL
(c1)	(c2)										
In what month and year did (your/his/her) (first/next) visit start?	How long was that stay?										
(d1)	(d2)										
YEAR	DAYS IN HOSPITAL										
	<table border="1"> <thead> <tr> <th data-bbox="406 702 748 784">CITY</th> </tr> <tr> <th data-bbox="406 784 748 1759">STATE</th> </tr> </thead> </table>	CITY	STATE	<p data-bbox="753 681 1140 713">CANNOT ANSWER....-1 → (GO TO COLUMN (d))</p> <p data-bbox="753 735 1140 810">1st  __ _ / __ _  →  __ _  DAYS...01 MO YR WEEKS...02 DK.....-1</p> <p data-bbox="753 842 1140 918">2nd  __ _ / __ _  →  __ _  DAYS...01 MO YR WEEKS...02 DK.....-1</p> <p data-bbox="753 950 1140 1026">3rd  __ _ / __ _  →  __ _  DAYS...01 MO YR WEEKS...02 DK.....-1</p> <p data-bbox="753 1058 1140 1134">4th  __ _ / __ _  →  __ _  DAYS...01 MO YR WEEKS...02 DK.....-1</p> <p data-bbox="753 1166 1140 1241">5th  __ _ / __ _  →  __ _  DAYS...01 MO YR WEEKS...02 DK.....-1</p> <p data-bbox="753 1274 1140 1349">6th  __ _ / __ _  →  __ _  DAYS...01 MO YR WEEKS...02 DK.....-1</p> <p data-bbox="753 1381 1140 1457">7th  __ _ / __ _  →  __ _  DAYS...01 MO YR WEEKS...02 DK.....-1</p> <p data-bbox="753 1489 1140 1565">8th  __ _ / __ _  →  __ _  DAYS...01 MO YR WEEKS...02 DK.....-1</p> <p data-bbox="753 1597 1140 1673">9th  __ _ / __ _  →  __ _  DAYS...01 MO YR WEEKS...02 DK.....-1</p>	<p data-bbox="1146 681 1521 810">in 1984 after (your/his/her) discharge on (DISCHARGE DATE).</p> <p data-bbox="1146 896 1521 1080">in 1985</p> <p data-bbox="1146 1112 1521 1295">in 1986</p> <p data-bbox="1146 1328 1521 1511">in 1987</p> <p data-bbox="1146 1543 1521 1726">through June 30 of 1988</p> <p data-bbox="1311 681 1521 810">1-10 days.....01 11-20 days.....02 21-30 days.....03 31-60 days.....04 61-90 days.....05 More than 91 days...06 DON'T KNOW.....-1</p> <p data-bbox="1311 896 1521 1080">1-10 days.....01 11-20 days.....02 21-30 days.....03 31-60 days.....04 61-90 days.....05 More than 91 days...06 DON'T KNOW.....-1</p> <p data-bbox="1311 1112 1521 1295">1-10 days.....01 11-20 days.....02 21-30 days.....03 31-60 days.....04 61-90 days.....05 More than 91 days...06 DON'T KNOW.....-1</p> <p data-bbox="1311 1328 1521 1511">1-10 days.....01 11-20 days.....02 21-30 days.....03 31-60 days.....04 61-90 days.....05 More than 91 days...06 DON'T KNOW.....-1</p> <p data-bbox="1311 1543 1521 1726">1-10 days.....01 11-20 days.....02 31-30 days.....03 31-60 days.....04 61-90 days.....05 More than 91 days...06 DON'T KNOW.....-1</p>						
CITY											
STATE											

1.7 INTERVIEWER: WAS PATIENT HOSPITALIZED CONTINUOUSLY (Q1.4=YES)?

YES.....(GO TO Q1.11).....01  
 NO.....00

1.8 In addition to treatment in hospitals or nursing homes, people often need to continue their treatment in outpatient settings.

After (your/his/her) discharge from (HOSPITAL) on (DISCHARGE DATE), did (you/PATIENT) require outpatient care by a doctor because of a health problem or condition related to that hospitalization?

YES.....01 + (ASK A)  
 NO.....00 + (GO TO Q1.9)  
 DON'T KNOW.....-1 + (GO TO Q1.9)

A. What type of a doctor was that?

RECORD TYPE OF-DOCTOR IN A, THEN ASK B-H. THEN GO TO Q1.8(b).

IF PATIENT DIED SINCE HOSPITALIZATION, CODE -4 IN YEAR FOLLOWING DEATH.

<u>A</u> DOCTORS	<u>B</u> REQUIRED?	<u>C</u> How many (TYPE OF CARE) visits did (you/he/she) require in 1984 after (DISCHARGE DATE)?	<u>D</u> And, how many in 1985?
1.8a What type of doctor was that? TYPE OF DOCTOR  _____ (C)		_ _  OR ___ visits every ___ ___ visits every ___ DON'T KNOW.....-1	_ _  OR ___ visits every ___ ___ visits every ___ DON'T KNOW.....-1 PATIENT DEAD.....-4
1.8b Any other type of doctor? TYPE OF DOCTOR  _____	YES.....01 (C)---> NO.....00 (Q1.9) DON'T KNOW...-1 (Q1.9)	_ _  OR ___ visits every ___ ___ visits every ___ DON'T KNOW.....-1	_ _  OR ___ visits every ___ ___ visits every ___ DON'T KNOW.....-1 PATIENT DEAD.....-4
1.8c Any other type of doctor? TYPE OF DOCTOR  _____	YES.....01 (C)---> NO.....00 (Q1.9) DON'T KNOW...-1 (Q1.9)	_ _  OR ___ visits every ___ ___ visits every ___ DON'T KNOW.....-1	_ _  OR ___ visits every ___ ___ visits every ___ DON'T KNOW.....-1 PATIENT DEAD.....-4

<u>E</u> (How many) in 1986?	<u>F</u> (How many) in 1987?	<u>G</u> And in 1988 through the end of June?	<u>H</u> How much (were you/was [he/she]) charged the last time (you/he/she) saw (TYPE OF PROVIDER)?
_ _ _  OR _ visits every _ _ visits every _ DON'T KNOW.....-1 PATIENT DEAD.....-4	_ _ _  OR _ visits every _ _ visits every _ DON'T KNOW.....-1 PATIENT DEAD.....-4	_ _ _  OR _ visits every _ _ visits every _ DON'T KNOW.....-1 PATIENT DEAD.....-4	\$  _ _ _ _ .  _ _ _  (Q1.8b) DON'T KNOW.....-1
_ _ _  OR _ visits every _ _ visits every _ DON'T KNOW.....-1 PATIENT DEAD.....-4	_ _ _  OR _ visits every _ _ visits every _ DON'T KNOW.....-1 PATIENT DEAD.....-4	_ _ _  OR _ visits every _ _ visits every _ DON'T KNOW.....-1 PATIENT DEAD.....-4	\$  _ _ _ _ .  _ _ _  (Q1.8c) DON'T KNOW.....-1
_ _ _  OR _ visits every _ _ visits every _ DON'T KNOW.....-1 PATIENT DEAD.....-4	_ _ _  OR _ visits every _ _ visits every _ DON'T KNOW.....-1 PATIENT DEAD.....-4	_ _ _  OR _ visits every _ _ visits every _ DON'T KNOW.....-1 PATIENT DEAD.....-4	\$  _ _ _ _ .  _ _ _  (Q1.9) DON'T KNOW.....-1

1.9 After (your/his/her) discharge from (HOSPITAL) on (DISCHARGE DATE), did (you/PATIENT) require outpatient care by a therapist, such as a physical rehabilitation or radiation therapist because of a health problem or condition related to that hospitalization?

YES.....01 + (ASK A)  
 NO.....00 + (GO TO Q1.10)  
 DON'T KNOW.....-1 + (GO TO Q1.10)

A. What type of therapist was that?

RECORD TYPE OF THERAPIST IN A, THEN ASK B-H. THEN GO TO Q1.9(b).

IF PATIENT DIED SINCE HOSPITALIZATION, CODE -4 IN YEAR FOLLOWING DEATH.

<u>A</u>  THERAPISTS	<u>B</u>  REQUIRED?	<u>C</u>  How many (TYPE OF CARE) visits did (you/he/she) require in 1984 after (DISCHARGE DATE)?	<u>D</u>  And, how many in 1985?
1.9a What type of therapist was that? TYPE OF THERAPIST  _____  (C)		__ __  OR ___ visits every ___ ___ visits every ___ DON'T KNOW.....-1	__ __  OR ___ visits every ___ ___ visits every ___ DON'T KNOW.....-1 PATIENT DEAD.....-4
1.9b Any other type of therapist? TYPE OF THERAPIST  _____	YES.....01 (C)---> NO.....00 (Q1.10) DON'T KNOW...-1 (Q1.10)	__ __  OR ___ visits every ___ ___ visits every ___ DON'T KNOW.....-1	__ __  OR ___ visits every ___ ___ visits every ___ DON'T KNOW.....-1 PATIENT DEAD.....-4
1.9c Any other type of therapist? TYPE OF THERAPIST  _____	YES.....01 (C)---> NO.....00 (Q1.10) DON'T KNOW...-1 (Q1.10)	__ __  OR ___ visits every ___ ___ visits every ___ DON'T KNOW.....-1	__ __  OR ___ visits every ___ ___ visits every ___ DON'T KNOW.....-1 PATIENT DEAD.....-4

<u>E</u> (How many) in 1986?	<u>F</u> (How many) in 1987?	<u>G</u> And in 1988 through the end of June?	<u>H</u> How much (were you/was [he/she]) charged the last time (you/he/she) saw (TYPE OF PROVIDER)?
__ __  OR __ visits every __ __ visits every __ DON'T KNOW.....-1 PATIENT DEAD.....-4	__ __  OR __ visits every __ __ visits every __ DON'T KNOW.....-1 PATIENT DEAD.....-4	__ __  OR __ visits every __ __ visits every __ DON'T KNOW.....-1 PATIENT DEAD.....-4	\$  __ __ __ .  __ __  (Q1.9b) DON'T KNOW.....-1
__ __  OR __ visits every __ __ visits every __ DON'T KNOW.....-1 PATIENT DEAD.....-4	__ __  OR __ visits every __ __ visits every __ DON'T KNOW.....-1 PATIENT DEAD.....-4	__ __  OR __ visits every __ __ visits every __ DON'T KNOW.....-1 PATIENT DEAD.....-4	\$  __ __ __ .  __ __  (Q1.9c) DON'T KNOW.....-1
__ __  OR __ visits every __ __ visits every __ DON'T KNOW.....-1 PATIENT DEAD.....-4	__ __  OR __ visits every __ __ visits every __ DON'T KNOW.....-1 PATIENT DEAD.....-4	__ __  OR __ visits every __ __ visits every __ DON'T KNOW.....-1 PATIENT DEAD.....-4	\$  __ __ __ .  __ __  (Q1.10) DON'T KNOW.....-1



1.10 After (your/his/her) discharge from (HOSPITAL) on (DISCHARGE DATE), did (you/PATIENT) require outpatient care by any other health care professional who came to your home such as a visiting nurse or home health aid because of a health problem or condition related to that hospitalization?

YES.....01 → (ASK A)  
 NO.....00 → (GO TO Q1.11)  
 DON'T KNOW.....-1 → (GO TO Q1.11)

A. What type of other health care professional was that?

RECORD TYPE OF OTHER HEALTH CARE PROFESSIONAL IN A, THEN ASK B-H. THEN GO TO Q1.10(b).

IF PATIENT DIED SINCE HOSPITALIZATION, CODE -4 IN YEAR FOLLOWING DEATH.

	<u>B</u>	<u>C</u>	<u>D</u>
PROVIDER	REQUIRED?	How many (TYPE OF CARE) visits did (you/he/she) require in 1984 after (DISCHARGE DATE)?	And, how many in 1985?
1.10a What type of (other) health care professional was that? TYPE OF PROVIDER  (C)		__ __  OR ___ visits every ___ ___ visits every ___ DON'T KNOW.....-1	__ __  OR ___ visits every ___ ___ visits every ___ DON'T KNOW.....-1 PATIENT DEAD.....-4
1.10b Any others? TYPE OF PROVIDER	YES.....01 (B)----> NO.....00 (Q1.11) DON'T KNOW...-1 (Q1.11)	__ __  OR ___ visits every ___ ___ visits every ___ DON'T KNOW.....-1	__ __  OR ___ visits every ___ ___ visits every ___ DON'T KNOW.....-1 PATIENT DEAD.....-4

E (How many) in 1986?	F (How many) in 1987?	G And in 1988 through the end of June?	H How much (were you/was [he/she]) charged the last time (you/he/she) saw (TYPE OF PROVIDER)?
_ _ _  OR _ visits every _ _ visits every _ DON'T KNOW.....-1 PATIENT DEAD.....-4	_ _ _  OR _ visits every _ _ visits every _ DON'T KNOW.....-1 PATIENT DEAD.....-4	_ _ _  OR _ visits every _ _ visits every _ DON'T KNOW.....-1 PATIENT DEAD.....-4	\$  _ _ _ _ .  _ _ _  (Q1.10b) DON'T KNOW.....-1
_ _ _  OR _ visits every _ _ visits every _ DON'T KNOW.....-1 PATIENT DEAD.....-4	_ _ _  OR _ visits every _ _ visits every _ DON'T KNOW.....-1 PATIENT DEAD.....-4	_ _ _  OR _ visits every _ _ visits every _ DON'T KNOW.....-1 PATIENT DEAD.....-4	\$  _ _ _ _ .  _ _ _  (Q1.11) DON'T KNOW.....-1

1.11 PATIENT...

IS ALIVE.....01

DIED AFTER KEY  
HOSPITALIZATION....(GO TO Q1.22)....02

1.12 (Are you/Is PATIENT) covered by Medicare Part A which covers hospital care?

PROBE: Federal insurance for people 65 or older, and some people under 65 who have disabilities.

YES.....(ASK A).....01  
NO.....(GO TO Q1.14).....00

A. When (were you/was [he/she]) first eligible for Medicare Part A?

INTERVIEWER: IF RESPONDENT IS UNCERTAIN, PROBE FOR AGE WHEN (PATIENT) WAS FIRST ELIGIBLE.

|\_\_|\_\_| |\_\_|\_\_|  
MO YR

OR

|\_\_|\_\_| AGE OF PATIENT

B. Before (you were/PATIENT was) eligible for Medicare, did (you/he/she) receive Social Security Disability Insurance?

PROBE: Persons who receive SSDI for work disabilities are also eligible for Medicare after a waiting period.

YES.....(ASK C).....01  
NO.....(GO TO Q1.13).....00  
DON'T KNOW...(GO TO Q1.13).....-1

C. What type of disability qualified (you/him/her) for this insurance?

---

1.13 (Are you/Is PATIENT) covered by Medicare Part B supplemental insurance for doctor visits?

YES.....01  
NO.....00

1.14 (Are you/Is PATIENT) covered by Medicaid?

PROBE: A state program which offers health benefits to low income persons--public assistance.

YES.....(ASK A).....01  
NO.....(GO TO Q1.15)...00  
DON'T KNOW....(GO TO Q1.15)...-1

A. In what month and year (were you/was [he/she]) first eligible for Medicaid?

INTERVIEWER: IF RESPONDENT IS UNCERTAIN, PROBE FOR AGE WHEN (PATIENT) WAS FIRST ELIGIBLE.

|\_\_|\_\_| |\_\_|\_\_|  
MO YR

OR

|\_\_|\_\_| AGE OF PATIENT

DON'T KNOW.....-1 → GO TO Q1.15

B. (Are you/Is PATIENT) covered by Medicaid because of income, a disability or some other reason?

INCOME.....(GO TO Q1.15)....01  
DISABILITY.....(ASK C).....02  
OTHER (SPECIFY)....(GO TO Q1.15)....09

---

DON'T KNOW.....(GO TO Q1.15)....-1

C. What type of disability qualified (you/PATIENT) for Medicaid?

---

1.15 (Are you/Is PATIENT) covered by CHAMPUS or CHAMPVA?

PROBE: Health insurance for military personnel, their families and veterans.

YES.....(ASK A).....01  
NO.....(GO TO Q1.16)....00  
DON'T KNOW....(GO TO Q1.16)....-1

A. In what month and year (were you/was [he/she]) first eligible for CHAMPUS/CHAMPVA?

INTERVIEWER: IF RESPONDENT IS UNCERTAIN, PROBE FOR AGE WHEN (HE/SHE) WAS FIRST ELIGIBLE.

|\_\_|\_\_| |\_\_|\_\_|  
MO YR

OR

|\_\_|\_\_| AGE OF PATIENT

DON'T KNOW.....-1 → GO TO Q1.16

B. (Are you/Is PATIENT) covered by CHAMPUS/CHAMPVA because of a disability or for some other reason?

DISABILITY.....(ASK C).....01  
ACTIVE/RETIRED MILITARY FAMILY.....02 → (GO TO Q1.16)  
OTHER (SPECIFY)....(GO TO Q1.16)....09

---

DON'T KNOW.....(GO TO Q1.16)....-1

C. What type of disability qualified (you/PATIENT) for CHAMPUS or CHAMPVA?

---

1.16 (Are you/Is PATIENT) now covered by any other health insurance plan which pays for any part of (your/his/her) hospital bills, doctor bills, or surgeon bills?

YES.....(ASK Q1.17)....01  
NO.....(GO TO Q1.21)...00  
DON'T KNOW....(GO TO Q1.21)...-1

1.17 People get private health insurance from different sources.

Since (DISCHARGE DATE), (have you/has PATIENT) received health insurance through (SOURCE)?

ASK B-E FOR ALL SOURCES CODED YES IN COLUMN A.

SOURCE	A HAS HAD INSURANCE FROM SOURCE	B Who was the insurer? USE CATEGORIES AS PROBES IF NECESSARY. CODE ONLY ONE.	C In what year did this insurance coverage begin?	D (Do you/Does PATIENT still have this insurance?)	E When did the coverage end?
1.17 a present or past employer?	YES.....01 (B)----> NO.....00 (Q1.18) DON'T KNOW.....-1 (Q1.18)	BLUE CROSS/BLUE SHIELD...01 METROPOLITAN.....02 PRUDENTIAL.....03 TRAVELERS.....04 PREPAID HEALTH PLAN/HIP..05 OTHER (SPECIFY).....09 DON'T KNOW.....-1	19  __ __  DON'T KNOW.....-1	YES...(GO TO Q1.18A)..01 NO.....(ASK E).....00	19  __ __  DON'T KNOW.....-1
1.18 any other present or past employer (of [yours/PATIENT's] or [your/his/her] spouse)?	YES.....01 (B)----> NO.....00 (Q1.19) DON'T KNOW.....-1 (Q1.19)	BLUE CROSS/BLUE SHIELD...01 METROPOLITAN.....02 PRUDENTIAL.....03 TRAVELERS.....04 PREPAID HEALTH PLAN/HIP..05 OTHER (SPECIFY).....09 DON'T KNOW.....-1	19  __ __  DON'T KNOW.....-1	YES...(GO TO Q1.19A)..01 NO.....(ASK E).....00	19  __ __  DON'T KNOW.....-1
1.19 any union or other work related insurance?	YES.....01 (B)----> NO.....00 (Q1.20) DON'T KNOW.....-1 (Q1.20)	BLUE CROSS/BLUE SHIELD...01 METROPOLITAN.....02 PRUDENTIAL.....03 TRAVELERS.....04 PREPAID HEALTH PLAN/HIP..05 OTHER (SPECIFY).....09 DON'T KNOW.....-1	19  __ __  DON'T KNOW.....-1	YES...(GO TO Q1.20A)..01 NO.....(ASK E).....00	19  __ __  DON'T KNOW.....-1
1.20 some other arrangement? SPECIFY: _____ _____	YES.....01 (B)----> NO.....00 (Q1.21) DON'T KNOW.....-1 (Q1.21)	BLUE CROSS/BLUE SHIELD...01 METROPOLITAN.....02 PRUDENTIAL.....03 TRAVELERS.....04 PREPAID HEALTH PLAN/HIP..05 OTHER (SPECIFY).....09 DON'T KNOW.....-1	19  __ __  DON'T KNOW.....-1	YES...(GO TO Q1.21)...01 NO.....(ASK E).....00	19  __ __  DON'T KNOW.....-1

1.21 INTERVIEWER: DOES PATIENT HAVE ANY HEALTH INSURANCE: (Qs. 1.12, 1.13, 1.14, 1.15, 1.16 1.17D, 1.18D, 1.19D OR 1.20D, CODED YES (01)?

YES.....(GO TO Q2.0).....01  
NO.....00

A. You told me that (you are/PATIENT is) not covered by any type of health or medical insurance. I will now read some reasons others have given us as to why they have no health insurance coverage. Please listen to the list and then tell me which best describes the reason why (you are/[he/she]) is) not covered by any health insurance. (READ ALL CATEGORIES AND CODE ONE ONLY.)

- Unemployment (layoff, job loss, or any other reason for unemployment).....01
- Cannot obtain insurance because of poor health.....02
- Too expensive, cannot afford health insurance....03
- Eligible for care at VA or military hospital.....04
- Covered by some other health plan, or.....05
- Some other reason? (SPECIFY).....09

---

\* \* \* GO TO Q2.0 \* \* \*

PATIENTS WHO DIED AFTER KEY HOSPITALIZATION

1.22 At the time of (his/her) death, was (PATIENT) covered by Medicare Part A which covers hospital care?

PROBE: Federal insurance for people 65 or older, and some people under 65 who are disabled.

- YES.....01
- NO.....(GO TO Q1.24).....00
- DON'T KNOW...(GO TO Q1.24).....-1

1.23 And at the time of (his/her) death, was (PATIENT) covered by Medicare Part B supplemental insurance for doctor visits?

- YES.....01
- NO.....00
- DON'T KNOW.....-1



1.24 Was (PATIENT) covered by Medicaid?

PROBE: A state program which offers health benefits to low income people on public assistance.

YES.....(ASK A).....01  
NO.....(GO TO Q1.25)...00  
DON'T KNOW....(GO TO Q1.25)...-1

A. Was (he/she) covered by Medicaid because of income, a disability or some other reason?

INCOME.....(GO TO Q1.25)....01  
DISABILITY.....(ASK B).....02  
OTHER (SPECIFY)....(GO TO Q1.25)....09

---

DON'T KNOW.....(GO TO Q1.25)....-1

B. What type of disability qualified (him/her) for Medicaid?

---

1.25 Was (PATIENT) covered by CHAMPUS or CHAMPVA?

PROBE: Health insurance for military personnel, their families and veterans.

YES.....(ASK A).....01  
NO.....(GO TO Q1.26)...00  
DON'T KNOW....(GO TO Q1.26)...-1

A. Was (he/she) covered by CHAMPUS/CHAMPVA because of a disability or for some other reason?

DISABILITY.....(ASK B).....01  
ACTIVE/RETIRED MILITARY FAMILY.....02 → (GO TO Q1.26)  
OTHER (SPECIFY)....(GO TO Q1.26)....09

---

DON'T KNOW.....(GO TO Q1.26)....-1

B. What type of disability qualified (him/her) for CHAMPUS or CHAMPVA?

---

1.26 And at the time of (his/her) death, was (PATIENT) covered by any other health insurance plan which pays for any part of (his/her) hospital bills, doctor bills, or surgeon bills?

YES.....01  
NO.....00  
DON'T KNOW.....-1

1.27 INTERVIEWER: DID PATIENT HAVE ANY HEALTH INSURANCE: (Qs. 1.22, 1.23, 1.24, 1.25 OR 1.26, CODED YES (01)?)

YES.....(GO TO Q2.0).....01  
NO.....00

1.28 You told me that (PATIENT) was not covered by any type of health or medical insurance. I will now read some reasons others have given us as to why they have no health insurance coverage. Please listen to the list and then tell me which best describes the reason why (he/she) was not covered by any health insurance. (READ ALL CATEGORIES AND CODE ONE ONLY.)

- Unemployment (layoff, job loss, or any other reason for unemployment).....01
  - Cannot obtain insurance because of poor health.....02
  - Too expensive, cannot afford health insurance....03
  - Eligible for care at VA or military hospital.....04
  - Covered by some other health plan, or.....05
  - Some other reason? (SPECIFY).....09
- 

\* \* \* GO TO SECTION 2 \* \* \*

1.29 At the time of (his/her) death, was (PATIENT) covered by Medicare Part A which covers hospital care?

PROBE: Federal insurance for people 65 and older and some people under 65 who are disabled.

- YES.....01
- NO.....(GO TO Q 1.31....00
- DON'T KNOW...(GO TO Q 1.31....-1

1.30 And at the time of (his/her) death, was (PATIENT) covered by Medicare Part B supplemental insurance for doctor visits?

- YES.....01
- NO.....00
- DON'T KNOW.....-1

1.31 Was (PATIENT) covered by Medicaid?

PROBE: A state program which offers health benefits to low income persons on public assistance.

YES.....01  
NO.....00  
DON'T KNOW.....-1

1.32 Was (PATIENT) covered by CHAMPUS or CHAMPVA?

PROBE: Health insurance for military personnel, their families and veterans.

YES.....01  
NO.....00  
DON'T KNOW.....-1

1.33 And at the time of (his/her) death, was (PATIENT) covered by any other health insurance plan which pays for any part of (his/her) hospital bills, doctor bills, or surgeon bills?

YES.....01  
NO.....00  
DON'T KNOW.....-1

SECTION 2. OTHER EXPENSES FOR PATIENTS CURRENTLY ALIVE

2.0	INTERVIEWER: DID PATIENT DIE DURING KEY HOSPITALIZATION?
	YES.....(GO TO Q2.31).....01
	NO.....00
2.1	INTERVIEWER: PATIENT DIED SINCE KEY HOSPITALIZATION?
	YES...(GO TO INTRO TO Q2.25)..01
	NO.....00

2.1A INTERVIEWER: WAS PATIENT IN A HOSPITAL OR NURSING HOME CONTINUOUSLY SINCE DISCHARGE (Q1.4=01)?

YES.....(GO TO Q2.17).....01  
NO.....00

2.2 Many people with health conditions need housekeeping assistance or home health care in addition to medical care. (Do you/Does PATIENT) need any help because of a health problem or condition related to (your/his/her) hospitalization on (ADMISSION DATE)?

YES.....(ASK A).....01  
NO.....(GO TO Q2.13).....00

A. How often (do you/does PATIENT) need help from others to perform daily activities such as dressing, eating or other types of housekeeping or home health care? (READ CATEGORIES BELOW AND CODE ONE ONLY.)

Every day.....01  
Almost every day.....02  
3-4 times a week.....03  
Once a week.....04  
Less than once a week but  
more than once a month.....05  
Less than once a month.....06

2.3 (Do you/Does PATIENT) pay anyone to help (you/him/her) with these activities?

YES.....01  
NO.....(GO TO Q2.4).....00

A. Altogether how much (do you/does PATIENT) pay for help?  
CODE TIME PERIOD.

PROBE: Is that per hour, day, week or what?

PROBE: Your best estimate.

\$ |\_\_|\_\_|\_\_|\_\_|. |\_\_|\_\_|  
DOLLARS CENTS

per hour.....01  
per day.....02  
per week.....03  
per month.....04  
Other (SPECIFY).....09

---

REFUSED.....-3  
DON'T KNOW.....-1

2.4 (In addition to paid helpers) does anyone (else) usually help (you/PATIENT) with these activities?

YES.....(ASK A).....01  
NO.....(GO TO Q2.13).....00

A. Who helps (you/PATIENT) most of the time?

SPOUSE.....01  
DAUGHTER, SON, DAUGHTER-IN-LAW,  
SON-IN-LAW.....02  
PARENT.....03  
OTHER RELATIVE.....04  
VISITING NURSE, HOUSEHOLD AIDS,  
OR OTHER PERSON FROM A PUBLIC  
AGENCY.....05  
OTHER (SPECIFY).....09  

---

NO ONE (ELSE).....99

2.5 INTERVIEWER: IS Q2.4A CODED HELP BY A RELATIVE (01-04)?

YES.....01  
NO.....(GO TO Q2.13).....00

2.6 Did (RELATIVE) have to quit (his/her) job, reduce (his/her) hours of work, or not have to do either of these in order to help care for (you/PATIENT) at home?

Quit job.....(GO TO Q2.7)....01  
 Changed hours of work.....(GO TO Q2.7)....02  
 Neither.....(SKIP TO Q2.13).....03  
 DON'T KNOW.....(SKIP TO Q2.13).....-1

2.7 What were (RELATIVE)'s usual weekly earnings before (he/she) made that change? CODE TIME PERIOD.

PROBE: Before (he/she) (quit [his/her] job/reduced [his/her] hours of work).

\$ |\_\_|\_\_|,|\_\_|\_\_|\_\_|.|\_\_|\_\_|  
                   DOLLARS                  CENTS

per hour.....01  
 per day.....02 GO TO  
 per week.....03 Q2.8  
 per month.....04  
 per year.....05  
 REFUSED.....-3 (GO TO Q2.9)  
 DON'T KNOW.....-1

2.8 How many weeks a year was (RELATIVE) usually employed at this job before this change?

PROBE: Include paid vacations as time employed.

|\_\_|\_\_| NO. OF WEEKS  
 WHOLE YEAR.....52  
 DON'T KNOW.....-1



2.9 INTERVIEWER: DID RELATIVE REDUCE WORK HOURS (Q2.6 = 02)?

YES.....01  
NO.....(GO TO Q2.12).....00

2.10 What was (RELATIVE's) usual earnings from the job after (he/she) reduced (his/her) hours of work? CODE TIME PERIOD.

\$ |\_\_|\_\_|,|\_\_|\_\_|.|\_\_|\_\_|  
DOLLARS CENTS

per hour.....01  
per day.....02 } (ASK Q2.11)  
per week.....03  
per month.....04  
per year.....05

OR

RECORD VERBATIM \_\_\_\_\_ (ASK Q2.11)

OR

REFUSED.....-3 }  
DON'T KNOW.....-1 } GO TO Q2.12

2.11 How many hours a week did (he/she) usually work after this change?

|\_\_|\_\_| NUMBER OF HOURS

DON'T KNOW.....-1

2.12 And since then, has (RELATIVE) returned to a job or increased (his/her) hours of work?

YES.....(ASK A).....01  
NO.....(GO TO Q2.13)...00  
DON'T KNOW....(GO TO Q2.13)...01-1

A. In what month and year was that?

|\_\_|\_\_| 19 |\_\_|\_\_|  
MONTH YEAR

2.13 At any time since (DISCHARGE DATE), (have you/has PATIENT) needed to use special transportation service because of a health problem or condition related to that hospitalization? This would be transportation for people who are unable to use regular public transportation or drive their own car.

YES.....01  
NO.....(GO TO Q2.14).....00

A. On average, how much did this service cost (you/him/her) in an average month?

\$ |\_\_|\_\_|\_\_|\_\_|

B. For how many months (have you/has PATIENT) needed this service because of a health problem or condition related to that hospitalization?

|\_\_|\_\_| MONTHS

STILL USING.....98  
UNTIL PATIENT'S DEATH.....99

2.14 At any time since (DISCHARGE DATE), (have you/has PATIENT) needed to use special medical equipment at home because of a health problem or condition related to that hospitalization? For example, (have you/has [he/she]) needed any equipment such as a wheelchair, hospital bed, suction apparatus, or a dialysis machine?

YES.....01  
 NO.....(GO TO Q2.15).....00

A. What equipment (have you/has [he/she]) needed (because of a health problem or condition related to that hospitalization)? CIRCLE 01 IN COLUMN A FOR ALL EQUIPMENT NAMED. USE LIST AS PROBES IF NECESSARY.

FOR EACH TYPE OF EQUIPMENT NAMED, ASK QUESTIONS B-D)

	<u>A</u> NEEDED	<u>B</u> Was (EQUIPMENT) bought, rented or provided free of charge?	<u>C</u> How much (did/does) it cost?	<u>D</u> For how many months did (you/he/she) need (EQUIPMENT) between (DISCHARGE DATE) and June of 1988?
a) A wheelchair	01	Bought....01 -----> Rented....02 -----> Free.....03 (D)	\$         (b) OR \$         PER MONTH	 MONTHS - STILL USING.....98 UNTIL DEATH.....99
b) A walker	01	Bought....01 -----> Rented....02 -----> Free.....03 (D)	\$         (c) OR \$         PER MONTH	 MONTHS - STILL USING.....98 UNTIL DEATH.....99
c) Corrective shoes	01	Bought....01 -----> Rented....02 -----> Free.....03 (D)	\$         (d) OR \$         PER MONTH	 MONTHS - STILL USING.....98 UNTIL DEATH.....99
d) A hospital bed	01	Bought....01 -----> Rented....02 -----> Free.....03 (D)	\$         (e) OR \$         PER MONTH	 MONTHS - STILL USING.....98 UNTIL DEATH.....99
e) A motorized vehicle	01	Bought....01 -----> Rented....02 -----> Free.....03 (D)	\$         (f) OR \$         PER MONTH	 MONTHS - STILL USING.....98 UNTIL DEATH.....99
f) An assist chair	01	Bought....01 -----> Rented....02 -----> Free.....03 (D)	\$         (g) OR \$         PER MONTH	 MONTHS - STILL USING.....98 UNTIL DEATH.....99
g) A respirator	01	Bought....01 -----> Rented....02 -----> Free.....03 (D)	\$         (h) OR \$         PER MONTH	 MONTHS - STILL USING.....98 UNTIL DEATH.....99
h) Suction apparatus	01	Bought....01 -----> Rented....02 -----> Free.....03 (D)	\$         (i) OR \$         PER MONTH	 MONTHS - STILL USING.....98 UNTIL DEATH.....99
i) Dialysis machine	01	Bought....01 -----> Rented....02 -----> Free.....03 (D)	\$         (Q2.15) OR \$         PER MONTH	 MONTHS - STILL USING.....98 UNTIL DEATH.....99

2.15 At any time since (DISCHARGE DATE), (have you/has PATIENT) needed to obtain medical supplies other than prescription drugs because of a health problem or condition related to that hospitalization? For example, (have you/has [he/she]) needed syringes, oxygen, or tracheostomy supplies?

YES.....01  
 NO.....(GO TO Q2.16).....00

A. What medical supplies (have you/has [he/she]) needed (because of a health problem or condition related to that hospitalization)? CIRCLE 01 IN COLUMN A FOR ALL SUPPLIES NAMED. USE LIST AS PROBES IF NECESSARY.

FOR EACH TYPE OF SUPPLIES NAMED, ASK QUESTIONS B-C

	<u>A</u> NEEDED	<u>B</u> How much (do/did) (SUPPLIES) cost in an average month?	<u>C</u> For how many months (do/did) (you/he/she) need (SUPPLIES) between (DISCHARGE DATE) and June of 1988?
a) Syringes	01	\$ _ _ _  PER MONTH	_ _  MONTHS  STILL USING.....98 UNTIL DEATH.....99
b) Catheters	01	\$ _ _ _  PER MONTH	_ _  MONTHS  STILL USING.....98 UNTIL DEATH.....99
c) Oxygen	01	\$ _ _ _  PER MONTH	_ _  MONTHS  STILL USING.....98 UNTIL DEATH.....99
d) Medical dressings or bandages	01	\$ _ _ _  PER MONTH	_ _  MONTHS  STILL USING.....98 UNTIL DEATH.....99
e) Tracheostomy supplies	01	\$ _ _ _  PER MONTH	_ _  MONTHS  STILL USING.....98 UNTIL DEATH.....99
f) Ostomy supplies	01	\$ _ _ _  PER MONTH	_ _  MONTHS  STILL USING.....98 UNTIL DEATH.....99

2.16 INTERVIEWER: ARE ANY TYPES OF EQUIPMENT OR SERVICE CODED YES  
(ANY Q2.13-2.15 = 01)?

YES.....(ASK A).....01  
NO.....(GO TO Q2.17).....00

A. Is there any insurance plan that pays for (your/his/her) equipment or services?

YES.....(ASK B).....01  
NO.....(GO TO Q2.17).....00

B. What insurance plans pay for (your/PATIENT's) equipment or services? Any others? CODE ALL THAT APPLY.

A. MEDICARE.....01  
B. MEDICAID.....01  
C. CHAMPUS/CHAMPVA.....01  
D. EMPLOYER/UNION PROVIDED INSURANCE....01  
E. OTHER PRIVATE INSURANCE.....01  
F. OTHER (SPECIFY).....01

---

Now I would like to ask you about (your/PATIENT's) ability to do certain activities, with the use of special aids if (you/he/she) need them.

2.17 (Do you/Does [he/she]) hear well enough to understand normal conversation (with a hearing aid if (you/he/she) usually wear(s) one)?

YES.....(GO TO Q2.18).....01  
NO.....00

A. Is (PATIENT) able to hear at all?

YES.....01  
NO.....00

B. Is this hearing trouble related to (your/his/her) hospitalization in (ADMISSION DATE)?

YES.....01  
NO.....00

2.18 (Do you/Does [he/she]) see well enough to read ordinary newsprint, with glasses, if (you/he/she) usually wear(s) them?

YES.....(GO TO Q2.19).....01  
NO.....00

A. (Are you/Is PATIENT) able to see at all?

YES.....01  
NO.....00

B. Is this vision trouble related to (your/his/her) hospitalization in (ADMISSION DATE)?

YES.....01  
NO.....00

2.19 (Do you/Does [he/she]) have any trouble walking up or down a flight of stairs?

PROBE: That is about 12 steps.

YES.....01  
NO.....(GO TO Q2.20).....00

A. (Are you/Is PATIENT) able to walk up or down steps at all?

YES.....01  
NO.....00

B. Is this trouble related to (your/his/her) hospitalization in (ADMISSION DATE)?

YES.....01  
NO.....00

2.20 (Do you/Does [he/she]) have any trouble walking about three city blocks without resting?

PROBE: That is about 400 yards.

YES.....01  
NO.....(GO TO Q2.21).....00

A. (Are you/Is PATIENT) able to walk at all?

YES.....01  
NO.....00

B. Is this trouble related to (your/his/her) hospitalization in (ADMISSION DATE)?

YES.....01  
NO.....00

2.21 (Do you/Does [he/she]) have any trouble standing for long periods of time, that is, more than 20 minutes?

YES.....01  
NO.....(GO TO Q2.22).....00

A. (Are you/Is PATIENT) able to stand at all?

YES.....01  
NO.....00

B. Is this trouble related to (your/his/her) hospitalization in (ADMISSION DATE)?

YES.....01  
NO.....00

2.22 (Do you/Does [he/she]) have any trouble stooping or kneeling down?

YES.....01  
NO.....(GO TO Q2.23).....00

A. (Are you/Is PATIENT) able to stoop or kneel at all?

YES.....01  
NO.....00

B. Is this trouble related to (your/his/her) hospitalization in (ADMISSION DATE)?

YES.....01  
NO.....00



2.23 (Do you/Does [he/she]) have any trouble carrying objects that weigh about 10 pounds for a short distance, for example, carrying a bag of groceries from the curb to a house?

YES.....01  
NO.....(GO TO Q2.24).....00

A. (Are you/Is PATIENT) able to carry objects that weigh about 10 pounds at all?

YES.....01  
NO.....00

B. Is this trouble related to (your/his/her) hospitalization in (ADMISSION DATE)?

YES.....01  
NO.....00

2.24 (Do you/Does [he/she]) have any trouble using (your/his/her) fingers to grasp or handle things?

YES.....01  
NO.....(GO TO Q2.31).....00

A. (Are you/Is PATIENT) able to grasp things at all?

YES.....01  
NO.....00

B. Is this trouble related to (your/his/her) hospitalization in (ADMISSION DATE)?

YES.....01  
NO.....00

\* \* \* GO TO Q2.31 \* \* \*

SECTION 2A. OTHER EXPENSES FOR PATIENTS WHO  
DIED SINCE KEY HOSPITALIZATION

2.25 Many people with health conditions need housekeeping assistance or home health care in addition to medical care. At the time of (his/her) death, did (PATIENT) need any such help?

YES.....(ASK A).....01  
NO.....(GO TO Q2.27).....00

A. At the time of (his/her) death, how often did (PATIENT) need help from others to perform daily activities such as dressing, eating or other types of housekeeping or home health care? (READ CATEGORIES BELOW AND CODE ONE ONLY.)

Every day.....01  
Almost every day.....02  
3-4 times a week.....03  
Once a week.....04  
Less than once a week but  
more than once a month.....05  
Less than once a month.....06

2.26 Did (PATIENT) pay anyone to help (him/her) with these activities?

YES.....01  
NO.....(GO TO Q2.27).....00

A. Altogether how much did (PATIENT) pay for help just before (his/her) death? CODE TIME PERIOD.

PROBE: Was that per hour, day, week or what?

PROBE: Your best estimate.

\$ |\_\_|\_\_|\_\_|\_\_|. |\_\_|\_\_|  
          DOLLARS          CENTS

per hour.....01  
per day.....02  
per week.....03  
per month.....04  
Other (SPECIFY).....09

REFUSED.....-3  
DON'T KNOW.....-1

2.27 At any time after (DISCHARGE DATE), did (PATIENT) need to use special transportation service because of a health problem or condition related to that hospitalization? This would be transportation for people who are unable to use regular public transportation or drive their own car.

YES.....01  
NO.....(GO TO Q2.28).....00

A. On average, how much did this service cost (you/him/her) in an average month?

\$ |\_\_|\_\_|\_\_|\_\_|

B. For how many months did (PATIENT) need this service because of a health problem or condition related to that hospitalization?

|\_\_|\_\_| MONTHS

UNTIL PATIENT'S DEATH.....99

2.28 At any time after (DISCHARGE DATE), did (PATIENT) need to use special medical equipment at home because of a health problem or condition related to that hospitalization? For example, did (he/she) need any equipment such as a wheelchair, hospital bed, suction apparatus, or a dialysis machine?

YES.....01  
 NO.....(GO TO Q2.29).....00

A. What equipment did (he/she) need (because of a health problem or condition related to that hospitalization)? CIRCLE 01 IN COLUMN A FOR ALL EQUIPMENT NAMED. USE LIST AS PROBES IF NECESSARY.

FOR EACH TYPE OF EQUIPMENT NAMED, ASK QUESTIONS B-D)

	<u>A</u> NEEDED	<u>B</u> Was (EQUIPMENT) bought, rented or provided free of charge?	<u>C</u> How much (did/does) it cost?	<u>D</u> For how many months did (he/she) need (EQUIPMENT) between (DISCHARGE DATE) and (DEATH DATE)?
a) A wheelchair	01	Bought....01 -----> Rented....02 -----> Free.....03 (D)	\$         (b) OR \$         PER MONTH	 MONTHS UNTIL DEATH.....99
b) A walker	01	Bought....01 -----> Rented....02 -----> Free.....03 (D)	\$         (c) OR \$         PER MONTH	 MONTHS UNTIL DEATH.....99
c) Corrective shoes	01	Bought....01 -----> Rented....02 -----> Free.....03 (D)	\$         (d) OR \$         PER MONTH	 MONTHS UNTIL DEATH.....99
d) A hospital bed	01	Bought....01 -----> Rented....02 -----> Free.....03 (D)	\$         (e) OR \$         PER MONTH	 MONTHS UNTIL DEATH.....99
e) A motorized vehicle	01	Bought....01 -----> Rented....02 -----> Free.....03 (D)	\$         (f) OR \$         PER MONTH	 MONTHS UNTIL DEATH.....99
f) An assist chair	01	Bought....01 -----> Rented....02 -----> Free.....03 (D)	\$         (g) OR \$         PER MONTH	 MONTHS UNTIL DEATH.....99
g) A respirator	01	Bought....01 -----> Rented....02 -----> Free.....03 (D)	\$         (h) OR \$         PER MONTH	 MONTHS UNTIL DEATH.....99
h) Suction apparatus	01	Bought....01 -----> Rented....02 -----> Free.....03 (D)	\$         (i) OR \$         PER MONTH	 MONTHS UNTIL DEATH.....99
i) Dialysis machine	01	Bought....01 -----> Rented....02 -----> Free.....03 (D)	\$         (Q2.29) OR \$         PER MONTH	 MONTHS UNTIL DEATH.....99

2.29 At any time after (DISCHARGE DATE), did (PATIENT) need to obtain medical supplies other than prescription drugs because of a health problem or condition related to that hospitalization? For example, did (he/she) need syringes, oxygen, or tracheostomy supplies?

YES.....01  
 NO.....(GO TO Q2.30).....00

A. What medical supplies did (he/she) need (because of a health problem or condition related to that hospitalization)? CIRCLE 01 IN COLUMN A FOR ALL SUPPLIES NAMED. USE LIST AS PROBES IF NECESSARY.

FOR EACH TYPE OF SUPPLIES NAMED, ASK QUESTIONS B-C

	<u>A</u> NEEDED	<u>B</u> How much did (SUPPLIES) cost in an average month?	<u>C</u> For how many months did (he/she) need (SUPPLIES) between (DISCHARGE DATE) and (DEATH DATE)?
a) Syringes	01	\$ _ _ _  PER MONTH	_ _  MONTHS UNTIL DEATH.....99
b) Catheters	01	\$ _ _ _  PER MONTH	_ _  MONTHS UNTIL DEATH.....99
c) Oxygen	01	\$ _ _ _  PER MONTH	_ _  MONTHS UNTIL DEATH.....99
d) Medical dressings or bandages	01	\$ _ _ _  PER MONTH	_ _  MONTHS UNTIL DEATH.....99
e) Tracheostomy supplies	01	\$ _ _ _  PER MONTH	_ _  MONTHS UNTIL DEATH.....99
f) Ostomy supplies	01	\$ _ _ _  PER MONTH	_ _  MONTHS UNTIL DEATH.....99

2.30 INTERVIEWER: ARE ANY TYPES OF EQUIPMENT OR SERVICE CODED YES  
(ANY Q2.27-2.29 = 01)?

YES.....(ASK A).....01  
NO.....(GO TO Q2.31).....00

A. Did any insurance plan pay for (his/her) equipment or services?

YES.....(ASK B).....01  
NO.....(GO TO Q2.31).....00

B. What insurance plans paid for (PATIENT's) equipment or services?  
Any others?

CODE ALL THAT APPLY

A. MEDICARE.....01  
B. MEDICAID.....01  
C. CHAMPUS/CHAMPVA.....01  
D. EMPLOYER/UNION PROVIDED INSURANCE.....01  
E. OTHER PRIVATE INSURANCE.....01  
F. OTHER (SPECIFY).....01

---

SECTION 2B. HOMEMAKER

INTERVIEWER: START DATE (6 MONTHS PRIOR TO ADMISSION DATE): _____
ADMISSION DATE: _____

2.31 IS PATIENT A FEMALE?

YES.....01  
NO.....(GO TO SECTION 3).....00

2.31A INTERVIEWER: WAS PATIENT INSTITUTIONALIZED BEFORE KEY HOSPITALIZATION? (SCREENER F3 = (01)
YES.....01 → GO TO SECTION 10
NO.....00 → CONTINUE

The next part of the questionnaire concerns (your/PATIENT's) daily activities around the house during the six months before (your/her) hospitalization in (ADMISSION DATE) and for several time periods after that.

2.32 Which of the following activities did (you/PATIENT) perform in an average week during the six months prior to (your/her) hospitalization on (ADMISSION DATE)? (READ EACH CATEGORY BELOW AND CODE "YES", "NO", OR "DON'T KNOW" FOR EACH.)

PROBE: If (your/her) health changed during those six months, think of the time before that change.

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>	<u>NOT APPLICABLE</u>
A. Preparing meals?.....	01	00	-1	
B. Laundry/ironing?.....	01	00	-1	
C. Shopping?.....	01	00	-1	
D. Managing the family budget?.....	01	00	-1	
E. After meal cleanup?.....	01	00	-1	
F. Regular housecleaning?.....	01	00	-1	
G. Child care?.....	01	00	-1	-4
H. Care of other family members?.....	01	00	-1	-4



And, from (START DATE) to (ADMISSION DATE), did (you/PATIENT) (LIVING ARRANGEMENT)? FOR EACH LIVING ARRANGEMENT CODED YES IN SECTION A, FOLLOW SKIPS TO NEXT QUESTION OR B AND C.

	A			B	C																								
	<u>YES</u>	<u>NO</u>	<u>DK</u>																										
2.33 ... live alone?	01 (Q2.37)	00 (Q2.34)	-1 (Q2.37)	X	X																								
2.34 ... live with (your/her) spouse (or significant other)?	01 (Q2.35)	00 (Q2.35)	-1 (Q2.35)	X	X																								
2.35 ... live in a household with children?	01 (B)	00 (Q2.36)	-1 (Q2.36)	How many children lived in the household at that time?   _ _  ASK (C) ---->	What (were their ages/was the child's age) at that time? USE CATEGORIES AS PROBES. RECORD NUMBER FOR EACH AGE GROUP.  PROBE: How many of them were...  <table border="0"> <thead> <tr> <th></th> <th><u>NUMBER</u></th> <th><u>NONE</u></th> <th><u>DK</u></th> </tr> </thead> <tbody> <tr> <td>Under 2 years of age?</td> <td> _ _ </td> <td>00</td> <td>-1</td> </tr> <tr> <td>2 to 5?</td> <td> _ _ </td> <td>00</td> <td>-1</td> </tr> <tr> <td>6 to 11?</td> <td> _ _ </td> <td>00</td> <td>-1</td> </tr> <tr> <td>12 to 17?</td> <td> _ _ </td> <td>00</td> <td>-1</td> </tr> <tr> <td>Are you unsure of their age?</td> <td> _ _ </td> <td>00</td> <td>-1</td> </tr> </tbody> </table>		<u>NUMBER</u>	<u>NONE</u>	<u>DK</u>	Under 2 years of age?	_ _	00	-1	2 to 5?	_ _	00	-1	6 to 11?	_ _	00	-1	12 to 17?	_ _	00	-1	Are you unsure of their age?	_ _	00	-1
	<u>NUMBER</u>	<u>NONE</u>	<u>DK</u>																										
Under 2 years of age?	_ _	00	-1																										
2 to 5?	_ _	00	-1																										
6 to 11?	_ _	00	-1																										
12 to 17?	_ _	00	-1																										
Are you unsure of their age?	_ _	00	-1																										
2.36 ... live in a household with (other) adult relatives?	01 (B)	00 (Q2.37)	-1 (Q2.37)	(Including [your/her] husband), how many adult relatives lived in the household at that time?   _ _  ASK (C) ---->	What (were their ages/was that person's age) at that time? USE CATEGORIES AS PROBES. RECORD NUMBER FOR EACH AGE GROUP.  PROBE: And, how many of them were...  <table border="0"> <thead> <tr> <th></th> <th><u>NUMBER</u></th> <th><u>NONE</u></th> <th><u>DK</u></th> </tr> </thead> <tbody> <tr> <td>Under 25 years of age?</td> <td> _ _ </td> <td>00</td> <td>-1</td> </tr> <tr> <td>25 to 39?</td> <td> _ _ </td> <td>00</td> <td>-1</td> </tr> <tr> <td>40 to 54?</td> <td> _ _ </td> <td>00</td> <td>-1</td> </tr> <tr> <td>55 or older?</td> <td> _ _ </td> <td>00</td> <td>-1</td> </tr> <tr> <td>Any others whose age you're not sure of?</td> <td> _ _ </td> <td>00</td> <td>-1</td> </tr> </tbody> </table>		<u>NUMBER</u>	<u>NONE</u>	<u>DK</u>	Under 25 years of age?	_ _	00	-1	25 to 39?	_ _	00	-1	40 to 54?	_ _	00	-1	55 or older?	_ _	00	-1	Any others whose age you're not sure of?	_ _	00	-1
	<u>NUMBER</u>	<u>NONE</u>	<u>DK</u>																										
Under 25 years of age?	_ _	00	-1																										
25 to 39?	_ _	00	-1																										
40 to 54?	_ _	00	-1																										
55 or older?	_ _	00	-1																										
Any others whose age you're not sure of?	_ _	00	-1																										

2.37 During the six months prior to (your/PATIENT's) hospitalization, who generally helped (you/her) with the housework or meal preparation--was it a household member, someone else, or did (you/she) not receive any help?

Household member.....(GO TO Q2.39)...01  
Someone else.....(ASK Q2.38)....02  
Did not receive help....(GO TO Q2.39)...03  
DON'T KNOW.....(GO TO Q2.39)...-1

2.38 Was the person who generally helped (you/PATIENT) a paid employee, relative, friend, or someone else?

PROBE: Count significant other as a relative.

Paid employee.....(ASK A).....01  
Relative.....(GO TO Q2.39).....02  
Friend.....(GO TO Q2.39).....03  
Someone else.....(GO TO Q2.39).....04

A. How much did (you/PATIENT) pay this assistant?  
CODE TIME PERIOD.

\$ |\_\_|\_\_|\_\_|. |\_\_|\_\_|

per hour.....01  
per day.....02  
per week.....03  
per month.....04  
Other (SPECIFY).....09

---

DON'T KNOW.....-1  
REFUSED.....-3

2.39 INTERVIEWER: DID PATIENT DIE DURING KEY HOSPITALIZATION?

YES.....(GO TO SECTION 10).....01  
 NO.....00

2.40 Who did most of the housework while (you were/PATIENT was) in (HOSPITAL) from (ADMISSION DATE) to (DISCHARGE DATE)? (CODE ONE ONLY.)

Paid employee.....01  
 Relative.....02  
 Friend.....03  
 Someone else.....04  
 DON'T KNOW.....-1  
 NOT APPLICABLE (LIVED ALONE).....-4

2.41 In what month and year (were you/was PATIENT) first able to resume some of (your/her) household work after leaving the hospital?

|\_\_|\_\_| |\_\_|\_\_| → (Q2.42)  
 MO YR

IMMEDIATELY AFTER DISCHARGE.....(GO TO Q2.42).....97  
 NEVER ABLE TO RESUME - PATIENT ALIVE....(Q2.44).....98  
 NEVER ABLE TO RESUME - PATIENT NOW  
 DECEASED.....(GO TO SECTION 10).....99  
 DON'T KNOW.....(Q2.44).....-1

2.42 INTERVIEWER: PATIENT DIED <sup>After</sup>~~DURING~~ KEY HOSPITALIZATION?

YES.....(GO TO SECTION 10)....01  
 NO.....00

2.43 Can (you/PATIENT) do as much or more household work now as (you/she) did before going into the hospital on (ADMISSION DATE)?

YES.....(SKIP TO SECTION 10)....01  
 NO.....(ASK A).....00  
 DON'T KNOW....(SKIP TO SECTION 10)....-1

A. Why (are you/is PATIENT) not able to do the same amount or kind of housework (you/she) did before? (CODE ONE ONLY.)

Illness.....01	→ (ASK B)
Age.....02	] GO TO Q2.44
Other (SPECIFY).....09	
_____	
DON'T KNOW.....-1	]

B. Is (your/PATIENT's) illness related to (your/her) hospitalization in (ADMISSION DATE)?

YES.....01  
 NO.....00  
 DON'T KNOW.....-1

I'm going to list some household tasks. For each one, please tell me who typically does it these days--(you/PATIENT), a paid helper or someone else?

	<u>PATIENT</u>	<u>PAID HELPER</u>	<u>SOMEONE ELSE</u>	<u>DK</u>	<u>NOT APPLICABLE</u>
2.44 Who prepares meals--(you/PATIENT), a paid helper or someone else?.....	01	02	03	-1	
2.45 Who manages the family budget?.....	01	02	03	-1	
2.46 (Who) does the laundry and ironing?....	01	02	03	-1	
2.47 (Who) does the after meal cleanup?.....	01	02	03	-1	
2.48 (Who) shops?.....	01	02	03	-1	
2.49 (Who) does regular housecleaning?.....	01	02	03	-1	
2.50 (Who) cares for children?.....	01	02	03	-1	-4
2.51 (Who) cares for other family members?..	01	02	03	-1	-4

2.52 INTERVIEWER: ARE ANY QUESTIONS (Q2.44-Q2.51) CODED PAID HELPER (CODE 02)?

YES.....(ASK A).....01  
 NO.....(GO TO SECTION 10).....00

A. Altogether, how much (do you/does PATIENT) pay each week for help with (LIST PAID ITEMS)?

\$ |\_\_|\_\_|\_\_|.|\_\_|\_\_|  
 DOLLARS CENTS

per hour.....01  
 per day.....02  
 per week.....03  
 per month.....04  
 Other (SPECIFY).....09

\_\_\_\_\_  
 DON'T KNOW.....-1  
 REFUSED.....-3

3.0 DATA ENTRY: ENTER 00 AND SKIP TO SECTION 10.

★ ★ ★ ★

NO SECTION 3-9 THIS FORM

★ ★ ★ ★



## SECTION 10

The final questions refer to sources of income (you/PATIENT) or (your/his/her) spouse may have received. The information will help us understand the effects serious illness or injury may have on a family's economic well being.

10.1 Next, at any time since (START DATE), did (you/PATIENT), (your/his/her) spouse, or both of (you/them) receive (SOURCE)?

READ EACH SOURCE AND CODE YES OR NO IN COLUMN A. IF THE PATIENT AND/OR HIS/HER SPOUSE WAS ELIGIBLE FOR THE SOURCE, ASK QUESTIONS B-G FOR EACH ELIGIBLE PERSON, THEN GO TO THE NEXT SOURCE.

COLLECT FOR PATIENT UNTIL DEATH AND FOR SPOUSE THROUGH JUNE, 1988.

FOR YEARS PRIOR TO PATIENT'S DEATH, ONLY COLLECT FOR SPOUSE IF SPOUSE WAS MARRIED TO OR LIVING WITH THE PATIENT DURING THAT YEAR.

COUNT SIGNIFICANT OTHER AS A SPOUSE.



	A	B	C	D																														
	ELIGIBLE	Who was eligible (you/PATIENT), (your/his/her) spouse, or both?	When did (you/PERSON) first receive (SOURCE)?	Did (you/PERSON) receive (SOURCE) continuously from (DATE IN (C)) until (June of 1988/DEATH DATE)?																														
10.1 Any kind of Social Security?  What type was that? IF NECESSARY, READ Q10.2-10.5 AS PROBES.	YES...01 (Q10.2) NO....00 (Q10.6) DK....-1 (Q10.6)																																	
10.2 (Social Security) for old age?	YES...01 (B) NO....00 (Q10.3) DK....-1 (Q10.3)	PATIENT...01 (C)  SPOUSE....01 (C)	<table border="0"> <tr> <td> _ _ </td> <td>/</td> <td> _ _ </td> <td>→</td> </tr> <tr> <td>MO</td> <td></td> <td>YR</td> <td></td> </tr> </table> <table border="0"> <tr> <td> _ _ </td> <td>/</td> <td> _ _ </td> <td>→</td> </tr> <tr> <td>MO</td> <td></td> <td>YR</td> <td></td> </tr> </table>	_ _	/	_ _	→	MO		YR		_ _	/	_ _	→	MO		YR		<table border="0"> <tr> <td><u>YES</u></td> <td><u>NO</u></td> <td><u>DK</u></td> </tr> <tr> <td>01 (F)</td> <td>00 (E)</td> <td>-1 (F)</td> </tr> </table> <table border="0"> <tr> <td><u>YES</u></td> <td><u>NO</u></td> <td><u>DK</u></td> </tr> <tr> <td>01 (F)</td> <td>00 (E)</td> <td>-1 (F)</td> </tr> </table>	<u>YES</u>	<u>NO</u>	<u>DK</u>	01 (F)	00 (E)	-1 (F)	<u>YES</u>	<u>NO</u>	<u>DK</u>	01 (F)	00 (E)	-1 (F)		
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01 (F)	00 (E)	-1 (F)																																
10.3 (Social Security) for disability?	YES...01 (B) NO....00 (Q10.4) DK....-1 (Q10.4)	PATIENT...01 (C)  SPOUSE....01 (C)	<table border="0"> <tr> <td> _ _ </td> <td>/</td> <td> _ _ </td> <td>→</td> </tr> <tr> <td>MO</td> <td></td> <td>YR</td> <td></td> </tr> </table> <table border="0"> <tr> <td> _ _ </td> <td>/</td> <td> _ _ </td> <td>→</td> </tr> <tr> <td>MO</td> <td></td> <td>YR</td> <td></td> </tr> </table>	_ _	/	_ _	→	MO		YR		_ _	/	_ _	→	MO		YR		<table border="0"> <tr> <td><u>YES</u></td> <td><u>NO</u></td> <td><u>DK</u></td> </tr> <tr> <td>01 (F)</td> <td>00 (E)</td> <td>-1 (F)</td> </tr> </table> <table border="0"> <tr> <td><u>YES</u></td> <td><u>NO</u></td> <td><u>DK</u></td> </tr> <tr> <td>01 (F)</td> <td>00 (E)</td> <td>-1 (F)</td> </tr> </table>	<u>YES</u>	<u>NO</u>	<u>DK</u>	01 (F)	00 (E)	-1 (F)	<u>YES</u>	<u>NO</u>	<u>DK</u>	01 (F)	00 (E)	-1 (F)		
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01 (F)	00 (E)	-1 (F)																																
10.4 (Social Security) for survivor's benefits?	YES...01 (B) NO....00 (Q10.5) DK....-1 (Q10.5)	PATIENT...01 (C)  SPOUSE....01 (C)	<table border="0"> <tr> <td> _ _ </td> <td>/</td> <td> _ _ </td> <td>→</td> </tr> <tr> <td>MO</td> <td></td> <td>YR</td> <td></td> </tr> </table> <table border="0"> <tr> <td> _ _ </td> <td>/</td> <td> _ _ </td> <td>→</td> </tr> <tr> <td>MO</td> <td></td> <td>YR</td> <td></td> </tr> </table>	_ _	/	_ _	→	MO		YR		_ _	/	_ _	→	MO		YR		<table border="0"> <tr> <td><u>YES</u></td> <td><u>NO</u></td> <td><u>DK</u></td> </tr> <tr> <td>01 (F)</td> <td>00 (E)</td> <td>-1 (F)</td> </tr> </table> <table border="0"> <tr> <td><u>YES</u></td> <td><u>NO</u></td> <td><u>DK</u></td> </tr> <tr> <td>01 (F)</td> <td>00 (E)</td> <td>-1 (F)</td> </tr> </table>	<u>YES</u>	<u>NO</u>	<u>DK</u>	01 (F)	00 (E)	-1 (F)	<u>YES</u>	<u>NO</u>	<u>DK</u>	01 (F)	00 (E)	-1 (F)		
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01 (F)	00 (E)	-1 (F)																																
10.5 Any (other) type of Social Security?	YES...01 (B) NO....00 (Q10.6) DK....-1 (Q10.6)	PATIENT...01 (C)  SPOUSE....01 (C)	<table border="0"> <tr> <td> _ _ </td> <td>/</td> <td> _ _ </td> <td>→</td> </tr> <tr> <td>MO</td> <td></td> <td>YR</td> <td></td> </tr> </table> <table border="0"> <tr> <td> _ _ </td> <td>/</td> <td> _ _ </td> <td>→</td> </tr> <tr> <td>MO</td> <td></td> <td>YR</td> <td></td> </tr> </table>	_ _	/	_ _	→	MO		YR		_ _	/	_ _	→	MO		YR		<table border="0"> <tr> <td><u>YES</u></td> <td><u>NO</u></td> <td><u>DK</u></td> </tr> <tr> <td>01 (F)</td> <td>00 (E)</td> <td>-1 (F)</td> </tr> </table> <table border="0"> <tr> <td><u>YES</u></td> <td><u>NO</u></td> <td><u>DK</u></td> </tr> <tr> <td>01 (F)</td> <td>00 (E)</td> <td>-1 (F)</td> </tr> </table>	<u>YES</u>	<u>NO</u>	<u>DK</u>	01 (F)	00 (E)	-1 (F)	<u>YES</u>	<u>NO</u>	<u>DK</u>	01 (F)	00 (E)	-1 (F)		
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01 (F)	00 (E)	-1 (F)																																
10.6 Any veteran's benefits for retirement?	YES...01 (B) NO....00 (Q10.7) DK....-1 (Q10.7)	PATIENT...01 (C)  SPOUSE....01 (C)	<table border="0"> <tr> <td> _ _ </td> <td>/</td> <td> _ _ </td> <td>→</td> </tr> <tr> <td>MO</td> <td></td> <td>YR</td> <td></td> </tr> </table> <table border="0"> <tr> <td> _ _ </td> <td>/</td> <td> _ _ </td> <td>→</td> </tr> <tr> <td>MO</td> <td></td> <td>YR</td> <td></td> </tr> </table>	_ _	/	_ _	→	MO		YR		_ _	/	_ _	→	MO		YR		<table border="0"> <tr> <td><u>YES</u></td> <td><u>NO</u></td> <td><u>DK</u></td> </tr> <tr> <td>01 (F)</td> <td>00 (E)</td> <td>-1 (F)</td> </tr> </table> <table border="0"> <tr> <td><u>YES</u></td> <td><u>NO</u></td> <td><u>DK</u></td> </tr> <tr> <td>01 (F)</td> <td>00 (E)</td> <td>-1 (F)</td> </tr> </table>	<u>YES</u>	<u>NO</u>	<u>DK</u>	01 (F)	00 (E)	-1 (F)	<u>YES</u>	<u>NO</u>	<u>DK</u>	01 (F)	00 (E)	-1 (F)		
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01 (F)	00 (E)	-1 (F)																																
10.7 Veteran's benefits for injury or illness?	YES...01 (B) NO....00 (Q10.8) DK....-1 (Q10.8)	PATIENT...01 (C)  SPOUSE....01 (C)	<table border="0"> <tr> <td> _ _ </td> <td>/</td> <td> _ _ </td> <td>→</td> </tr> <tr> <td>MO</td> <td></td> <td>YR</td> <td></td> </tr> </table> <table border="0"> <tr> <td> _ _ </td> <td>/</td> <td> _ _ </td> <td>→</td> </tr> <tr> <td>MO</td> <td></td> <td>YR</td> <td></td> </tr> </table>	_ _	/	_ _	→	MO		YR		_ _	/	_ _	→	MO		YR		<table border="0"> <tr> <td><u>YES</u></td> <td><u>NO</u></td> <td><u>DK</u></td> </tr> <tr> <td>01 (F)</td> <td>00 (E)</td> <td>-1 (F)</td> </tr> </table> <table border="0"> <tr> <td><u>YES</u></td> <td><u>NO</u></td> <td><u>DK</u></td> </tr> <tr> <td>01 (F)</td> <td>00 (E)</td> <td>-1 (F)</td> </tr> </table>	<u>YES</u>	<u>NO</u>	<u>DK</u>	01 (F)	00 (E)	-1 (F)	<u>YES</u>	<u>NO</u>	<u>DK</u>	01 (F)	00 (E)	-1 (F)		
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01 (F)	00 (E)	-1 (F)																																

E	F	G
When did (you/ PERSON) last receive (SOURCE)?	How much did (you/PERSON) receive per month the last time (you/he/she) received a payment from (SOURCE)?	<u>ASK ONLY IF PATIENT IS DEAD</u> Did (SPOUSE) receive (SOURCE) because of (PATIENT's) death?
_ _ / _ _  →	\$  _ _ _ _  per month → GO TO SPOUSE OR Q10.3	X
_ _ / _ _  →	\$  _ _ _ _  per month → GO TO G IF PATIENT DEAD ----> → GO TO Q10.3 IF PATIENT ALIVE	YES.....01 NO.....00
_ _ / _ _  →	\$  _ _ _ _  per month → GO TO SPOUSE OR Q10.4	X
_ _ / _ _  →	\$  _ _ _ _  per month → GO TO G IF PATIENT DEAD ----> → GO TO Q10.4 IF PATIENT ALIVE	YES.....01 NO.....00
_ _ / _ _  →	\$  _ _ _ _  per month → GO TO SPOUSE OR Q10.5	X
_ _ / _ _  →	\$  _ _ _ _  per month → GO TO G IF PATIENT DEAD ----> → GO TO Q10.5 IF PATIENT ALIVE	YES.....01 NO.....00
_ _ / _ _  →	\$  _ _ _ _  per month → GO TO SPOUSE OR Q10.6	X
_ _ / _ _  →	\$  _ _ _ _  per month → GO TO G IF PATIENT DEAD ----> → GO TO Q10.6 IF PATIENT ALIVE	YES.....01 NO.....00
_ _ / _ _  →	\$  _ _ _ _  per month → GO TO SPOUSE OR Q10.7	X
_ _ / _ _  →	\$  _ _ _ _  per month → GO TO G IF PATIENT DEAD ----> → GO TO Q10.7 IF PATIENT ALIVE	YES.....01 NO.....00
_ _ / _ _  →	\$  _ _ _ _  per month → GO TO SPOUSE OR Q10.8	X
_ _ / _ _  →	\$  _ _ _ _  per month → GO TO G IF PATIENT DEAD ----> → GO TO Q10.8 IF PATIENT ALIVE	YES.....01 NO.....00

	A	B	C	D
	ELIGIBLE	Who was eligible (you/PATIENT), (your/his/her) spouse, or both?	When did (you/ [PERSON]) first receive (SOURCE)?	Did (you/PERSON) receive (SOURCE) continuously from (DATE IN (C)) until (June of 1988/DEATH DATE)?
10.8 Any type of SSI? (Supplemental Security Income)	YES..01 (B) NO...00 (Q10.9) DK...-1 (Q10.9)	PATIENT...01 (C) →  SPOUSE....01 (C) →	_ _ / _ _  → MO YR   _ _ / _ _  → MO YR	<u>YES</u> <u>NO</u> <u>DK</u> 01 (F)    00 (E)    -1 (F)  01 (F)    00 (E)    -1 (F)
10.9 AFDC? (Aid to Families with Dependent Children)	YES..01 (B) NO...00 (Q10.10) DK...-1 (Q10.10)	PATIENT...01 (C) →  SPOUSE....01 (C) →	_ _ / _ _  → MO YR   _ _ / _ _  → MO YR	<u>YES</u> <u>NO</u> <u>DK</u> 01 (F)    00 (E)    -1 (F)  01 (F)    00 (E)    -1 (F)
10.10 Any pensions?	YES..01 (Q10.11) → NO...00 (Q10.15) DK...-1 (Q10.15)			
10.11 What type of pension? (SPECIFY)  _____	YES..01 (B) NO...00 (Q10.14) DK...-1 (Q10.14)	PATIENT...01 (C) →  SPOUSE....01 (C) →	_ _ / _ _  → MO YR   _ _ / _ _  → MO YR	<u>YES</u> <u>NO</u> <u>DK</u> 01 (F)    00 (E)    -1 (F)  01 (F)    00 (E)    -1 (F)
10.12 Any other pension? What type? (SPECIFY)  _____	YES..01 (B) NO...00 (Q10.14) DK...-1 (Q10.14)	PATIENT...01 (C) →  SPOUSE....01 (C) →	_ _ / _ _  → MO YR   _ _ / _ _  → MO YR	<u>YES</u> <u>NO</u> <u>DK</u> 01 (F)    00 (E)    -1 (F)  01 (F)    00 (E)    -1 (F)
10.13 Any other pension? What type? (SPECIFY)  _____	YES..01 (B) NO...00 (Q10.14) DK...-1 (Q10.14)	PATIENT...01 (C) →  SPOUSE....01 (C) →	_ _ / _ _  → MO YR   _ _ / _ _  → MO YR	<u>YES</u> <u>NO</u> <u>DK</u> 01 (F)    00 (E)    -1 (F)  01 (F)    00 (E)    -1 (F)

E	F	G
When did (you/ PERSON) last receive (SOURCE)?	How much did (you/PERSON) receive per month the last time (you/he/she) received a payment from (SOURCE)?	ASK ONLY IF PATIENT IS DEAD Did (SPOUSE) receive (SOURCE) because of (PATIENT's) death?
_ _ / _ _  → MO YR	\$  _ _ _ _  per month → GO TO SPOUSE OR Q10.9	X
_ _ / _ _  → MO YR	\$  _ _ _ _  per month → GO TO G ----->	YES.....01 NO.....00
_ _ / _ _  → MO YR	\$  _ _ _ _  per month → GO TO SPOUSE OR Q10.10	X
_ _ / _ _  → MO YR	\$  _ _ _ _  per month → GO TO G ----->	X
_ _ / _ _  → MO YR	\$  _ _ _ _  per month → GO TO SPOUSE OR Q10.12	X
_ _ / _ _  → MO YR	\$  _ _ _ _  per month → GO TO G ----->	YES.....01 NO.....00
_ _ / _ _  → MO YR	\$  _ _ _ _  per month → GO TO SPOUSE OR Q10.13	X
_ _ / _ _  → MO YR	\$  _ _ _ _  per month → GO TO G ----->	YES.....01 NO.....00
_ _ / _ _  → MO YR	\$  _ _ _ _  per month → GO TO SPOUSE OR Q10.14	X
_ _ / _ _  → MO YR	\$  _ _ _ _  per month → GO TO G ----->	YES.....01 NO.....00

10.14 (Were any of these pensions/Was this pension) (that is, NAME[S] OF PENSION IN Q10.11-10.13) received because of a disability?

YES.....01  
NO.....00

A. INTERVIEWER: IF ONLY ONE PENSION RECEIVED, CODE WITHOUT ASKING.

Which one(s)?

PENSION IN Q10.11 FOR PATIENT.....01  
FOR SPOUSE.....02

PENSION IN Q10.12 FOR PATIENT.....03  
FOR SPOUSE.....04

PENSION IN Q10.13 FOR PATIENT.....05  
FOR SPOUSE.....06

10.15.....-2

10.16.....-2

10.17.....-2

10.18 ARE YOU INTERVIEWING PATIENT OR PATIENT'S SPOUSE?

YES.....01  
 NO.....(SKIP TO Q10.20)....00

10.19 PATIENT'S  
 SPOUSE'S INCOME

10.19 For each year I mention, please tell me what (you/your spouse [or partner]) earned from wages and salaries before taxes and other deductions. If (you/he/she) were living alone that year, please tell me. I just need to know the approximate amount. RECORD AS MONTHLY OR ANNUAL SALARY. COLLECT THROUGH 1988 FOR ALL PATIENT SPOUSES. IF NO SPOUSE OR PARTNER, CODE NONE. What did (your/his/her) partner earn...

in 1984? . . . . . \$ |\_\_|\_\_|,|\_\_|\_\_|\_\_| per month.....01  
 per year.....02  
 REFUSED.....-3  
 DON'T KNOW....-1  
 NONE.....00

in 1985? . . . . . \$ |\_\_|\_\_|,|\_\_|\_\_|\_\_| per month.....01  
 per year.....02  
 REFUSED.....-3  
 DON'T KNOW....-1  
 NONE.....00

in 1986? . . . . . \$ |\_\_|\_\_|,|\_\_|\_\_|\_\_| per month.....01  
 per year.....02  
 REFUSED.....-3  
 DON'T KNOW....-1  
 NONE.....00

in 1987? . . . . . \$ |\_\_|\_\_|,|\_\_|\_\_|\_\_| per month.....01  
 per year.....02  
 REFUSED.....-3  
 DON'T KNOW....-1  
 NONE.....00

in 1988 through June?. . . \$ |\_\_|\_\_|,|\_\_|\_\_|\_\_| per month.....01  
 per year.....02  
 REFUSED.....-3  
 DON'T KNOW....-1  
 NONE.....00

10.20 (Have you/Has PATIENT) had any other income or lump sum payments since (ADMISSION DATE) that we haven't already discussed?

YES.....01  
NO.....(GO TO Q10.21).....00

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A. What was that (income/money) from?

---

B. Did (you/PATIENT) receive this as a single payment?

YES.....(GO TO Q10.20F).....01  
NO.....00

C. When (were you/was [PATIENT]) first eligible to receive (SOURCE)?

|\_|\_|\_|/|\_|\_|\_|  
MO YR

D. Did (you/PATIENT) receive (SOURCE) continuously from (DATE IN (C)) until (June of 1988/DEATH DATE)?

YES.....(GO TO F).....01  
NO.....00  
DON'T KNOW.....(GO TO F).....-1

E. When did (you/PATIENT) last receive (SOURCE)?

|\_|\_|\_|/|\_|\_|\_|  
MO YR

F. How much did (you/PATIENT) receive per month the last time (you/he/she) received a payment from (SOURCE)?

\$ |\_|\_|\_|\_| PER MONTH

G. WAS (PATIENT) MARRIED OR LIVING AS MARRIED AT ANY TIME FROM (START DATE) UNTIL (JUNE 1988/DEATH DATE)?

YES.....01  
NO.....(GO TO Q10.22).....00

10.21 Has (your/PATIENT's) spouse had any other income or lump sum payments since (ADMISSION DATE) that we haven't already discussed?

YES.....01  
NO.....(GO TO Q10.22).....00

A. What was that (income/money) from?

---

B. Did (your/PATIENT's) spouse receive this as a single payment?

YES.....(GO TO Q10.21F).....01  
NO.....00

C. When was (your/PATIENT's) spouse first eligible to receive (SOURCE)?

|\_|\_|\_|/|\_|\_|\_|  
MO YR

D. Did (your/PATIENT's) spouse receive (SOURCE) continuously from (DATE IN (C)) until (June of 1988/DEATH DATE)?

YES.....(GO TO F).....01  
NO.....00  
DON'T KNOW.....(GO TO F).....-1

E. When did (your/PATIENT's) spouse last receive (SOURCE)?

|\_|\_|\_|/|\_|\_|\_|  
MO YR

F. How much did (your/PATIENT's) spouse receive per month the last time (you/he/she) received a payment from (SOURCE)?

\$ |\_|\_|\_|\_| PER MONTH

TIME INTERVIEW ENDED: |\_|\_|\_|:|\_|\_|\_| AM.....01  
PM.....02



10.22 Thank you for your time and help.

FIELD ONLY READ: May I please have your name and telephone number just in case my office wants to verify this interview?

PROXY NAME: \_\_\_\_\_

TELEPHONE NUMBER: |\_\_|\_\_|\_\_|\_|-|\_\_|\_\_|\_\_|\_|-|\_\_|\_\_|\_\_|\_|\_|  
                                    AREA CODE

REFUSED.....-3 (END)  
NO PHONE.....00 (END)

A. Is this phone located in your own home?

YES.....01 (END)  
NO.....00 (B)

B. Where is this phone located?

\_\_\_\_\_

SCREENER DATE: | | | | | |  
MONTH DAY

CASE I.D.: | | | | | | | |

INTERVIEWER I.D.: | | | | |

HOSPITALIZATION STUDY SCREENER FOR CHILDREN  
(BORN IN 1968 OR LATER)

Discharge  
no. year  
| | | | | |

INTRODUCTION

Hello, my name is \_\_\_\_\_. I'm calling for the New York State Commissioner of Health and Mathematica Policy Research. May I please speak with a parent of (PATIENT)?

- PARENT NOT AVAILABLE.....(GO TO A)....01
- PARENT AVAILABLE.....(GO TO B)....02
- PATIENT DIED SINCE HOSPITALIZATION.....(GO TO C)....03
- PATIENT DIED DURING KEY HOSPITALIZATION....(GO TO D)....04

SEE BACK COVER FOR ANSWERS TO RESPONDENT QUESTIONS.

A. RESPONDENT NOT AVAILABLE

When would be a good time to talk to (RESPONDENT)?  
RECORD TIME ON CONTACT SHEET.

B. RESPONDENT OR PROXY AVAILABLE

B1. We recently sent you a letter explaining that Mathematica Policy Research is conducting a study for the New York State Commissioner of Health and Harvard University concerning the costs of illness to patients and their families. I'd like to take a few minutes to talk to you about (PATIENT'S) hospitalization during 1984.

(His/Her) name was selected from lists of patients treated in New York State hospitals during 1984. All your responses will be kept confidential and your participation is voluntary. Do you have any questions?

B2. INTERVIEWER, CODE TYPES OF QUESTIONS ASKED HERE. THEN CONTINUE WITH INTERVIEW.

- NONE.....00
- CONFIDENTIALITY.....01
- LENGTH OF INTERVIEW.....02
- HOW NAME WAS OBTAINED.....03
- NEED TO CONSULT LAWYER.....04
- TOPIC OF INTERVIEW/TYPES OF QUESTIONS.....05

THIS PAGE INTENTIONALLY BLANK.

B3. INTERVIEWER: BASED ON PARENT'S RESPONSES, PATIENT IS...

ALIVE.....01  
DECEASED.....(GO TO C.3).....00

B4. May we continue? CONTINUE WITH B5 OR SET APPOINTMENT.

VERIFICATION

B5. INTERVIEWER: IF YOU ARE CERTAIN OF RELATIONSHIP TO PATIENT, CODE WITHOUT ASKING.

What is your relationship to (PATIENT)?

MOTHER/STEP-MOTHER.....01  
FATHER/STEP-FATHER.....02  
GRANDPARENT.....03  
OTHER RELATIVE.....04  
OTHER (SPECIFY).....09

B6. Before I begin the interview, I'd like to verify some information about (PATIENT's) hospitalization during 1984.

Our records indicate that (he/she) was a patient at (HOSPITAL) from (ADMISSION DATE) to (DISCHARGE DATE). Is that correct?

YES.....(GO TO B.9).....01  
NO.....(ASK B.7).....00  
UNSURE.....(GO TO B.9).....02

B7. Was (PATIENT) hospitalized in (HOSPITAL) during 1984?

YES.....(GO TO B.9).....01  
NO.....(ASK B.8).....00  
UNSURE.....(GO TO B.9).....02

B8. When was (PATIENT) discharged from (HOSPITAL)?

|\_|\_| | |\_|\_| | |\_|\_| | } (GO TO QB.16)  
MONTH DAY YEAR  
NEVER IN (FILL HOSPITAL)...999999 }

B9. What was the main reason for which (PATIENT) went into the hospital that time?

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|  
CODER: ICD-9  
CODE

B10. What is the highest grade of school (PATIENT) completed?

LESS THAN FIRST GRADE.....00	→ (ASK A)	] (GO TO QB.11)
LESS THAN HIGH SCHOOL GRADUATE....01	→ [ ] YRS	
HIGH SCHOOL GRADUATE.....02		
SOME COLLEGE.....03		
VOCATIONAL/TECHNICAL.....04		
COLLEGE DEGREE.....05		
POST GRADUATE.....06		
DON'T KNOW.....-1		

A. Has (PATIENT) started kindergarten or first grade yet?

YES.....01
NO.....00

B11. INTERVIEWER VERIFY: PATIENT'S SEX IS (SEX)?

IF SEX IS BLANK, ASK.

CORRECT ON CONTACT SHEET.....01
NOT CORRECT ON CONTACT SHEET.....00

B11A. INTERVIEWER: IF RACE IS BLANK ON THE CONTACT SHEET, ASK:  
What is (PATIENT's) race?

BLACK.....01
WHITE.....02
HISPANIC.....03
ASIAN.....04
OTHER (SPECIFY).....05

---

REFUSED.....-3

B12. Just before (PATIENT's) hospitalization on (ADMISSION DATE), were  
(his/her) parents:

Married, or living as married....01
Separated.....02
Widowed.....03
Divorced, or.....04
Single never married?.....05
REFUSED.....-3

B13. And, was (PATIENT) born on (DATE OF BIRTH)?

YES.....(GO TO FORM CHILD (C))...01  
NO.....(ASK B.14).....00  
DON'T KNOW...(GO TO FORM CHILD (C))...02

B14. When was (PATIENT) born?

PROBE FOR DON'T KNOW: In what year was (PATIENT) born?

|\_|\_|\_| |\_|\_|\_| |\_|\_|\_|  
MONTH DAY YEAR

B15. INTERVIEWER: WAS PATIENT BORN IN 1968 OR LATER?  
(QB.14 YEAR = 1968-1984)

YES.....01 - GO TO FORM CHILD (C)  
NO.....00 - GO TO F

B16. INELIGIBLE ENDING:

Thank you. Those are all the questions I have right now. We may need to call you at another time with some additional questions. May I have your name please?

---

END INTERVIEW

**C. PATIENT DECEASED SINCE HOSPITALIZATION**

C1. I'm so sorry. May I take a minute to describe the study we are conducting for the New York State Commissioner of Health and Harvard University concerning the costs of illness to patients and their families. (PATIENT's) name was selected from lists of patients and their families treated in hospitals in New York State during 1984. A letter describing the study was sent to (PATIENT's) address. We would appreciate your answering a few questions related to (PATIENT's) illness. All of your responses will be kept confidential and your participation is voluntary. Do you have any questions?

C2. INTERVIEWER, CODE TYPES OF QUESTIONS ASKED HERE. THEN CONTINUE WITH INTERVIEW.

- NONE.....00
- CONFIDENTIALITY.....01
- LENGTH OF INTERVIEW.....02
- HOW NAME WAS OBTAINED.....03
- NEED TO CONSULT LAWYER.....04
- TOPIC OF INTERVIEW/TYPES OF QUESTIONS....05

C3. When did (PATIENT) pass away?

|\_\_| |\_\_| / |\_\_| |\_\_| → RECORD DATE ON FACE SHEET  
MONTH YEAR

C4. INTERVIEWER: DID DEATH OCCUR PRIOR TO DISCHARGE DATE?

- YES.....(READ C.6).....01
- NO.....(CONTINUE WITH C.5).....00

C5. May we continue? CONTINUE WITH SECTION E OR SET APPOINTMENT.

C6. INELIGIBLE ENDING:

Thank you. Those are all the questions I have right now. We may need to call you at another time with some additional questions. May I have your name please?

---

END INTERVIEW

**D. PATIENT DECEASED DURING INDEX HOSPITALIZATION**

D1. We recently sent you a letter explaining that Mathematica Policy Research is conducting a study for the New York State Commissioner of Health and Harvard University concerning the costs of illness to patients and their families. (PATIENT's) name was selected from lists of patients treated in New York State hospitals during 1984.

We would appreciate it if you could take a few minutes to answer some questions related to (PATIENT's) illness. All your responses will be kept confidential and your participation is voluntary. Do you have any questions?

D2. INTERVIEWER, CODE TYPES OF QUESTIONS ASKED HERE. THEN CONTINUE WITH INTERVIEW.

NONE.....	00
CONFIDENTIALITY.....	01
LENGTH OF INTERVIEW.....	02
HOW NAME WAS OBTAINED.....	03
NEED TO CONSULT LAWYER.....	04
TOPIC OF INTERVIEW/TYPES OF QUESTIONS....	05

D3. May we continue? CONTINUE WITH SECTION E OR SET APPOINTMENT.



E1. INTERVIEWER: IF YOU ARE CERTAIN THAT YOU KNOW PROXY'S RELATIONSHIP TO PATIENT, CODE WITHOUT ASKING.

What is your relationship to (PATIENT)?

MOTHER/STEP-MOTHER.....01  
FATHER/STEP-FATHER.....02  
GRANDPARENT.....03  
OTHER RELATIVE.....04  
OTHER (SPECIFY).....09

---

E2. Before I begin the interview, I'd like to verify some information about (PATIENT's) hospitalization during 1984.

Our records indicate that (he/she) was a patient at (HOSPITAL) from (ADMISSION DATE) to (DISCHARGE DATE/DEATH DATE). Is that correct?

YES.....(GO TO E.4).....01  
NO.....(ASK E.3).....00  
UNSURE.....(GO TO E.4).....02

E3. Was (PATIENT) hospitalized in (HOSPITAL) during 1984?

YES.....(GO TO E.4)....01  
NOT IN THAT HOSPITAL.....(GO TO E.11)...02  
NOT IN 1984.....(GO TO E.11)...03  
IN HOSPITAL, BUT DIDN'T DIE THERE....(GO TO E.4)....04

E4. What was the main reason for which (you/PATIENT) went into the hospital that time?

---

CODER: ICD-9  
CODE

E5. What is the highest grade of school (PATIENT) completed?

LESS THAN FIRST GRADE.....00  
LESS THAN HIGH SCHOOL GRADUATE.....01 → |\_\_|\_\_| YRS  
HIGH SCHOOL GRADUATE.....02  
SOME COLLEGE.....03  
VOCATIONAL/TECHNICAL.....04  
COLLEGE DEGREE.....05  
POST GRADUATE.....06  
DON'T KNOW.....-1

E6. INTERVIEWER VERIFY: PATIENT'S SEX IS (FILL SEX)?

IF SEX IS BLANK, ASK:

CORRECT ON CONTACT SHEET.....01  
NOT CORRECT ON CONTACT SHEET.....00

E6A. INTERVIEWER: IF RACE IS BLANK ON THE CONTACT SHEET, ASK:  
What is (PATIENT'S) race?

BLACK.....01  
WHITE.....02  
HISPANIC.....03  
ASIAN.....04  
OTHER (SPECIFY).....05

---

REFUSED.....-3

E7. Just before (PATIENT'S) hospitalization on (ADMISSION DATE), were  
(his/her) parents:

Married, or living as married.....01  
Separated.....02  
Widowed.....03  
Divorced, or.....04  
Single never married?.....05  
REFUSED.....-3

E8. Was (PATIENT) born on (FILL DATE OF BIRTH)?

YES.....(GO TO FORM CHILD (C))....01  
NO.....(ASK E.9).....00  
DON'T KNOW...(GO TO FORM CHILD (C))....02

E9. When was (PATIENT) born?

|\_|\_| |\_|\_| |\_|\_|  
MONTH DAY YEAR

E10. INTERVIEWER: WAS PATIENT BORN IN 1968 OR LATER?  
(QE.9 YEAR = 1968-1984)

YES.....(GO TO FORM CHILD (C)).....01  
NO.....00 → (GO TO F)

\* \* \* GO TO FORM C \* \* \*

E11. INELIGIBLE ENDING:

Thank you. Those are all the questions I have right now. We may need to call you at another time with some additional questions. May I have your name please?

---

END INTERVIEW

**F. PATIENT WAS INCORRECTLY CODED AS A CHILD**

F1. During the six months before (you/PATIENT) went into the hospital on (ADMISSION DATE) (were you/was [he/she]) primarily working or not working?

WORKING.....(GO TO F.4).....01  
NOT WORKING.....(ASK F.3).....00

F2. During the six months before (you were/PATIENT was) hospitalized, (were you/was [he/she]) in a nursing home or other long term care facility for most of the time?

YES.....01  
NO.....00

F4. I am going to read you a list of employment categories. Please tell me which one best describes (your/PATIENT's) employment status during the six months before (you were/[he/she] was) hospitalized.

(Were you/was [he/she])...

- Unemployed.....01 → (F4)
- Unable to work because of ill health or disability.....02 → (F4)
- Retired because of ill health.....03 → (FORM NLF)
- Retired because of age.....04 → (FORM NLF)
- WOMEN ONLY: Keeping house exclusively/ not looking for work.....05 → (FORM NLF)
- A student.....06 → (F4)

F4. DID PATIENT DIE DURING KEY HOSPITALIZATION?

YES.....(GO TO FORM W/D).....01  
NO.....(GO TO FORM W).....00

## ANSWERS TO QUESTIONS

READ ONLY IF RESPONDENT REQUESTS MORE INFORMATION

### Why me/PATIENT?

We are interviewing a random sample of people discharged from New York state hospitals during 1984.

### I'm not interested:

Let me reassure you that we are not selling anything. The purpose of the study is to examine some of the economic consequences of hospitalizations on families. We are looking for a wide range of experiences. Your participation in the study is very important.

### Length of interview:

Interviews average between fifteen and twenty minutes. We can do the interview now, or we can call you back at a more convenient time.

### How was name obtained?

(Your/PATIENT's) name was randomly selected from hospital records from the year 1984. Access to the records was granted by the New York State Commissioner of Health for the purpose of this study, with the understanding that participation is voluntary and all information will be kept confidential.

### Confidentiality:

Any information you give me will be held in the strictest confidence by my company, and will be used only for the purposes of this study. (Your/PATIENT's) name will never be used in reporting the results of the study.

### Topic of interview/Types of questions:

We are obtaining information about costs of hospitalizations to patients and their families. Topics include:

- a. Follow-up medical care needed after hospitalization.
- b. Your/PATIENT's work history, both before and after hospitalization (if applicable).
- c. The economic impact of the hospitalization on other family members.

### Need to consult lawyer, doctor, etc.:

All responses are strictly confidential. The results of the study will be reported in statistical summary form. (Your/PATIENT's) name will never be associated with (your/his/her) responses nor will the name be used in reporting the results of the study. However, if you need to consult with someone before the interview, we can call back at a more convenient time.

**CONSEQUENCES OF HOSPITALIZATION**

**FORM C**

**CHILD UNDER AGE OF 16 AT KEY HOSPITALIZATION**

**INTERVIEW MODE**  
 TELEPHONE.....01  
 IN-PERSON.....02

**INTERVIEW WITH**  
 PROXY.....02

CASE ID |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|

INTERVIEWER ID |\_\_|\_\_|\_\_|\_\_|

DATE INTERVIEW BEGAN: |\_\_|\_\_| |\_\_|\_\_| |  
                             MO            DAY

TIME INTERVIEW BEGAN: |\_\_|\_\_|:|\_\_|\_\_| AM  
   PM



D	E
When did (you/PATIENT's family) last receive (SOURCE)?   _ _  /  _ _  ----> MO    YR	How much did (you/PATIENT's family) receive per month the last time (you/they) received a payment from (SOURCE)?  \$  _ _ _ _  per month
_ _  /  _ _  ----> MO    YR	\$  _ _ _ _  per month
_ _  /  _ _  ----> MO    YR	\$  _ _ _ _  per month
_ _  /  _ _  ----> MO    YR	\$  _ _ _ _  per month



2.36 ARE YOU INTERVIEWING PATIENT'S MOTHER OR FATHER?

YES.....01  
 NO.....(SKIP TO Q2.38).....00

2.37 First, for each year I mention, please tell me what (you/PATIENT's [mother/father]) earned from wages and salaries before taxes and other deductions. If (PATIENT) was not getting any support from (you/[his/her] [mother/father]) that year, please tell me. I just need to know the approximate amounts. RECORD AS MONTHLY OR ANNUAL SALARY. COLLECT THROUGH 1988. IF PATIENT WAS NOT GETTING SUPPORT FROM THAT PARENT, CODE NONE. ASK BOTH (a) and (b) FOR A YEAR, THEN GO TO NEXT YEAR. What did (PATIENT's) (mother/father) earn...

(a) MOTHER

(b) FATHER

in 1984?.....\$ |\_|\_|.|\_|\_|\_|\_| per month....01  
 per year....02  
 REFUSED.....-3  
 DON'T KNOW...-1  
 NONE.....00

in 1984?.....\$ |\_|\_|.|\_|\_|\_|\_| per month....01  
 per year....02  
 REFUSED.....-3  
 DON'T KNOW...-1  
 NONE.....00

in 1985?.....\$ |\_|\_|.|\_|\_|\_|\_| per month....01  
 per year....02  
 REFUSED.....-3  
 DON'T KNOW...-1  
 NONE.....00

in 1985?.....\$ |\_|\_|.|\_|\_|\_|\_| per month....01  
 per year....02  
 REFUSED.....-3  
 DON'T KNOW...-1  
 NONE.....00

in 1986?.....\$ |\_|\_|.|\_|\_|\_|\_| per month....01  
 per year....02  
 REFUSED.....-3  
 DON'T KNOW...-1  
 NONE.....00

in 1986?.....\$ |\_|\_|.|\_|\_|\_|\_| per month....01  
 per year....02  
 REFUSED.....-3  
 DON'T KNOW...-1  
 NONE.....00

in 1987?.....\$ |\_|\_|.|\_|\_|\_|\_| per month....01  
 per year....02  
 REFUSED.....-3  
 DON'T KNOW...-1  
 NONE.....00

in 1987?.....\$ |\_|\_|.|\_|\_|\_|\_| per month....01  
 per year....02  
 REFUSED.....-3  
 DON'T KNOW...-1  
 NONE.....00

in 1988 through June?...\$ |\_|\_|.|\_|\_|\_|\_| per month....01  
 per year....02  
 REFUSED.....-3  
 DON'T KNOW...-1  
 NONE.....00

in 1988 through June?...\$ |\_|\_|.|\_|\_|\_|\_| per month....01  
 per year....02  
 REFUSED.....-3  
 DON'T KNOW...-1  
 NONE.....00

2.38 Is there any other income or lump sum payments (PATIENT's) family has received since (ADMISSION DATE) on behalf of (PATIENT) that we haven't already discussed?

YES.....01  
NO.....(GO TO Q2.39).....00

A. What was that (income/money) from?

---

B. Did (PATIENT's family) receive this as a single payment?

YES.....(GO TO Q2.38F).....01  
NO.....00

C. When was the family first eligible to receive (SOURCE)?

|\_|\_|/|\_|\_|  
MO YR

D. Did the family receive (SOURCE) continuously from (DATE IN (C)) until (June of 1988/DEATH DATE)?

YES.....(GO TO F).....01  
NO.....00  
DON'T KNOW.....(GO TO F).....-1

E. When did the family last receive (SOURCE)?

|\_|\_|/|\_|\_|  
MO YR

F. How much did the family receive per month the last time they received a payment from (SOURCE)?

\$ |\_|\_|\_|\_| PER MONTH

TIME INTERVIEW ENDED: |\_|\_|:|\_|\_| AM....01  
PM....02

2.39 Thank you for your time and help.

FIELD ONLY READ: May I please have your name and telephone number just in case my office wants to verify this interview?

PROXY NAME: \_\_\_\_\_

TELEPHONE NUMBER: |\_\_|\_|\_|\_|-|\_\_|\_|\_|\_|-|\_\_|\_|\_|\_|\_|\_|  
  AREA CODE

REFUSED.....-3 (END)  
NO PHONE.....00 (END)

A. Is this phone located in your own home?

YES.....01 (END)  
NO.....00 (B)

B. Where is this phone located?

---

## HOSPITALIZATION STUDY QC MANUAL

Quality control (QC) editing is the process by which questionnaires are prepared for data entry. The QC editor should review the questionnaire skip logic, the consistency of related data items, marginal notes made by the interviewers, and verify that the questionnaire has been completed.

The QC editor should read through the questionnaire as an interviewer would, following the skip patterns, and verifying that all applicable questions were answered, refused or not known by the respondent, and that all responses are legible. In the event of skip logic errors, omissions or inconsistencies, the QC editor will document the problem(s) on a QC correction sheet, attach the sheet to the questionnaire, and send the questionnaire back to the telephone center for correction. The QC editor should also note any unusual circumstances and/or marginal notes made by the interviewer. These notes should be kept on a separate list.

The QC editor also should assign codes for missing values. These codes are described below:

- (-1) for don't know
- (-3) for refusal
- (-4) for items that are not applicable, but are included in the case's skip logic (see supervisor for use of this value)
- (-5) for items that are missing, but are not logically skipped (see supervisor for use of this value)

The following rounding rules should be used to code fractions for variables that accept only integers:

- if the fraction is less than 5, round down (e.g., 3.4 = 3)
- if the fraction is greater than 5, round up (e.g., 3.6 = 4)
- if the fraction equals 5 and the preceding digit is even, round down (e.g., 2.5 = 2)
- if the fraction equals 5 and the preceding digit is odd, round up (e.g., 3.5 = 3)

It is the responsibility of the QC editor to fill in all leading zeros when necessary.

All coding/notations made by QC editors should be in red ink. Specific editing instructions for each instrument are enclosed. Instructions to code open ended questions and other-specified responses are included in a separate document.

HOSPITALIZATION STUDY QC MANUAL (ADULT)

I. SCREENER

page 1

- a. check date, case ID, and interviewer ID numbers (top of page)
- b. record discharge date (from contact sheet) in the top right hand corner

page 2

- a. QB5B: If answered, verify that year is not 1984.

page 3

- a. QB7: code only one, if less than high school (01), check that years of school completed are entered in field to right.

page 4

- a. QB10: check legibility of response/name

page 5 (Separate introduction for patients who died since key hospitalization)

- a. QC3: check year; date should be after key hospitalization.
- b. QC4: check legibility of response
- c. QC5: check legibility of response

page 6 (Separate introduction for patients who died during key hospitalization)

page 8

- a. QE5: code only one, if less than high school (01); check that years of school completed are entered in field to right.

page 9

- a. QE8: check legibility of response/name

page 10

- a. QF1A: check date
- b. QF2,QF3: **IMPORTANT:** questions are used to determine correct skip patterns through out main interview.

page 11

- a. QF4,QF5: **VERY IMPORTANT:** these questions determine which questionnaire to be used to conduct survey!

## HOSPITALIZATION STUDY QC MANUAL (ADULT)

### II. ADULT WORKER (GREEN QUESTIONNAIRE)

#### cover

- a. check all fields, make sure "Interview with" field corresponds with QB.4 in the screener. Code time began - AM = (01) PM = (02)

#### page 2

- a. Q1.4C, Q1.4D - check legibility of response

#### page 3

- a. Q1.5, Q1.5A - check that answer to Q1.5 is greater than, or equal to the answer to Q1.5A

#### page 4

- a. Q1.6A - check legibility of hospital name
- b. Q1.6A column B - check legibility of hospital address
- c. Q1.6A columns C,D - determine length of stays per year in column C, and code total length of stay per year in column D.
- d. write in (00) for years with no hospital stays
- e. write in (-4) in for years following patient's death.

#### page 5

- a. Q1.6B - same as Q1.6A

#### page 6

- a. Q1.6C - same as Q1.6A

#### page 7

- a. Q1.6D - same as Q1.6A

#### page 8

- a. Q1.7 - verify answer against Q1.4
- b. Q1.8 a,b,c - check legibility of response (column A)
- c. Q1.8 a,b,c columns C-G convert response to number of visits per year
- d. Q1.8 column H - check amount (use rounding rules and lead zeros)
- e. ensure that 00 (no) is circled in column B when applicable

#### page 10

- a. Q1.9 - same as for Q1.8, but for therapists

#### page 12

- a. Q1.10 - same as for Q1.8, but for other outpatient care

#### page 14

- a. Q1.11 - verify answer against screener (page 1 or section C)
- b. Q1.12A ensure that month/year or age is entered

- page 15  
a. Q1.14A - same as above
- page 16  
a. Q1.15A - same as above
- page 18  
a. Q1.17 - Q1.20 - check other response for legibility; check that year in column C precedes year in column E, if column D = "YES"  
b. Q1.21 (box) verify answer  
c. ensure that column A is complete for Q1.17 - Q1.20
- page 19  
a. Q1.22 - Q1.28 repeats insurance questions for patients who died after key hospitalization - same instructions apply
- page 21  
a. Q1.27 (box) verify answer
- page 23  
a. Q2.1 (box) verify answer against screener (page 1 or section C)  
b. Q2.1A - verify answer against Q1.4 - IMPORTANT
- page 24  
a. Q2.3A - check that amount and time period are recorded
- page 25  
a. Q2.5 (box) verify answer against Q2.4A
- page 26  
a. Q2.7 - check that amount and time period are recorded.  
b. Q2.9 (box) verify answer against Q2.6
- page 27  
a. Q2.10 - check that amount and time period are recorded; check legibility of verbatim response; if verbatim, back code into Q2.10 pre-codes. (See supervisor for this value.)  
b. Q2.12 - VERY IMPORTANT - code a DON'T KNOW response as (-1), not (01) as is printed in the questionnaire  
c. Q2.12A - date should be after key hospitalization (compare against contact sheet)
- page 29  
a. Q2.14, Q2.14A - only items listed in the questionnaire should have cost data collected. If total amount in column C, go to next item; if amount/month, enter number of months in column D, then go to next item.
- page 30  
a. Q2.15, Q2.15A - same as for Q2.14, Q2.14A



- page 31
- a. Q2.16 (box) verify answer
- page 36 - 40
- a. Q2.25 - Q2.30 repeats "other expenses" questions for patients who died since key hospitalization - same instructions apply.
- page 41
- a. Q2.31 - verify answer
  - b. Q2.31A (box) - VERY IMPORTANT - verify answer
- page 42
- a. Q2.35 column C - circle NONE (00) for all fields left blank
  - b. Q2.36 column B - answer should be at least 2, if the answer to Q2.34 column A is yes (01). Circle NONE (00) for all fields left blank in column C
  - c. Q2.35, Q2.36 - verify that number of kids/adults in column B equals the number of kids/adults in column C.
  - d. Q2.33 - Q2.36 - at least one of these questions should be coded YES in column A
- page 43
- a. Q2.38A - check that amount and time period are recorded.
- page 44
- a. Q2.40 - If "no one" is written in, code (-4).
  - b. Q2.41 - make sure date does not precede discharge date
- page 45
- a. Q2.42 (box) verify answer against screener
  - b. Q2.42A - verify answer against Q1.4
- page 46
- a. Q2.52 (box) verify answer
  - b. Q2.52 - check that amount and time period are recorded.
- page 47
- a. Q3.1 - VERY IMPORTANT - verify answer against screener (QF.2 and QF.4)
- page 48
- a. Q3.5 - check that date entered is after 1978, otherwise (99) should be coded
- page 49
- a. Q3.7, Q3.7A - check legibility of response, code (01) for any named employer
  - b. Q3.8 - check legibility of response; need a description of services provided and/or products manufactured.

- page 50  
a. Q3.9 - check legibility of response; need a description of the job performed - job title is not enough
- page 51  
a. Q3.13 - check that amount and time period are recorded. Note that semi-annual (six month) income figures must be converted into either monthly or annual figures and back-coded.  
b. If Q3.13A is answered, verify that appropriate code is circled in B or C.
- page 52  
a. Q3.16 - total should be 26 weeks; code zeros for empty fields
- page 53  
a. Q3.18 - check legibility of response; code (01) for any condition mentioned
- page 55  
a. Q4.7 - It is very important that this date not fall before discharge date. It determines start point later in the questionnaire.
- page 56  
a. Q4.8A - code only months or date, not both.
- page 57  
a. Q4.14 - VERY IMPORTANT - verify answer against Q4.7
- page 58  
a. Q5.1 (box) verify answer against screener (QC.3)
- page 59  
a. Q5.3 - check that amount and time period are recorded.  
b. If Q5.3A is answered, verify that appropriate code is circled in B or C.
- page 60  
a. Q5.4 - use 1984 calendar and calculator to verify remaining weeks in 1984.  
b. Q5.6 - code (01) for any verbatim condition mentioned
- page 61  
a. Q5.7B - check legibility of response/hospital name
- page 62  
a. Q5.9 - verify response against screener (QC.3)
- page 63  
a. Q6.1 - verify response against screener (QC.3)

- page 65
- a. Q6.8 - check that amount and time period are recorded.
  - b. If Q6.8 is answered, verify that appropriate code is circled in B or C.
- page 66
- a. Q6.9 - check that total is 52 weeks and code (00) for empty fields
  - b. Q6.11 - code (01) for any condition mentioned
- page 67
- Q6.12B - check for legibility of response/hospital name
- page 68
- a. Q7.1 (box) verify answer against screener (QC.3)
- page 69
- a. Q7.4 - verify answer - should refer to section 6, not section 5
- page 70
- a. Q7.8 - check that both amount and time period are recorded.
  - b. If Q7.8A is answered, verify that appropriate code is circled in B or C.
- page 71
- a. Q7.9 - Total should be 52 weeks. Code zeros for empty fields.
  - b. Q7.11 - code any mentioned condition (01)
- page 72
- a. Q7.12B - Check legibility of response/hospital name.
- page 73
- a. Q8.1 (box) verify answer against screener (QC.3)
- page 74
- a. Q8.4 - verify answer - should refer to section 7, not section 5
- page 75
- a. Q8.8 - check that both amount and time period are recorded.
  - b. If Q8.8A is answered, verify that appropriate code is circled in B or C.
- page 76
- a. Q8.9 - check that total is 52 weeks. Code zeros for empty fields.
  - b. Q8.11 - check legibility of response; code (01) for any condition mentioned.
- page 77
- a. Q8.12B - check legibility of response/hospital name
- page 78
- a. Q9.1 - verify answer against screener (QC.3)

page 80

- a. Q9.4, Q9.4A - code (01) for any employer named
- b. Q9.4B - need description of services provided, and/or products manufactured.
- c. Q9.5 - need description of job performed - job title is not enough.
- d. Q9.6 - verify answer

page 82

- a. Q9.10 - Check that both amount and time period are indicated. Note that semi-annual (six month) income figures must be converted to either monthly or annual figures and back-coded.
- b. If Q9.10A is answered, verify that appropriate code is circled in B or C.

page 83

- a. Q9.11 - Check that total is 26 weeks. Code zeros for empty fields.
- b. Q9.13 - code (01) for any condition mentioned

page 84

- a. Q9.14B - check legibility of response/hospital name

page 86

- a. Q10.1 - Q10.7 - check all fields; review skip logic; use column G only when patient is dead. If two types of social security coded for one recipient, response should be checked with interviewer or respondent.

page 88

- a. Q10.8 - Q10.13 - same as above

page 90

- a. Q10.14 - Q10.14A - verify response(s) against Q10.10 - Q10.13. Be sure that pension recipient is coded in Q10.14A for each pension listed in Q10.11 - Q10.13.

page 91 - 92

- a. Q10.15, Q10.16, Q10.17 (next page) check all fields, review skip logic. Verify that the number of periods disability was received (C&D) equals the number of periods coded in B. For each start date (C), there must be an estimate of the number of weeks (or months) received (D).

page 93

- a. Q10.18 - Interviewer should only be asking questions with either the patient or the patient's spouse. Check against QB.4 or QE.1 in screener.
- b. Q10.19 - for the section relating to 1988 - we are collecting income information only about the first 6 months. If respondent gives semi-annual income figures, they must be converted to either monthly or annual figures and back-coded. Check with the supervisor regarding this amount.

page 94

- a. Q10.20 - if the answer is NO (00), go to Q10.20G, and follow skips from there.
- b. Q10.20A - check legibility of response; If answered code (01).
- c. Q10.20F - note that this field has been expanded to six positions.

page 95

- a. Q10.21A - same as Q10.20A
- b. Q10.21F - same as Q10.20F
- c. check time ended - if missing code (-5)

HOSPITALIZATION STUDY QC MANUAL (ADULT)

III. ADULT NLF (BLUE QUESTIONNAIRE)

cover

- a. check all fields, make sure "Interview with" field corresponds with QB.4 in the screener. Code time began - AM = (01) PM = (02)

page 1

- a. Q1.1A (box) verify answer (check against cover of screener)

page 2

- a. Q1.4C, Q1.4D - check legibility of response

page 3

- a. Q1.5, Q1.5A - check that answer to Q1.5 is greater than, or equal to the answer to Q1.5A

page 4

- a. Q1.6A - check legibility of hospital name
- b. Q1.6A column B - check legibility of hospital address
- c. Q1.6A columns C,D - determine length of stays per year in column C and code total length of stay per year in column D.
- d. write in (00) for years with no hospital stays
- e. write in (-4) in for years following patient's death.

page 5

- a. Q1.6B - same as Q1.6A

page 6

- a. Q1.6C - same as Q1.6A

page 7

- a. Q1.6D - same as Q1.6A

page 8

- a. Q1.7 - verify answer against Q1.4
- b. Q1.8 a,b,c - check legibility of response (column A)
- c. Q1.8 a,b,c columns C-G convert response to number of visits per year
- d. Q1.8 column H - check amount (use rounding rules and lead zeros)
- e. ensure that 00 (no) is circled in column B when applicable

page 10

- a. Q1.9 - same as for Q1.8, but for therapists

page 12

- a. Q1.10 - same as for Q1.8, but for other outpatient care

- page 14
- a. Q1.11 - verify answer against screener (page 1 or section C)
  - b. Q1.12A ensure that month/year or age is entered
- page 15
- a. Q1.14A - same as above
- page 16
- a. Q1.15A - same as above
- page 18
- a. Q1.17 - Q1.20 - check other response for legibility; check that year in column C precedes year in column E, if column D = "YES"
  - b. Q1.21 (box) verify answer
  - c. ensure that column A is complete for Q1.17 - Q1.20
- page 19
- a. Q1.22 - Q1.28 repeats insurance questions for patients died after key hospitalization - same instructions apply
- page 21
- a. Q1.27 (box) verify answer
- page 24
- a. Q2.1 (box) verify answer against screener (page 1 or section C)
  - b. Q2.1A - verify answer against Q1.4 - IMPORTANT
- page 25
- a. Q2.3A - check that amount and time period are recorded.
- page 26
- a. Q2.5 (box) verify answer against Q2.4A
- page 27
- a. Q2.7 - check that amount and time period are recorded.
- page 28
- a. Q2.9 (box) verify answer against Q2.6
  - b. Q2.10 - check that amount and time period are recorded; check legibility of verbatim response, if verbatim, back code into Q2.10 pre-codes. (See supervisor for this value.)
- page 29
- a. Q2.12 - VERY IMPORTANT - code a DON'T KNOW response as (-1) not (01) as is printed in the questionnaire
  - b. Q2.12A - date should be after key hospitalization (compare against contact sheet)

- page 30
- a. Q2.14, Q2.14A - only items listed in the questionnaire should have cost data collected. If total amount in Column C, go to next item; if amount/month, enter number of months in Column D, then go to next item.
- page 31
- a. Q2.15, Q2.15A - same as for Q2.14, Q2.14A
- page 32
- a. Q2.16 (box) verify answer
- page 37 - 41
- a. Q2.25 - Q2.30 repeat "other expenses" questions for patients who died since key hospitalization - same instructions apply.
- page 42
- a. Q2.31 - verify answer
  - b. Q2.31A (box) - VERY IMPORTANT - verify answer against screener (F3)
- page 44
- a. Q2.35 column C - circle NONE (00) for all fields left blank
  - b. Q2.36 column B - answer should be at least 2, if the answer to Q2.34 column A is yes (01). Circle NONE (00) for all fields left blank in column C.
  - c. Q2.35, Q2.36 - verify that number of kids/adults in column B equals the number of kids/adults in column C.
  - d. Q2.33 - Q2.36 - At least one of these questions should be coded YES in column A.
- page 45
- a. Q2.38A - check that amount and time period are recorded.
- page 46
- a. Q2.40 - If "no one" is written in, code (-4).
  - b. Q2.41 - make sure date does not precede discharge date
- page 47
- a. Q2.42 (box) verify answer against screener
  - b. Q2.42A - verify answer against Q1.4
- page 48
- a. Q2.52 (box) verify answer
  - b. Q2.52 - check that amount and time period are recorded.
- page 51
- a. Q10.1 - Q10.7 - check all fields; review skip logic; use column G only when patient is dead. If two types of social security coded for one recipient, response should be checked with interviewer or respondent.



page 53

- a. Q10.8 - Q10.13 - same as above

page 55

- a. Q10.14 - Q10.14A - verify response(s) against Q10.10 - Q10.13. Be sure that pension recipient is coded in Q10.14A for each pension listed in Q10.11 - Q10.13.

page 56

- a. Q10.18 - Interviewer should only be asking questions with either the patient or the patient's spouse. Check against QB.4 or QE.1 in screener.
- b. Q10.19 - for the section relating to 1988 - we are collecting income information only about the first 6 months. If respondent gives semi-annual income figures, they must be converted to either monthly or annual figures and back-coded. Check with the interviewer and/or the supervisor regarding this amount.

page 57

- a. Q10.20 - if the answer is NO (00), go to Q10.20G, and follow skips from there.
- b. Q10.20A - check legibility of response; If answered, code (01).
- c. Q10.20F - note that this field has been expanded to six positions.

page 58

- a. Q10.21A - same as Q10.20A
- b. Q10.21F - same as Q10.20F
- c. check time ended; if missing code (-5)

HOSPITALIZATION STUDY QC MANUAL (ADULT)

IV. ADULT WORKER/DIED DURING KEY HOSPITALIZATION (YELLOW QUESTIONNAIRE)

cover

- a. check all fields, make sure "Interview with" field corresponds with QB.4 in the screener. Code time began - AM = (01) PM = (02)

page 3

- a. Q2.31 - verify answer against contact sheet
- b. Q2.31A (box) - VERY IMPORTANT - verify answer against screener F3

page 4

- a. Q2.35 column C - circle NONE (00) for all fields left blank
- b. Q2.36 column B - answer should be at least 2, if the answer to Q2.34 column A is yes (01). Circle NONE (00) for all fields left blank in column C
- c. Q2.35, Q2.36 - verify that number of kids/adults in column B equals the number of kids/adults in column C.
- d. Q2.33 - Q2.36 - at least one of these questions should be coded YES in column A

page 5

- a. Q2.38A - check that amount and time period are recorded.

page 6

- a. Q3.1 - VERY IMPORTANT - verify answer against screener (F2 or F4)

page 7

- a. Q3.5 - check that date entered is after 1978, otherwise (99) should be coded

page 8

- a. Q3.7, Q3.7A - check legibility of response; code (01) for any named employer
- b. Q3.8 - check legibility of response; need a description of services provided and/or products manufactured.

page 9

- a. Q3.9 - check legibility of response; need a description of the job performed - job title is not enough

page 10

- a. Q3.13 - check that amount and time period are recorded. Note that semi-annual (six month) income figures must be converted into either monthly or annual figures and back-coded.
- b. If Q3.13A is answered, verify that appropriate code is circled in B or C.

- page 11  
a. Q3.16 - total should be 26 weeks; code zeros for empty fields
- page 12  
a. Q3.18 - check legibility of response; code (01) for any condition mentioned
- page 14  
a. Q10.1 - Q10.7 - check all fields; review skip logic; Column G must be answered for items indicated.
- page 16  
a. Q10.8 - Q10.13 - same as above
- page 18  
a. Q10.14 - Q10.14A - verify response(s) against Q10.10 - Q10.13. Be sure that pension recipient is coded in Q10.14A for each pension listed in Q10.11 - Q10.13.
- page 19  
a. Q10.15, Q10.16, Q10.17 (next page) check all fields, review skip logic. Verify that the number of periods disability was received (C&D) equals the number of periods coded in B. For each start date (C), there must be an estimate of the number of weeks (or months) received (D).
- page 21  
a. Q10.18 - Interviewer should only be asking questions with either the patient or the patient's spouse. Check against QB.4 or QE.1 in screener.  
b. Q10.19 - for the section relating to 1988 - we are collecting income information only about the first 6 months. If respondent gives semi-annual income figures, they must be converted to either monthly or annual figures and back-coded. Check with the supervisor regarding this amount.
- page 22  
a. Q10.20 - if the answer is NO (00), go to Q10.20G, and follow skips from there.  
b. Q10.20A - check legibility of response; If answered code (01)  
c. Q10.20F - note that this field has been expanded to six positions
- page 23  
a. Q10.21A - same as Q10.20A  
b. Q10.21F - same as Q10.20F  
c. check time ended - if missing code (-5)
- page 24  
a. check time ended on bottom of page - if missing code (-5)

HOSPITALIZATION STUDY CHILDREN'S QUESTIONNAIRE  
QC MANUAL

I. SCREENER

page 1

- a. ensure date, Case ID and Interviewer ID numbers are recorded
- b. record discharge date in the top right-hand corner below the Interviewer ID. Record month and year only; example: 01/84

page 2

- a. QB.8: if answered, verify that year is not 1984

page 4

- a. Q.B10: code only one; if less than high school (01) ensure that years of school completed are recorded in field to right

page 5

- a. Q.B16: check legibility of response/name

page 6

- a. Q.C3: date should be after key hospitalization discharge date.
- b. Q.C6: check legibility of response/name

page 8

- a. Q.E5: code only one; if less than high school (01) ensure that years of school completed are recorded in field to right

page 10

- a. Q.E11: check legibility of response/name

page 11

- a. Q.F4: if answered, patient was misclassified as a child - ensure that information on the pink screener is transferred to a white (adult) screener, and that adult screener is attached to the correct adult questionnaire. Note: interviewer may need a call back to gather missing adult screener information.

HOSPITALIZATION STUDY CHILDREN  
QC MANUAL

II. CHILDREN (FORM C, PINK QUESTIONNAIRE)

cover

- a. ensure that "Interview mode" and "Interview with" fields are coded, and that case ID, Interviewer ID, date and time began are recorded.

page 1

- a. Q1.0: verify answer against contact sheet.
- b. Q1.1A: verify answer against contact sheet.

page 2

- a. Q1.4 C,D: check legibility of hospital/nursing home name and address

page 3

- a. Q1.5, Q1.5A: ensure that answer to Q1.5 is greater, or equal to the answer to Q1.5A

page 4

- a. Q1.6A: check legibility of hospital name
- b. Q1.6A column B: check legibility of hospital address
- c. Q1.6A columns C,D: determine length of stays per year in column C and code total length of stays per year in column D
- d. write in (00) for years with no hospital stays
- e. write in (-4) for years following patient's death

page 5

- a. Q1.6B: same as above

page 6

- a. Q1.6C: same as above

page 7

- a. Q1.6D: same as above

page 8

- a. Q1.7: verify answer against Q1.4
- b. Q1.8 a,b,c: check legibility of response (column A)
- c. Q1.8 a,b,c: in columns C-G convert response to number of visits per year
- d. Q1.8 column H: check amount (use rounding rules, and ensure that leading zeros are recorded, if necessary)
- e. ensure that 00 (NO) is circled in column B when applicable

page 10

- a. Q1.9: same as above, but for therapists

page 12

- a. Q1.10: same as above, but for other outpatient care

page 14

- a. Q1.11: verify answer against screener (page 1, or sections C)
- b. Q1.14A: ensure that month/year or age is entered

page 15

- a. Q1.15A: same as Q1.14A

page 15

- a. Q1.17 - Q1.20: check other responses for legibility. Check that year in column C precedes date in column E if column A = "YES"
- b. ensure that column A is complete for Q1.17 - Q1.20
- c. Q1.21 (box) verify answer

page 19

- a. Q1.27 (box) verify answer

page 22

- a. Q2.0 (box) verify answer against contact sheet

page 23

- a. Q2.1 - Q2.5 A,B: check skip logic; ensure that all applicable questions are answered.
- b. Q2.3A and B: note that this field has been expanded to six positions to the left of the decimal point. Also ensure that the time period is recorded.
- c. Q2.5: verify answer

page 24

- a. Q2.7: note that this field has been expanded to six positions to the left of the decimal point. Ensure that the time period is recorded and record leading zeros, as necessary.
- b. Q2.8: (box bottom of page) verify answer against screener page 1.

page 25

- a. Q2.11 (box) verify answer against screener page 1 and screener section C.

page 30

- a. Q2.20: verify answer
- b. Q2.21: verify answer

page 32

- a. Q2.26B: verify that amount and time period are entered; enter leading zeros in column E.

page 36

- a. Q2.32 - Q2.35: carefully review skip logic.

page 38

- a. Q2.37: income fields have been expanded to eight characters; record lead zeros, as necessary.
- b. Q2.37, for section relating to 1988: we are collecting income information only about the first six months. If respondent gives semi-annual income figures, they must be converted to either monthly or annual figures and back-coded. Check with supervisor regarding this amount.

page 39

- a. Q2.38A: check legibility of response
- b. Q2.38F: note that this field has been expanded to six positions
- c. ensure that time ended is recorded

HOSPITALIZATION STUDY  
CODING AND BATCHING INSTRUCTIONS

The purpose of coding is to assign numerical values to verbatim responses for data entry. For this survey, codes will be assigned for hospital names, physicians, therapists, outpatient care, industry and occupations.

**HOSPITALS:** Screener, C4, Quex, Q1.4C, Q1.6A-D, Q5.7B,  
Q6.12B, Q7.12B, Q8.12B and Q9.14B  
Use SPARCS list.  
If hospital is not in New York state, code  
as 99999.  
If nursing home is listed, a new code will  
be assigned for each separate nursing home.  
These new codes will be added to the SPARCS  
list. (See supervisor to add new codes.)

**PHYSICIANS:** Q1.8 a-c - code type of physician  
(Attachment A)

**THERAPISTS:** Q1.9 a-c - code type of therapist  
(Attachment B)

**OUTPATIENT CARE:** Q1.10 a-b - code type of care provided  
(Attachment C)

**INDUSTRY:** Q3.8 and Q9.4B - use Census codes (two  
digits)

**OCCUPATION:** Q3.9 and Q9.5 - use Census codes (two  
digits)

Procedures for back coding, assigning additional codes or maintaining lists of verbatim responses to "other specify" responses are enclosed.

Finally, QC editors will make note of any unusual comments or marginal notes made by the interviewers. A separate list of these comments will be made, identified by case ID and batch number.

**BATCHING**

Following coding and QC operations, questionnaires need to be batched and sent to data entry. There are 10 questionnaires per batch. Batch sheets must document case ID numbers in order from top to bottom (number 1 on top and number 10 on the bottom). Questionnaires should be batched by questionnaire type, i.e., worker, NLF, kids, and worker/died.





## HARVARD MEDICAL PRACTICE STUDY

The Harvard Medical Practice Study, which is being conducted by the Harvard University Schools of Law, Medicine, and Public Health, is assessing the compensation system for medical injuries in New York state. A major objective of the project is an analysis of the effect of malpractice litigation on physicians and the care they deliver. These data will aid efforts to reform the current medical malpractice system.

This questionnaire seeks your opinions about influences on quality of care and about the current system of malpractice litigation. Please answer all questions, selecting responses that best represent your opinions and experiences. Feel free to use the space on the last page to record any comments.

All responses are strictly confidential and protected from subpoena and disclosure by section 206(1)(j) of the New York State Public Health Law. Results from this study will be reported in aggregate form only and will contain NO physician identifiers. Individual response data will not be available to any person, organization, or agency.

Please answer all questions, selecting the response that best represents your opinion. DO NOT IDENTIFY YOURSELF ON THIS QUESTIONNAIRE.

1. At this time, do you maintain a clinical practice?

- 1 YES -----> Continue with Question 2  
 0 NO -----> Skip to Question 7, page 5

Questions 2-6 should be answered only if you maintain a clinical practice.

2. In general, I order more tests and procedures today than I did ten years ago, or when I started practice (if practicing less than 10 years).

- 1 Agree -----> Answer Questions 2a-d  
 0 Disagree -----> Skip to Question 3, next page

If Agree: To what extent is each reason listed below a factor in the increase? [CIRCLE ONE RESPONSE FOR EACH REASON]

	Not a Reason					Important Reason
a. Patients perceive more tests and procedures as better care	0	1	2	3	4	5
b. Improvements in diagnostic technology	0	1	2	3	4	5
c. Better health insurance coverage for the patient	0	1	2	3	4	5
d. Minimize risk of malpractice suit	0	1	2	3	4	5

3. In general, I take more time to explain the risks associated with diagnosis and treatment to my patients now than I did ten years ago, or when I started practice (if practicing less than 10 years).

1 Agree -----> Answer Questions 3a-d  
 0 Disagree -----> Skip to Question 4

If Agree: To what extent is each reason listed below a factor in the change? [CIRCLE ONE RESPONSE FOR EACH REASON]

	Not a Reason	Important Reason				
	0	1	2	3	4	5
a. I want to offer my patients more information so that they can make informed decisions	0	1	2	3	4	5
b. Today, patients request more information	0	1	2	3	4	5
c. I want to reduce my risk of being sued	0	1	2	3	4	5
d. State or Federal regulations require informed consent	0	1	2	3	4	5

4. In the last two or three years, I have reduced the number of patients I see or the types of clinical procedures I perform. [CHECK ONE ONLY]

1 Agree -----> Answer Questions 4a-g  
 0 Disagree -----> Skip to Question 5, next page

If Agree: To what extent is each reason listed below a factor in the change? [CIRCLE ONE RESPONSE FOR EACH REASON]

	Not a Reason	Important Reason				
	0	1	2	3	4	5
a. I am planning to retire from medicine	0	1	2	3	4	5
b. Third party payers limit fair compensation for highly skilled work	0	1	2	3	4	5
c. Increases in malpractice premiums are burdensome	0	1	2	3	4	5
d. My work is no longer valued	0	1	2	3	4	5
e. The practice of medicine has become too highly regulated	0	1	2	3	4	5
f. Prefer administration, teaching, or research as means of using my medical knowledge	0	1	2	3	4	5
g. Decreased demand for clinical services	0	1	2	3	4	5

5. In general, I spend more time on paperwork, including the maintenance of the patient record, than I did ten years ago (or when I started practice).

1 Agree -----> Answer Questions 5a-d.

0 Disagree -----> Skip to Question 6, this page

If Agree: To what extent is each reason listed below a factor in the change? [CIRCLE ONE RESPONSE FOR EACH REASON]

	Not a Reason					Important Reason
a. More documentation required for reimbursement purposes	0	1	2	3	4	5
b. More documentation required for hospital quality assurance activities	0	1	2	3	4	5
c. More documentation required for preparation of potential malpractice suits	0	1	2	3	4	5
d. Delivery of quality care includes more documentation	0	1	2	3	4	5

6. To what extent do each of the following factors help you maintain standards of care in your practice? [CIRCLE ONE RESPONSE FOR EACH REASON]

	Not an Influence					Important Influence
a. Your peer relations	0	1	2	3	4	5
b. Morbidity/mortality conferences and tumor boards	0	1	2	3	4	5
c. Medical journals	0	1	2	3	4	5
d. Continuing Medical Education	0	1	2	3	4	5
e. Implications of possible malpractice litigation	0	1	2	3	4	5
f. External organized Peer Review, e.g PRO	0	1	2	3	4	5
g. Clinical care rules, guidelines, and/or standard operating procedures developed by your clinical department and/or hospital	0	1	2	3	4	5

7. In your opinion, for every 100 physicians in your SPECIALTY in New York state, how many do you think will be sued at least once this year? [CHECK ONE ONLY]

- 1                less than 1
- 2                1 - 5
- 3                6 - 10
- 4                11 - 20
- 5                21 - 30
- 6                31 - 40
- 7                41 - 50
- 8                51 - 60
- 9                61 - 75
- 10               76 - 100

8. In your opinion, if a patient suffers an unintended adverse outcome that causes a temporary or permanent disability because of medical management (NO NEGLIGENCE), what do you think are the chances of the patient filing suit? [CHECK ONE ONLY]

- 1                less than 10% chance
- 2                10% to 25% chance
- 3                26% to 40% chance
- 4                41% to 60% chance
- 5                61% to 75% chance
- 6                greater than 75% chance

9. In your opinion, if a patient suffers an unintended adverse outcome that causes a temporary or permanent disability because of NEGLIGENT medical management, what do you think are the chances of the patient filing suit, regardless of whether the patient recognizes this negligence? [CHECK ONE ONLY]

- 1                less than 10% chance
- 2                10% to 25% chance
- 3                26% to 40% chance
- 4                41% to 60% chance
- 5                61% to 75% chance
- 6                greater than 75% chance

10. What percentage of all malpractice suits filed today:

\_\_\_\_\_ % Are frivolous?  
 \_\_\_\_\_ % Have some substance but are concerned with difficult judgments about fault on the part of a physician/hospital?  
 \_\_\_\_\_ % Are meritorious?  
 100 % Total

11. What effect would each of the following actions against a colleague have on your opinion of his or her competence? Assume that each action was undertaken for a case that had some substance.

	Would not cause me to question competence			Would definitely cause me to question competence		
	0	1	2	3	4	5
Malpractice Suit	0	1	2	3	4	5
Hospital Disciplinary action						
a) Letter of Reprimand	0	1	2	3	4	5
b) Supervision of Practice	0	1	2	3	4	5
c) Privilege Restriction	0	1	2	3	4	5
d) Privilege Withdrawal	0	1	2	3	4	5
State Disciplinary action						
a) Censure and Reprimand	0	1	2	3	4	5
b) Probation	0	1	2	3	4	5
c) License Suspension	0	1	2	3	4	5
d) License Revocation	0	1	2	3	4	5

12. Have you ever been sued for medical malpractice during your career?

1 YES -----> Continue with Question 13  
 0 NO -----> Skip to Question 18, page 8

13. How many medical malpractice suits have been filed against you in the last ten years? [INCLUDE ALL SUITS, PENDING, DROPPED OR CLOSED]

\_\_\_\_\_ Suits

14. For your MOST RECENT CLOSED SUIT (whether the suit was dropped, settled, or paid), how many days did you lose from your practice, including depositions, attorney's meetings, other time spent in preparation of your defense, and court appearances? [CHECK ONE ONLY]

- 1        0 days
- 2        1-2 days
- 3        3-5 days
- 4        6-10 days
- 5        11-20 days
- 6        20+ days

15. For your MOST RECENT CLOSED SUIT, did you have your own attorney in addition to counsel provided by the insurer?

- 1    YES    -----> Continue with Question 16, this page
- 0    NO    -----> Skip to Question 17, this page

16. For your MOST RECENT CLOSED SUIT, what were your out-of-pocket attorney expenses, that is, expenses not covered by insurance? [CHECK ONE ONLY]

- 1        0
- 2        \$1 - \$999
- 3        \$1,000 - \$4,999
- 4        \$5,000 - \$9,999
- 5        greater than \$10,000

17. For your MOST RECENT CLOSED SUIT, how much did you have to pay the patient directly for settlement or judgment, that is, amount not covered by insurance? [CHECK ONE ONLY]

- 1        0
- 2        \$1 - \$4,999
- 3        \$5,000 - \$9,999
- 4        \$10,000 - \$14,999
- 5        \$15,000 - \$19,999
- 6        \$20,000 - \$24,000
- 7        greater than \$25,000



18. What is your AGE?

\_\_\_\_ Years

19. What is your SEX?

1 Male

2 Female

20. What is your primary professional activity? [CHECK ONE ONLY]

- 1 \_\_\_\_\_ Patient Care: Primarily Private Practice
- 2 \_\_\_\_\_ Patient Care: Primarily IPA Model HMO
- 3 \_\_\_\_\_ Patient Care: Primarily Salaried HMO Practice
- 4 \_\_\_\_\_ Patient Care: Primarily Salaried Hospital
- 5 \_\_\_\_\_ Clinical Teaching
- 6 \_\_\_\_\_ Administration
- 7 \_\_\_\_\_ Research
- 8 \_\_\_\_\_ Other
- 9 \_\_\_\_\_ Inactive or Retired

21. Are you a member of the Medical Society of the State of New York:

1 YES

0 NO

22. What is your primary SPECIALTY? [If you practice in more than one specialty, check the one from which you currently derive most of your medical income.]

- |    |   |    |                              |
|----|---|----|------------------------------|
| 1  | _____ Anesthesiology                        | 17 | _____ Orthopedic Surgery     |
| 2  | _____ Cardiovascular Diseases               | 18 | _____ Otorhinolaryngology    |
| 3  | _____ Cardiac Surgery                       | 19 | _____ Pathology              |
| 4  | _____ Colon and Rectal Surgery              | 20 | _____ Pediatrics             |
| 5  | _____ Dermatology                           | 21 | _____ Pediatric Surgery      |
| 6  | _____ Emergency Medicine                    | 22 | _____ Plastic Surgery        |
| 7  | _____ Family or General Practice            | 23 | _____ Psychiatry             |
| 8  | _____ Gastroenterology                      | 24 | _____ Pulmonary Diseases     |
| 9  | _____ General Surgery                       | 25 | _____ Radiology              |
| 10 | _____ Internal Medicine                     | 26 | _____ Therapeutic Radiology  |
| 11 | _____ Neurosurgery                          | 27 | _____ Thoracic Surgery       |
| 12 | _____ Neurology                             | 28 | _____ Traumatic Surgery      |
| 13 | _____ Obstetrics with or without Gynecology | 29 | _____ Urological Surgery     |
| 14 | _____ Gynecology ONLY                       | 30 | _____ Vascular Surgery       |
| 15 | _____ Oncology                              | 31 | _____ Other (please specify) |
| 16 | _____ Ophthalmology                         |    |                              |
-

23. Check the COUNTY in which you conduct the majority of your practice or work. If you are inactive or retired, check the county where you live.

- |    |                   |    |                    |    |                    |
|----|-------------------|----|--------------------|----|--------------------|
| 1  | _____ Albany      | 22 | _____ Jefferson    | 43 | _____ Schoharie    |
| 2  | _____ Allegany    | 23 | _____ Lewis        | 44 | _____ Schuyler     |
| 3  | _____ Broome      | 24 | _____ Livingston   | 45 | _____ Seneca       |
| 4  | _____ Cattaraugus | 25 | _____ Madison      | 46 | _____ Steuben      |
| 5  | _____ Cayuga      | 26 | _____ Monroe       | 47 | _____ Suffolk      |
| 6  | _____ Chautauqua  | 27 | _____ Montgomery   | 48 | _____ Sullivan     |
| 7  | _____ Chemung     | 28 | _____ Nassau       | 49 | _____ Tioga        |
| 8  | _____ Chenango    | 29 | _____ Niagara      | 50 | _____ Tompkins     |
| 9  | _____ Clinton     | 30 | _____ Oneida       | 51 | _____ Ulster       |
| 10 | _____ Columbia    | 31 | _____ Onondaga     | 52 | _____ Warren       |
| 11 | _____ Cortland    | 32 | _____ Ontario      | 53 | _____ Washington   |
| 12 | _____ Delaware    | 33 | _____ Orange       | 54 | _____ Wayne        |
| 13 | _____ Dutchess    | 34 | _____ Orleans      | 55 | _____ Westchester  |
| 14 | _____ Erie        | 35 | _____ Oswego       | 56 | _____ Wyoming      |
| 15 | _____ Essex       | 36 | _____ Otsego       | 57 | _____ Yates        |
| 16 | _____ Franklin    | 37 | _____ Putnam       | 58 | _____ Bronx        |
| 17 | _____ Fulton      | 38 | _____ Rensselaer   | 59 | _____ Kings        |
| 18 | _____ Genesee     | 39 | _____ Rockland     | 60 | _____ New York     |
| 19 | _____ Greene      | 40 | _____ St. Lawrence | 61 | _____ Queens       |
| 20 | _____ Hamilton    | 41 | _____ Saratoga     | 62 | _____ Richmond     |
| 21 | _____ Herkimer    | 42 | _____ Schenectady  | 63 | _____ Out-of-State |

Thank you for participating in the survey. Please return the questionnaire in the enclosed, stamped envelope. The code below is being used by Mathematica Policy Research (MPR) Inc. solely to ensure that we have an adequate response for our sample. MPR will not release to the Medical Practice Study or any other person, organization or agency, any codes to identify respondents.

Please use the remaining space on this page and the next page for any comments.





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DAVID M. BENFORD, M.D.  
PRESIDENT-ELECT

ROBERT A. MAYERS, M.D.  
VICE-PRESIDENT

Dear Colleague,

I am writing to urge your participation in the enclosed physician survey being conducted by the Harvard Medical Practice Study.

The Medical Practice Study was commissioned by the New York State Legislature to develop information for possible changes in the compensation system for medical injuries. The Medical Society of the State of New York supports this study as a constructive effort to revamp the medical liability system. We have been in contact with the investigators throughout the study, and recommend your support as well.

Please complete the enclosed questionnaire and return it as soon as possible. Thank you for your cooperation.

Yours sincerely,

Charles D. Sherman, Jr., M.D.  
President

Medical Society of the State of New York

CDS:dz  
Enclosure

February 1, 1989

Dear Colleague:

I am writing to urge your participation in the Medical Practice Study, which was commissioned by the New York State Legislature to develop recommendations for possible changes in the State's compensation system for medical injuries. The study is being carried out by a team of researchers from Harvard University's Schools of Medicine, Public Health and Law.

A major objective of the project is to analyze the effect of malpractice litigation on physicians and the care they deliver. To help us understand the effect of the tort system on doctors, we are surveying a random sample of physicians from across New York state. We are asking for physicians' perceptions of the chances of being sued for medical malpractice and their opinions about factors influencing the quality of care.

Please take a few minutes to fill out the questionnaire and return it in the enclosed postage paid envelope. I want to emphasize that all responses will be completely confidential and results reported in aggregate form only. Please do not identify yourself on the questionnaire.

Thank you in advance for sharing your valuable time. Your contribution to the success of the study is greatly appreciated.

Sincerely yours,

Howard H. Hiatt, M.D.  
Professor of Medicine, Harvard Medical School  
Senior Physician, Brigham and Women's Hospital

## Structured Interview for Physicians

As I described to you on the telephone, the Medical Practice Study a study of medical practice being conducted in New York state. The purpose of the study is to collect information which will help reform the current medical malpractice system. Among the types of information we believe essential to a discussion of reform, is how physicians view the current system. We are talking with doctors to get their perceptions of the difficulties in practicing medicine today and to solicit their views and perceptions on the medical malpractice system.

All the information provided in these interviews will be strictly confidential. The results will be coded and any reports or publications will be limited to cumulative data. Individuals will not be identified. In addition, the results of the Study will be [are] protected by statutory provision from civil actions to ensure confidentiality.

I. Background

I would like to begin by asking you for some background information.

Name \_\_\_\_\_

Age: \_\_\_\_\_ years old

Sex: \_\_\_\_\_ Female \_\_\_\_\_ Male

Primary Specialty: \_\_\_\_\_ Board Certified? \_\_\_\_\_

Other Specialty (ies): \_\_\_\_\_ Board Certified? \_\_\_\_\_

\_\_\_\_\_ Board Certified? \_\_\_\_\_

Training: where completed years since completion

Medical School \_\_\_\_\_

Internship \_\_\_\_\_

Residency \_\_\_\_\_

Specialty \_\_\_\_\_

Fellowship \_\_\_\_\_

Other ( ) \_\_\_\_\_

Schedule:

In the course of an average work week, approximately what proportion of

your time do you spend in the office  
(includes seeing patients, paper work)? \_\_\_\_\_

your time do you spend in the hospital?  
(seeing patients, doing procedures, etc.) \_\_\_\_\_

Other (please specify) \_\_\_\_\_

How many of your patients are in the hospital in an average week? \_\_\_\_\_

II. Preliminary Question

I'D LIKE TO START BY ASKING YOU WHAT YOU THINK IS THE MOST DIFFICULT THING ABOUT THE PRACTICE OF MEDICINE IN THIS COMMUNITY?

[[When the respondent mentions malpractice, ask at a suitable moment HAVE YOU EVER BEEN SUED?

If yes: Find out year most recent closed suit was resolved

Find out whether has any open suits and year the suits initiated

Find out number of times sued in life and what sued for

If the respondent doesn't mention malpractice as a difficulty, introduce the topic and ask question about being sued]]



III. Questions for Sued Physicians: Description and Impact of the Suit

NOW I WOULD LIKE TO ASK ABOUT YOUR MOST RECENTLY CLOSED SUIT.

IN YOUR OPINION, WHY WERE YOU SUED?

Topics of interest:

- a. Physician's view of the "the facts"
  - What happened to the patient?
- b. Patient/physician relations
  - How long had you known the patient?
  - How do you perceive your relationship with this patient?
  - Does this differ from your relationship with other patients?
- c. Was the suit unexpected?
  - How did you become aware of the suit?
  - Before you were sued were there signs that the suit was impending?
  - Were you surprised when you were sued?
- d. Attribution of blame
  - Why did this patient sue you?
  - Did the patient contribute to the injury?
  - Were other physicians or health care providers involved?
  - What was the role of medical uncertainty, e.g. does respondent think there are standards regarding the correct therapy or diagnosis for condition in question?

I WOULD LIKE YOU TO GIVE ME A BRIEF CHRONOLOGY OF YOUR INVOLVEMENT WITH THIS SUIT.

Topics of Interest:

- a. Disposition
  - Was the case settled out of court or did it go to trial?

b. Time and Dollar Costs

- How long did the entire process take?
- How much time did you lose from work?
- Have you incurred out-of-pocket expenses such as lawyers fees? [0, \$1-\$999, \$1K-\$9,999, >\$10K]

c. Frustrations

- If there were any delays, why did they occur?
- Lawyers, other defendants, insurance company?
- If you were sued again, which aspect would you most like to avoid in the future?
- What was the role of the media in your suit?

d. Benefits

- What did you learn from this experience?
- Were there any positive benefits from this experience?

HOW DO YOU THINK THIS SUIT HAS AFFECTED THE WAY YOU WORK, THE WAY YOU THINK ABOUT YOURSELF, ABOUT PATIENTS AND ABOUT COLLEAGUES?

Topics of Interest:

a. Patient/physician relations

- Do you feel that the suit affected your attitude towards patients? How? Your relations with patients? How?
  - suggest patient see different doctor
  - taking more time to explain risks to pts
  - carefully screen new patients
  - change your ability to provide empathetic care

b. Impact on practice

- think about changing careers
- retire from the practice of medicine early
- leave private practice
- join an HMO
- limit practice to office work
- change your utilization of tests or technologically advanced therapies

- still do procedure that lead to suit?
- number of patients per week pre and post
- number of referrals pre and post
- number of procedures pre and post
- more testing
- more record keeping
- more follow-up visits

c. Perceptions of competence

- trust your gut feelings less
- cause you to do more continuing education
- cause you to consult experts more frequently

d. Relations with colleagues/fellow practitioners

- difficulty obtaining or renewing privileges as a result of the law suit?
- can you recall an instance where a colleague of yours was sued for medical malpractice?
- has suit against a colleague affected the way you practice medicine?
- how did you find out about the colleague's suit?

e. Other issues

- Does the tort system have any benefit?
- Which affects you more, the general threat of malpractice or the specific impact of this particular suit?
- Imagine the tort system were changed tomorrow and you never had to face the threat of being sued again, but your malpractice premiums went up. Would you prefer this scenario to one where you may occasionally be sued but your premium stays the same?

IV. Questions for Sued Physicians: Relation to Quality Assurance

The next set of questions relate to quality assurance activities and their potential for preventing adverse events. The study defines an adverse event as an unexpected injury that was caused in significant part by medical management as opposed to the underlying patient disease process.

Do you believe that hospital based quality assurance programs can assume a significant role in preventing medical accidents? Why or why not?

Please describe a quality assurance program you are familiar with.

Do you believe that medical society activities can assume a significant role in preventing medical accidents? Why or why not?

Please describe medical society activities that you are familiar with.

Do you believe that the PRO or a similar organization can assume a significant role in preventing medical accidents? Why or why not?

Please describe PRO or similar organization activities that you are familiar with.

Do you believe state disciplinary/quality assurance activities can assume a significant role in preventing medical accidents? Why or why not?

Please describe state activities that you are familiar with.

What do you think is the best way to promote quality?

V. Questions for Non-Sued Physicians: Hypothetical response to suit

FOR THE FOLLOWING QUESTIONS, I WOULD LIKE YOU TO HYPOTHESIZE AS TO YOUR LIKELY REACTIONS TO A MEDICAL MALPRACTICE SUIT.

HOW DO YOU THINK A MEDICAL MALPRACTICE SUIT MIGHT AFFECT THE WAY YOU WORK, THE WAY YOU THINK ABOUT YOURSELF, ABOUT YOUR PATIENTS, AND ABOUT YOUR COLLEAGUES?

Topics of Interest:

a. Patient/physician relations

- Do you feel that the suit might affect your attitude towards patients? How? Your relations with patients? How?
  - suggest patient see different doctor
  - taking more time to explain risks to pts
  - carefully screen new patients
  - change your ability to provide empathetic care
- Present relations versus expected change

b. Impact on practice

- think about changing careers
- retire from the practice of medicine early
- leave private practice
- join an HMO
- limit practice to office work
- change your utilization of tests or technologically advanced therapies
- still do procedure that lead to suit?
- number of patients per week pre and post
- number of referrals pre and post
- number of procedures pre and post
- more testing
- more record keeping
- more follow-up visits

c. Perceptions of competence

- trust your gut feelings less
- cause you to do more continuing education
- cause you to consult experts more frequently

d. Relations with colleagues/fellow practitioners

- difficulty obtaining or renewing privileges as a result of the law suit?
- can you recall an instance where a colleague of yours was sued for medical malpractice?
- has suit against a colleague affected the way you practice medicine?
- how did you find out about the colleague's suit?
- what do you think is the role played by the media in medical malpractice litigation?

e. Other issues

- Does the tort system have any benefit?
- Which affects you more, the general threat of malpractice or the specific impact of this particular suit?
- Imagine the tort system were changed tomorrow and you never had to face the threat of being sued again, but your malpractice premiums went up. Would you prefer this scenario to one where you may occasionally be sued but your premium stays the same?



VI. Questions for Non-Sued Physicians: Relation to Quality Assurance

The next set of questions relate to quality assurance activities and their potential for preventing adverse events. The study defines an adverse event as an unexpected injury that was caused in significant part by medical management as opposed to the underlying patient disease process.

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Please describe a quality assurance program you are familiar with.

Do you believe that medical society activities can assume a significant role in preventing medical accidents? Why or why not?

Please describe medical society activities that you are familiar with.

Do you believe that the PRO or a similar organization can assume a significant role in preventing medical accidents? Why or why not?

Please describe PRO or similar organization activities that you are familiar with.

Do you believe state disciplinary/quality assurance activities can assume a significant role in preventing medical accidents? Why or why not?

Please describe state activities that you are familiar with.

What do you think is the best way to promote quality?



## CARDIOLOGY CASE ONE

A 48 year old white male with a history of hypertension controlled on Dyazide is referred for evaluation of atypical chest pain. He smokes and has a family history of coronary artery disease. He describes chest pain which is fleeting, lasting at most 3-4 minutes, and which is sharp. He denies any shortness of breath, and is not sure it is associated with exertion. His electrocardiogram shows only normal sinus rhythm and a left bundle branch block. He is given nitroglycerin sublingual tabs for use if he has chest pain. An exercise tolerance test is scheduled, which will take place in three weeks.

One week later, and two weeks before he is to have the ETT, he comes to the emergency room with chest pain. He says the pain lasted about 45-60 minutes, and that the nitroglycerine did not seem to help. Again his physical exam is unrevealing, and the EKG shows the NSR and LBBB. He is sent home. He returns 12 hours later with chest pain that is more severe and that has been present for eight hours. The initial CPK-MB is high and he is admitted. Noninvasive examinations and subsequent CPK's are consistent with a transmural myocardial infarction.

## CARDIOLOGY CASE TWO

The same patient as above presents for evaluation, but this time does not have the episodes of chest pain prompting the E.R. visits, but instead has an ETT which shows poor exercise tolerance and ST segment depressions across the precordium, with a drop in blood pressure during exercise. A catheterization is scheduled.

During the catheterization, a high grade proximal stenosis of the LAD is found. While attempting to study it, and after repeated efforts to pass the catheter, the LAD is dissected. The patient immediately develops severe myocardial ischemia. An attempt to arrange a cardiac surgery intervention is made, but the patient suffers a VF arrest and CPR is unsuccessful.

GENERAL SURGERY CASE ONE

Mrs. Jones was a 45 y.o. woman who underwent cholecystectomy and common duct exploration. She had a bout of transient jaundice and pancreatitis prior to her operation. At the time of surgery two stones were removed from the common duct and a T-tube cholangiogram showed two filling defects in the duct which were interpreted as air bubbles. Seven days later a cholangiogram demonstrated two defects consistent with calculi. Indeed, three weeks later two stones were removed from the common duct by passing a basket down the T-tube tract.

## GENERAL SURGERY CASE TWO

Mr. Smith underwent repair of an abdominal aneurysm. Four hours after surgery his blood pressure dropped from 140 to 90 systolic, urine output from 40 to 10 cc/hour and pulse went from 80 to 110. 300 cc of parenteral fluid was given over 30 minutes and his pressure and urine output increased and his pulse returned to normal. Since his hematocrit was 23%, two units of blood were given. Two hours later the same changes occurred with a similar response to transfusion of fluid and blood. Eight hours after his operation his abdomen was obviously distended and his hematocrit remained 25% despite receiving eight units of blood. Four hours and two units of blood later he was returned to the operating room where a large retroperitoneal hematoma was found and a bleeding branch of a mesenteric artery ligated.

Following this operation Mr. Smith could not be extubated and required chronic intubation. Over the next five weeks he had several episodes of sepsis and then went into oliguric renal failure requiring hemodialysis. He finally died six weeks after his operation.

## OBSTETRIC CASE ONE

A multiparous 29 year old white female with an uneventful pregnancy was at 41.5 weeks. A biophysical profile showed 8/10 with severe oligohydramnios. The cervix was long and closed but the head was engaged. She was admitted for induction of labor. A pitocin drip was administered. Ten hours later, the cervix was 2 cm, 50% and the station was -1. Membranes were ruptured; thick meconium was noted. Slow progress was made over the next 15 hours until full dilatation was reached. An internal fetal monitor showed occasional variable decelerations but good reactivity. Two attempts were made to place an internal uterine monitor; both were unsuccessful.

During the second stage of labor, a fetal tachycardia developed along with severe variable decelerations; two attempts at scalp pH were unsuccessful. After three hours in the second stage of labor, the infant's head began to crown. After delivery of the head, nose and mouth were suctioned with a DeLee suction. The infant was handed off to the anesthesiologist and intubation revealed meconium below the vocal cords.

The infant was taken to the intensive care unit, where a severe pneumonia developed. The child's Apgar scores were two and four. Mechanical ventilation over a period of one day was required. The child suffered some neurological deficits, which the neurologist attributed to decreased oxygenation during delivery.

## OBSTETRICS CASE TWO

The same scenario except that the cervix never dilated. When the mother began to tire, a decision was made to do a cesarean section. The section went smoothly and good hemostasis was noted at time of closing.

The patient was initially stable in the recovery room. However, three hours after the operation, the patient suffered a slow but steady drop in blood pressure. The hematocrit preoperatively had been 39 but now 3 1/2 hours after operation, the hematocrit had dropped to 21. The patient was transfused with packed red blood cells, but the hematocrit failed to stabilize. The blood pressure dropped to 80/60 and a decision was made to return the patient to the operating room.

In the operating room re-exploration of the wound revealed profuse oozing from several sites, as well as an arterial bleeder surrounded by a large hematoma. This bleeder was clamped but now the patient had abnormal coagulation values with a PT of 22 and platelets now dropping to 50,000 range. The obstetricians closed the wound, but maintenance of hemostasis was difficult in the face of developing disseminated intravascular coagulation. Over the period of the next 16 hours, the patient was transfused 16 units of blood as well as numerous units of fresh frozen plasma and platelets. The patient's coagulation profile never stabilized and with blood pressure again dropping, exchange transfusion was attempted. This failed to ameliorate the situation and 22 hours after the initial operation, the patient died.

### CASE QUESTIONS

1. Did medical management, as opposed to the disease process cause the patient's outcome?
  
  
  
  
  
  
  
  
  
  
2. Did the care provided in this case reach the typical standard of care expected of the average practitioner in your community?
  
  
  
  
  
  
  
  
  
  
3. Do you think there is evidence of error in this case? Of negligence? How do you define negligence?
  
  
  
  
  
  
  
  
  
  
4. What is the relationship between the standard of care and negligence?
  
  
  
  
  
  
  
  
  
  
5. Do you think the patient's family should or should not receive compensation? For what?
  - pain and suffering
  - lost wages
  
  
  
  
  
  
  
  
  
  
6. How would you have handled this situation? Is there anything you would have done differently?
  
  
  
  
  
  
  
  
  
  
7. Are there ways to prevent these kind of episodes?

VII. Conclusion

I would like to conclude with your perception of how likely medical malpractice suits are in this part of the state.

What do you imagine is the overall number of medical malpractice suits filed per year, per 100 physicians?

---

What do you imagine is the number for your specialty of medical malpractice suits filed per year, per 100 physicians?

---







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PRESIDENT-ELECT

ROBERT A. MAYERS, M.D.  
VICE-PRESIDENT

Dear Colleague,

I am writing to urge your participation in the physician survey being conducted by the Harvard Medical Practice Study.

The Medical Practice Study was commissioned by the New York State Legislature to develop information for possible changes in the compensation system for medical injuries. The Medical Society of the State of New York supports this study as a constructive effort to revamp the medical liability system. We have been in contact with the investigators throughout the study, and recommend your support as well.

Please respond favorably when a member of the Medical Practice Study contacts you to arrange an appointment. Thank you for your cooperation.

Yours sincerely,

Charles D. Sherman, Jr., M.D.  
President

Medical Society of the State of New York

CDS:dz

P.S. If you have any suggestions potentially useful to the Medical Society of the State of New York in our future negotiations regarding this issue, please communicate with me or our Executive Vice President, Mr. Don F. Foy.

HARVARD UNIVERSITY

HARVARD SCHOOL OF PUBLIC HEALTH  
BRIGHAM AND WOMEN'S HOSPITAL  
HARVARD LAW SCHOOL



MEDICAL PRACTICE STUDY  
221 LONGWOOD AVENUE  
BOSTON, MA 02115  
(617) 732-5991


I am writing to ask your help with an important part of our Medical Practice Study, an analysis of aspects of medical practice now being conducted at 51 participating hospitals in the state of New York. The Study was commissioned by the New York Legislature and is being carried out by a team of researchers mainly from Harvard University's Schools of Medicine, Public Health and Law.

Because you practice medicine at one of the participating hospitals, we would appreciate greatly the opportunity to solicit your views about some difficulties confronting today's practitioner. An issue of special interest to us is the effects of the tort litigation system on the practice of medicine. The professional and emotional impact of malpractice litigation is, of course, enormous. To shed some light on its effects on physician's practice, we are asking physicians to participate in a structured interview.

Your name was chosen randomly from a list of physicians affiliated with the 51 hospitals participating in our study. A member of our team will contact you shortly to ask whether you would be willing to take part in a 1 to 1 and 1/2 hour interview. All information from these interviews will be treated in strict confidence and will be protected from disclosure by Public Health Law section 206(1)(j). The identity of individuals will be known only to members of our staff, will be coded and kept in a locked safe in Boston, and will be destroyed as soon as the information is aggregated. None of the physician specific information will be available to any entity beyond those persons involved in the coding and aggregation of the data. Any reports or publications will be limited to cumulative data.

I ask for your time because of the importance of the issue before us. It is clear that many problems stemming from the tort litigation system have been destructive to physicians and to society as a whole. We believe this systematic and confidential collection of information will help resolve some of these problems.

Sincerely yours,

  
Howard H. Hiatt, M.D.  
Professor of Medicine





SECTION 1. MEDICAL CARE (LIVE AT DISCHARGE)

1.0 INTERVIEWER: WAS CHILD BORN DURING KEY HOSPITALIZATION (BIRTH DATE=ADMISSION DATE)?

YES.....(GO TO Q1.1A).....01  
NO.....00

1.1 Was (PATIENT) admitted to (HOSPITAL) on (ADMISSION DATE) from another hospital or nursing home?

YES.....01  
NO.....00  
DON'T KNOW.....-1

1.1A INTERVIEWER: DID PATIENT DIE DURING KEY HOSPITALIZATION?

YES.....(GO TO Q1.29).....01  
NO.....00

1.2 And, when (PATIENT) was discharged from (HOSPITAL) was (he/she) sent to another hospital or a nursing home?

YES.....(GO TO Q1.4).....01  
NO.....(ASK Q1.3).....00  
DON'T KNOW.....(ASK Q1.3).....-1

1.3 Has (PATIENT) stayed in a hospital or nursing home overnight as a patient at any time since (DISCHARGE DATE) when (PATIENT) was discharged from (HOSPITAL)?

YES.....(ASK Q1.4).....01  
NO.....(GO TO Q1.7).....00  
DON'T KNOW.....(GO TO Q1.7).....-1

1.4 Has (he/she) been in a hospital or nursing home continuously since (DISCHARGE MONTH)?

YES.....01  
NO.....(GO TO Q1.5).....00

A. Was this because of health problems or conditions related to (his/her) hospitalization in (HOSPITAL) in (DISCHARGE MONTH)?

YES.....01  
NO.....00

B. Was (PATIENT) in the same hospital or nursing home since (DISCHARGE DATE)?

YES.....(ASK C).....01  
NO.....(GO TO Q1.5).....00

C. What is the name of the hospital or nursing home (PATIENT) was in?

\_\_\_\_\_

D. What city and state is (NAME OF HOSPITAL) in?

\_\_\_\_\_

CITY

\_\_\_\_\_

STATE

\* \* \* GO TO Q1.11 \* \* \*

1.5 How many different hospital or nursing home stays did (PATIENT) have since (DISCHARGE DATE FROM FACE SHEET)?

NUMBER OF DIFFERENT STAYS: |\_\_|\_\_|

NO STAYS.....(GO TO Q1.7).....00  
DON'T KNOW.....-1

A. How many of these stays were because of health problems or conditions related to (his/her) hospitalization in (HOSPITAL) on (ADMISSION MONTH)?

NUMBER OF DIFFERENT STAYS: |\_\_|\_\_|

NONE.....(GO TO Q1.7).....00  
DON'T KNOW.....-1

1.6 I would like to ask you a little more about (that/each) hospital (or nursing home stay) which was due to health problems or conditions related to (his/her) hospitalization in (HOSPITAL) from (ADMISSION DATE) to (DISCHARGE DATE).

Think of the (first/next) hospital (or nursing home) (he/she) stayed in after (DISCHARGE DATE).

- o RECORD FIRST HOSPITAL NAME IN COLUMN (a), AND ADDRESS IN COLUMN (b).
- o THEN RECORD START DATE AND LENGTH OF STAY FOR EACH VISIT IN COLUMN (c).
- o IF RESPONDENT CANNOT LIST EACH VISIT, ASK FOR THE NUMBER OF DAYS (HE/SHE) WAS IN THAT HOSPITAL EACH YEAR COLUMN (d).
- o THEN GO TO NEXT HOSPITAL.
- o IF NO NEXT HOSPITAL, GO TO Q1.7.



PROBE: Please tell me only about stays due to health problems or conditions related to (your/his/her) hospitalization which ended on (DISCHARGE DATE).

RECORD EACH VISIT AND LENGTH OF STAY IN COLUMNS (c1) AND (c2). IF RESPONDENT CANNOT LIST VISITS, COLLECT AGGREGATE DAYS PER YEAR IN COLUMN (d2).

(a)	(b)	(c)	(d)								
1.6A  What is the (first/next) (hospital's/ nursing home's) name?	What city and state is (NAME) in? RECORD FOREIGN COUNTY ON STATE LINE.	<table border="1"> <thead> <tr> <th data-bbox="803 521 982 719">(c1)</th> <th data-bbox="982 521 1218 719">(c2)</th> </tr> <tr> <td data-bbox="803 585 982 719">In what month and year did (his/her) (first/next) visit start?</td> <td data-bbox="982 585 1218 719">How long was that stay?</td> </tr> </thead> </table>	(c1)	(c2)	In what month and year did (his/her) (first/next) visit start?	How long was that stay?	<p data-bbox="1218 393 1612 521">It is difficult for many people to remember the dates of hospitalization. Please tell me approximately how many days (YEAR) (he/she) was in (NAME). Was it...</p> <table border="1"> <thead> <tr> <th data-bbox="1218 521 1386 719">(d1)</th> <th data-bbox="1386 521 1612 719">(d2)</th> </tr> <tr> <td data-bbox="1218 691 1386 719">YEAR</td> <td data-bbox="1386 691 1612 719">DAYS IN HOSPITAL</td> </tr> </thead> </table>	(d1)	(d2)	YEAR	DAYS IN HOSPITAL
(c1)	(c2)										
In what month and year did (his/her) (first/next) visit start?	How long was that stay?										
(d1)	(d2)										
YEAR	DAYS IN HOSPITAL										
	<p data-bbox="596 776 646 798">CITY</p> <hr/> <p data-bbox="596 861 646 883">STATE</p>	<p data-bbox="814 744 1201 776">CANNOT ANSWER....-1 → (GO TO COLUMN (d))</p> <p data-bbox="814 798 1201 861">1st  __ _ / __ _  →  __ _  DAYS...01 MO YR WEEKS...02 DK.....-1</p> <p data-bbox="814 904 1201 968">2nd  __ _ / __ _  →  __ _  DAYS...01 MO YR WEEKS...02 DK.....-1</p> <p data-bbox="814 1010 1201 1074">3rd  __ _ / __ _  →  __ _  DAYS...01 MO YR WEEKS...02 DK.....-1</p> <p data-bbox="814 1117 1201 1181">4th  __ _ / __ _  →  __ _  DAYS...01 MO YR WEEKS...02 DK.....-1</p> <p data-bbox="814 1223 1201 1287">5th  __ _ / __ _  →  __ _  DAYS...01 MO YR WEEKS...02 DK.....-1</p> <p data-bbox="814 1330 1201 1393">6th  __ _ / __ _  →  __ _  DAYS...01 MO YR WEEKS...02 DK.....-1</p> <p data-bbox="814 1436 1201 1500">7th  __ _ / __ _  →  __ _  DAYS...01 MO YR WEEKS...02 DK.....-1</p> <p data-bbox="814 1542 1201 1606">8th  __ _ / __ _  →  __ _  DAYS...01 MO YR WEEKS...02 DK.....-1</p> <p data-bbox="814 1649 1201 1713">9th  __ _ / __ _  →  __ _  DAYS...01 MO YR WEEKS...02 DK.....-1</p>	<p data-bbox="1234 744 1596 883">in 1984 after (his/her) discharge on (DISCHARGE DATE),</p> <p data-bbox="1234 968 1596 1159">in 1985</p> <p data-bbox="1234 1191 1596 1383">in 1986</p> <p data-bbox="1234 1415 1596 1606">in 1987</p> <p data-bbox="1234 1638 1596 1723">through June 30 of 1988</p> <p data-bbox="1386 744 1596 1830">         1-10 days.....01          11-20 days.....02          21-30 days.....03          31-60 days.....04          61-90 days.....05          More than 91 days..06          DON'T KNOW.....-1       </p>								

PROBE: Please tell me only about stays due to health problems or conditions related to (his/her) hospitalization which ended on (DISCHARGE DATE).

RECORD EACH VISIT AND LENGTH OF STAY IN COLUMNS (c1) AND (c2). IF RESPONDENT CANNOT LIST VISITS, COLLECT AGGREGATE DAYS PER YEAR IN COLUMN (d2).

(a)	(b)	(c)		(d)	
1.68  What is the next (hospital's/nursing home's) name?	What city and state is (NAME) in? RECORD FOREIGN COUNTY ON STATE LINE.	(c1)  In what month and year did (his/her) (first/next) visit start?	(c2)  How long was that stay?	(d1)  YEAR	(d2)  DAYS IN HOSPITAL
	CITY	CANNOT ANSWER....-1 + (GO TO COLUMN (d))		In 1984 after (his/her) discharge on (DISCHARGE DATE).	1-10 days.....0: 11-20 days.....0: 21-30 days.....0: 31-60 days.....0: 61-90 days.....0: More than 91 days..0: DON'T KNOW.....-
	STATE	1st	_  _  / _  _   +  _  _   MO YR DAYS....01 WEEKS...02 DK.....-1	In 1985	1-10 days.....0: 11-20 days.....0: 21-30 days.....0: 31-60 days.....0: 61-90 days.....0: More than 91 days..0: DON'T KNOW.....-
		2nd	_  _  / _  _   +  _  _   MO YR DAYS....01 WEEKS...02 DK.....-1	In 1986	1-10 days.....0 11-20 days.....0 21-30 days.....0 31-60 days.....0 61-90 days.....0 More than 91 days..0 DON'T KNOW.....-
		3rd	_  _  / _  _   +  _  _   MO YR DAYS....01 WEEKS...02 DK.....-1	In 1987	1-10 days.....C 11-20 days.....C 21-30 days.....C 31-60 days.....C 61-90 days.....C More than 91 days..C DON'T KNOW.....-
		4th	_  _  / _  _   +  _  _   MO YR DAYS....01 WEEKS...02 DK.....-1	through June 30 of 1988	1-10 days.....C 11-20 days.....C 31-30 days.....C 31-60 days.....C 61-90 days.....C More than 91 days..C DON'T KNOW.....-
		5th	_  _  / _  _   +  _  _   MO YR DAYS....01 WEEKS...02 DK.....-1		
		6th	_  _  / _  _   +  _  _   MO YR DAYS....01 WEEKS...02 DK.....-1		
		7th	_  _  / _  _   +  _  _   MO YR DAYS....01 WEEKS...02 DK.....-1		
		8th	_  _  / _  _   +  _  _   MO YR DAYS....01 WEEKS...02 DK.....-1		
		9th	_  _  / _  _   +  _  _   MO YR DAYS....01 WEEKS...02 DK.....-1		

PROBE: Please tell me only about stays due to health problems or conditions related to (his/her) hospitalization which ended on (DISCHARGE DATE).

RECORD EACH VISIT AND LENGTH OF STAY IN COLUMNS (c1) AND (c2). IF RESPONDENT CANNOT LIST VISITS, COLLECT AGGREGATE DAYS PER YEAR IN COLUMN (d2).

(a)	(b)	(c)		(d)	
		(c1)	(c2)	(d1)	(d2)
		In what month and year did (his/her) (first/next) visit start?	How long was that stay?	It is difficult for many people to remember the dates of hospitalization. Please tell me approximately how many days (YEAR) (he/she) was in (NAME). Was it...	
1.6C  What is the next (hospital's/nursing home's) name?	What city and state is (NAME) in? RECORD FOREIGN COUNTRY ON STATE LINE.			YEAR	DAYS IN HOSPITAL
	CITY	CANNOT ANSWER....-1 = (GO TO COLUMN (d))		in 1984 after	1-10 days.....01
		1st	MO     /       -       DAYS...01 YR	(his/her)	11-20 days.....02
			WEEKS...02	discharge on	21-30 days.....03
			DK.....-1	(DISCHARGE	31-60 days.....04
				DATE).	61-90 days.....05
		2nd	MO     /       -       DAYS...01 YR	More than 91 days..06	DON'T KNOW.....-1
			WEEKS...02	in 1985	1-10 days.....01
			DK.....-1		11-20 days.....02
		3rd	MO     /       -       DAYS...01 YR		21-30 days.....03
			WEEKS...02		31-60 days.....04
			DK.....-1		61-90 days.....05
		4th	MO     /       -       DAYS...01 YR		More than 91 days..06
			WEEKS...02		DON'T KNOW.....-1
			DK.....-1	in 1986	1-10 days.....01
		5th	MO     /       -       DAYS...01 YR		11-20 days.....02
			WEEKS...02		21-30 days.....03
			DK.....-1		31-60 days.....04
		6th	MO     /       -       DAYS...01 YR		61-90 days.....05
			WEEKS...02		More than 91 days..06
			DK.....-1		DON'T KNOW.....-1
		7th	MO     /       -       DAYS...01 YR	in 1987	1-10 days.....01
			WEEKS...02		11-20 days.....02
			DK.....-1		21-30 days.....03
		8th	MO     /       -       DAYS...01 YR		31-60 days.....04
			WEEKS...02		61-90 days.....05
			DK.....-1		More than 91 days..06
		9th	MO     /       -       DAYS...01 YR		DON'T KNOW.....-1
			WEEKS...02	through	1-10 days.....01
			DK.....-1	June 30	11-20 days.....02
				of 1988	31-30 days.....03
					31-60 days.....04
					61-90 days.....05
					More than 91 days..06
					DON'T KNOW.....-1

PROBE: Please tell me only about stays due to health problems or conditions related to (his/her) hospitalization which ended on (DISCHARGE DATE).

RECORD EACH VISIT AND LENGTH OF STAY IN COLUMNS (c1) AND (c2). IF RESPONDENT CANNOT LIST VISITS, COLLECT AGGREGATE DAYS PER YEAR IN COLUMN (d2).

(a)	(b)	(c)		(d)	
1.60  What is the next (hospital's/nursing home's) name?	What city and state is (NAME) in? RECORD FOREIGN COUNTY ON STATE LINE.	(c1)  In what month and year did (his/her) (first/next) visit start?	(c2)  How long was that stay?	(d1)  YEAR	(d2)  DAYS IN HOSPITAL
	CITY	CANNOT ANSWER....-1 → (GO TO COLUMN (d))			
	STATE	1st	_  _   /  _  _   =  _  _   <small>MO YR</small>	DAYS....01 WEEKS...02 DK.....-1	in 1984 after (his/her) discharge on (DISCHARGE DATE). 1-10 days.....01 11-20 days.....02 21-30 days.....03 31-60 days.....04 61-90 days.....05 More than 91 days..06 DON'T KNOW.....-1
		2nd	_  _   /  _  _   =  _  _   <small>MO YR</small>	DAYS....01 WEEKS...02 DK.....-1	in 1985
		3rd	_  _   /  _  _   =  _  _   <small>MO YR</small>	DAYS....01 WEEKS...02 DK.....-1	1-10 days.....01 11-20 days.....02 21-30 days.....03 31-60 days.....04 61-90 days.....05 More than 91 days..06 DON'T KNOW.....-1
		4th	_  _   /  _  _   =  _  _   <small>MO YR</small>	DAYS....01 WEEKS...02 DK.....-1	in 1986
		5th	_  _   /  _  _   =  _  _   <small>MO YR</small>	DAYS....01 WEEKS...02 DK.....-1	1-10 days.....01 11-20 days.....02 21-30 days.....03 31-60 days.....04 61-90 days.....05 More than 91 days..06 DON'T KNOW.....-1
		6th	_  _   /  _  _   =  _  _   <small>MO YR</small>	DAYS....01 WEEKS...02 DK.....-1	in 1987
		7th	_  _   /  _  _   =  _  _   <small>MO YR</small>	DAYS....01 WEEKS...02 DK.....-1	1-10 days.....0 11-20 days.....0 21-30 days.....0 31-60 days.....0 61-90 days.....0 More than 91 days..0 DON'T KNOW.....-
		8th	_  _   /  _  _   =  _  _   <small>MO YR</small>	DAYS....01 WEEKS...02 DK.....-1	through June 30 of 1988
		9th	_  _   /  _  _   =  _  _   <small>MO YR</small>	DAYS....01 WEEKS...02 DK.....-1	1-10 days.....C 11-20 days.....C 31-60 days.....C 61-90 days.....C More than 91 days..C DON'T KNOW.....-

1.7 INTERVIEWER: WAS PATIENT HOSPITALIZED CONTINUOUSLY (Q1.4=YES)?

YES....(GO TO Q1.11)....01  
 NO.....00

1.8 In addition to treatment in hospitals or nursing homes, people often need to continue their treatment in outpatient settings.

After (his/her) discharge from (HOSPITAL) on (DISCHARGE DATE), did (PATIENT) require outpatient care by a doctor because of a health problem or condition related to that hospitalization?

YES.....01 → (ASK A)  
 NO.....00 → (GO TO Q1.9)  
 DON'T KNOW.....-1 → (GO TO Q1.9)

A. What type of a doctor was that?

RECORD TYPE OF DOCTOR IN A, THEN ASK B-H. THEN GO TO Q1.8(b).

IF PATIENT DIED SINCE HOSPITALIZATION, CODE -4 IN YEAR FOLLOWING DEATH.

A DOCTORS	B REQUIRED?	C How many (TYPE OF CARE) visits did (he/she) require in 1984 after (DISCHARGE DATE)?	D And, how many in 1985?
1.8a What type of doctor was that? TYPE OF DOCTOR _____ (C)		__ __  OR ___ visits every ___ ___ visits every ___ DON'T KNOW.....-1	__ __  OR ___ visits every ___ ___ visits every ___ DON'T KNOW.....-1 PATIENT DEAD.....-4
1.8b Any other type of doctor? TYPE OF DOCTOR _____	YES.....01 (C)----> NO.....00 (Q1.9) DON'T KNOW...-1 (Q1.9)	__ __  OR ___ visits every ___ ___ visits every ___ DON'T KNOW.....-1	__ __  OR ___ visits every ___ ___ visits every ___ DON'T KNOW.....-1 PATIENT DEAD.....-4
1.8c Any other type of doctor? TYPE OF DOCTOR _____	YES.....01 (C)----> NO.....00 (Q1.9) DON'T KNOW...-1 (Q1.9)	__ __  OR ___ visits every ___ ___ visits every ___ DON'T KNOW.....-1	__ __  OR ___ visits every ___ ___ visits every ___ DON'T KNOW.....-1 PATIENT DEAD.....-4

E (How many) in 1986?	F (How many) in 1987?	G And in 1988 through the end of June?	H How much was (he/she) charged the last time (you/he/she) saw (TYPE OF PROVIDER)?
_ _ _  OR _ visits every _ _ visits every _ DON'T KNOW.....-1 PATIENT DEAD.....-4	_ _ _  OR _ visits every _ _ visits every _ DON'T KNOW.....-1 PATIENT DEAD.....-4	_ _ _  OR _ visits every _ _ visits every _ DON'T KNOW.....-1 PATIENT DEAD.....-4	\$  _ _ _ _ _ . _ _ _ _  (Q1.8b) DON'T KNOW.....-1
_ _ _  OR _ visits every _ _ visits every _ DON'T KNOW.....-1 PATIENT DEAD.....-4	_ _ _  OR _ visits every _ _ visits every _ DON'T KNOW.....-1 PATIENT DEAD.....-4	_ _ _  OR _ visits every _ _ visits every _ DON'T KNOW.....-1 PATIENT DEAD.....-4	\$  _ _ _ _ _ . _ _ _ _  (Q1.8c) DON'T KNOW.....-1
_ _ _  OR _ visits every _ _ visits every _ DON'T KNOW.....-1 PATIENT DEAD.....-4	_ _ _  OR _ visits every _ _ visits every _ DON'T KNOW.....-1 PATIENT DEAD.....-4	_ _ _  OR _ visits every _ _ visits every _ DON'T KNOW.....-1 PATIENT DEAD.....-4	\$  _ _ _ _ _ . _ _ _ _  (Q1.9) DON'T KNOW.....-1

1.9 After (his/her) discharge from (HOSPITAL) on (DISCHARGE DATE), did (PATIENT) require outpatient care by a therapist, such as a physical rehabilitation or radiation therapist because of a health problem or condition related to that hospitalization?

YES.....01 → (ASK A)  
 NO.....00 → (GO TO Q1.10)  
 DON'T KNOW.....-1 → (GO TO Q1.10)

A. What type of therapist was that?

RECORD TYPE OF THERAPIST IN A, THEN ASK B-H. THEN GO TO Q1.8(b).

IF PATIENT DIED SINCE HOSPITALIZATION, CODE -4 IN YEAR FOLLOWING DEATH.

<u>A</u> THERAPISTS	<u>B</u> REQUIRED?	<u>C</u> How many (TYPE OF CARE) visits did (he/she) require in 1984 after (DISCHARGE DATE)?	<u>D</u> And, how many in 1985?
1.9a What type of therapist was that? TYPE OF THERAPIST _____ (C)		__ __  OR ___ visits every ___ ___ visits every ___ DON'T KNOW.....-1	__ __  OR ___ visits every ___ ___ visits every ___ DON'T KNOW.....-1 PATIENT DEAD.....-4
1.9b Any other type of therapist? TYPE OF THERAPIST _____	YES.....01 (C)----> NO.....00 (Q1.10) DON'T KNOW...-1 (Q1.10)	__ __  OR ___ visits every ___ ___ visits every ___ DON'T KNOW.....-1	__ __  OR ___ visits every ___ ___ visits every ___ DON'T KNOW.....-1 PATIENT DEAD.....-4
1.9c Any other type of therapist? TYPE OF THERAPIST _____	YES.....01 (C)----> NO.....00 (Q1.10) DON'T KNOW...-1 (Q1.10)	__ __  OR ___ visits every ___ ___ visits every ___ DON'T KNOW.....-1	__ __  OR ___ visits every ___ ___ visits every ___ DON'T KNOW.....-1 PATIENT DEAD.....-4

<u>E</u> (How many) in 1986?	<u>F</u> (How many) in 1987?	<u>G</u> And in 1988 through the end of June?	<u>H</u> How much was (he/she) charged the last time (you/he/she) saw (TYPE OF PROVIDER)?
_ _ _  OR _ visits every _ _ visits every _ DON'T KNOW.....-1 PATIENT DEAD.....-4	_ _ _  OR _ visits every _ _ visits every _ DON'T KNOW.....-1 PATIENT DEAD.....-4	_ _ _  OR _ visits every _ _ visits every _ DON'T KNOW.....-1 PATIENT DEAD.....-4	\$  _ _ _ _ . _ _ _  (Q1.9b) DON'T KNOW.....-1
_ _ _  OR _ visits every _ _ visits every _ DON'T KNOW.....-1 PATIENT DEAD.....-4	_ _ _  OR _ visits every _ _ visits every _ DON'T KNOW.....-1 PATIENT DEAD.....-4	_ _ _  OR _ visits every _ _ visits every _ DON'T KNOW.....-1 PATIENT DEAD.....-4	\$  _ _ _ _ . _ _ _  (Q1.9c) DON'T KNOW.....-1
_ _ _  OR _ visits every _ _ visits every _ DON'T KNOW.....-1 PATIENT DEAD.....-4	_ _ _  OR _ visits every _ _ visits every _ DON'T KNOW.....-1 PATIENT DEAD.....-4	_ _ _  OR _ visits every _ _ visits every _ DON'T KNOW.....-1 PATIENT DEAD.....-4	\$  _ _ _ _ . _ _ _  (Q1.10) DON'T KNOW.....-1



1.10 After (his/her) discharge from (HOSPITAL) on (DISCHARGE DATE), did (PATIENT) require outpatient care by any other health care professional who came to your home such as a visiting nurse or home health aid because of a health problem or condition related to that hospitalization?

YES.....01 → (ASK A)  
 NO.....00 → (GO TO Q1.11)  
 DON'T KNOW.....-1 → (GO TO Q1.11)

A. What type of other health care professional was that?

RECORD TYPE OF OTHER HEALTH CARE PROFESSIONAL IN A, THEN ASK B-H. THEN GO TO Q1.10(b).

IF PATIENT DIED SINCE HOSPITALIZATION, CODE -4 IN YEAR FOLLOWING DEATH.

	<u>B</u>	<u>C</u>	<u>D</u>
PROVIDER	REQUIRED?	How many (TYPE OF CARE) visits did (he/she) require in 1984 after (DISCHARGE DATE)?	And, how many in 1985?
1.10a What type of (other) health care professional was that? TYPE OF PROVIDER  (C)		 OR ___ visits every ___ ___ visits every ___ DON'T KNOW.....-1	 OR ___ visits every ___ ___ visits every ___ DON'T KNOW.....-1 PATIENT DEAD.....-4
1.10b Any others? TYPE OF PROVIDER	YES.....01 (B)→ NO.....00 (Q1.11) DON'T KNOW...-1 (Q1.11)	 OR ___ visits every ___ ___ visits every ___ DON'T KNOW.....-1	 OR ___ visits every ___ ___ visits every ___ DON'T KNOW.....-1 PATIENT DEAD.....-4

<u>E</u> (How many) in 1986?	<u>F</u> (How many) in 1987?	<u>G</u> And in 1988 through the end of June?	<u>H</u> How much was (he/she) charged the last time (you/he/she) saw (TYPE OF PROVIDER)?
 OR _ visits every _ _ visits every _ DON'T KNOW.....-1 PATIENT DEAD.....-4	 OR _ visits every _ _ visits every _ DON'T KNOW.....-1 PATIENT DEAD.....-4	 OR _ visits every _ _ visits every _ DON'T KNOW.....-1 PATIENT DEAD.....-4	\$         .         (Q1.10b) DON'T KNOW.....-1
 OR _ visits every _ _ visits every _ DON'T KNOW.....-1 PATIENT DEAD.....-4	 OR _ visits every _ _ visits every _ DON'T KNOW.....-1 PATIENT DEAD.....-4	 OR _ visits every _ _ visits every _ DON'T KNOW.....-1 PATIENT DEAD.....-4	\$         .         (Q1.11) DON'T KNOW.....-1

1.11 PATIENT...

IS ALIVE.....01

DIED AFTER KEY  
HOSPITALIZATION....(GO TO Q1.22)....02

1.12 DATA ENTRY: ENTER 00 AND SKIP TO Q1.14.

NO QUESTION 1.13 FOR THIS VERSION.

1.14 (Is PATIENT) covered by Medicaid?

PROBE: A state program which offers health benefits to low income persons on public assistance.

YES.....(ASK A).....01

NO.....(GO TO Q1.15)...00

DON'T KNOW....(GO TO Q1.15)...-1

A. In what month and year (was PATIENT) first eligible for Medicaid?

INTERVIEWER: IF RESPONDENT IS UNCERTAIN, PROBE FOR AGE WHEN (PATIENT) WAS FIRST ELIGIBLE.

|\_\_|\_\_| |\_\_|\_\_|  
MO YR

OR

|\_\_|\_\_| AGE OF PATIENT

DON'T KNOW.....-1 → GO TO Q1.15

1.15 (Is PATIENT) covered by CHAMPUS or CHAMPVA?

PROBE: Health insurance for military personnel, their families and veterans.

YES.....(ASK A).....01  
NO.....(GO TO Q1.16)...00  
DON'T KNOW....(GO TO Q1.16)...-1

A. In what month and year (was PATIENT) first eligible for CHAMPUS/CHAMPVA?

INTERVIEWER: IF RESPONDENT IS UNCERTAIN, PROBE FOR AGE WHEN (HE/SHE) WAS FIRST ELIGIBLE.

|\_|\_| |\_|\_|  
MO YR

OR

|\_|\_| AGE OF PATIENT

DON'T KNOW.....-1 → GO TO Q1.16

1.16 (Is PATIENT) now covered by any other health insurance plan which pays for any part of (his/her) hospital bills, doctor bills, or surgeon bills?

YES.....(ASK Q1.17)....01  
NO.....(GO TO Q1.21)...00  
DON'T KNOW....(GO TO Q1.21)...-1

1.17 People get private health insurance from different sources.

Since (DISCHARGE DATE), has (PATIENT) received health insurance through (SOURCE)?

ASK B-E FOR ALL SOURCES CODED YES IN COLUMN A.

SOURCE	A HAS HAD INSURANCE FROM SOURCE	B Who was the insurer? USE CATEGORIES AS PROBES IF NECESSARY. CODE ONLY ONE.	C In what year did this insurance coverage begin?	D Does (PATIENT) still have this insurance?	E When did the coverage end?
1.17 (his/her) parents' present or past employer?	YES.....01 (B)----> NO.....00 (Q1.18) DON'T KNOW.....-1 (Q1.18)	BLUE CROSS/BLUE SHIELD...01 METROPOLITAN.....02 PRUDENTIAL.....03 TRAVELERS.....04 PREPAID HEALTH PLAN/HIP..05 OTHER (SPECIFY).....09 _____ DON'T KNOW.....-1	19  __ __  DON'T KNOW.....-1	YES...(GO TO Q1.18A)..01 NO.....(ASK E).....00	19  __ __  DON'T KNOW.....-1
1.18 any other present or past employer (of PATIENT's parents' [or his/her own])?	YES.....01 (B)----> NO.....00 (Q1.19) DON'T KNOW.....-1 (Q1.19)	BLUE CROSS/BLUE SHIELD...01 METROPOLITAN.....02 PRUDENTIAL.....03 TRAVELERS.....04 PREPAID HEALTH PLAN/HIP..05 OTHER (SPECIFY).....09 _____ DON'T KNOW.....-1	19  __ __  DON'T KNOW.....-1	YES...(GO TO Q1.19A)..01 NO.....(ASK E).....00	19  __ __  DON'T KNOW.....-1
1.19 any union or other work related insurance (of PATIENT's parents' [or his/her own])?	YES.....01 (B)----> NO.....00 (Q1.20) DON'T KNOW.....-1 (Q1.20)	BLUE CROSS/BLUE SHIELD...01 METROPOLITAN.....02 PRUDENTIAL.....03 TRAVELERS.....04 PREPAID HEALTH PLAN/HIP..05 OTHER (SPECIFY).....09 _____ DON'T KNOW.....-1	19  __ __  DON'T KNOW.....-1	YES...(GO TO Q1.20A)..01 NO.....(ASK E).....00	19  __ __  DON'T KNOW.....-1
1.20 some other arrangement? SPECIFY: _____ _____	YES.....01 (B)----> NO.....00 (Q1.21) DON'T KNOW.....-1 (Q1.21)	BLUE CROSS/BLUE SHIELD...01 METROPOLITAN.....02 PRUDENTIAL.....03 TRAVELERS.....04 PREPAID HEALTH PLAN/HIP..05 OTHER (SPECIFY).....09 _____ DON'T KNOW.....-1	19  __ __  DON'T KNOW.....-1	YES...(GO TO Q1.21)...01 NO.....(ASK E).....00	19  __ __  DON'T KNOW.....-1

1.21 INTERVIEWER: DOES PATIENT HAVE ANY HEALTH INSURANCE: (Qs. 1.14, 1.15, 1.16, 1.17D, 1.18D, 1.19D OR 1.20D, CODED YES (01)?

YES.....(GO TO Q2.0).....01  
NO.....00

1.21 You told me that (PATIENT) is not covered by any type of health or medical insurance. I will now read some reasons others have given us as to why they have no health insurance coverage. Please listen to the list and then tell me which best describes the reason why (PATIENT is) not covered by any health insurance. (READ ALL CATEGORIES AND CODE ONE ONLY.)

- Parents' unemployment (layoff, job loss, or any other reason for unemployment).....01
  - Cannot obtain insurance because of poor health.....02
  - Too expensive, parent cannot afford health insurance....03
  - Eligible for care at VA or military hospital.....04
  - Covered by some other health plan, or.....05
  - Some other reason? (SPECIFY).....09
- 

\* \* \* GO TO Q2.0 \* \* \*

PATIENTS WHO DIED AFTER KEY HOSPITALIZATION

1.22 DATA ENTRY: ENTER 00 AND SKIP TO Q1.24.

1.23 NO QUESTION 1.23 IN THIS VERSION.

1.24 At the time of (his/her) death, was (PATIENT) covered by Medicaid?

YES.....01  
NO.....00  
DON'T KNOW.....-1

A. Was (he/she) covered by Medicaid because of income, a disability or some other reason?

INCOME.....(GO TO Q1.25)....01  
DISABILITY.....(ASK B).....02  
OTHER (SPECIFY)....(GO TO Q1.25)....09

---

DON'T KNOW.....(GO TO Q1.25)....-1

B. What type of disability qualified (him/her) for Medicaid?

---

1.25 Was (PATIENT) covered by CHAMPUS or CHAMPVA?

PROBE: Health insurance for military personnel, their families and veterans.

YES.....01  
NO.....00  
DON'T KNOW.....-1

A. Was (he/she) covered by CHAMPUS/CHAMPVA because of a disability or for some other reason?

DISABILITY.....(ASK B).....01  
ACTIVE/RETIRED MILITARY FAMILY.....02 + GO TO Q1.26  
OTHER (SPECIFY)....(GO TO Q1.26)....09

---

DON'T KNOW.....(GO TO Q1.26)....-1

B. What type of disability qualified (him/her) for CHAMPUS or CHAMPVA?

---

1.26 And at the time of (his/her) death, was (PATIENT) covered by any other health insurance plan which pays for any part of (his/her) hospital bills, doctor bills, or surgeon bills?

YES.....01  
NO.....00  
DON'T KNOW.....-1

1.27 INTERVIEWER: DID PATIENT HAVE ANY HEALTH INSURANCE: (Qs. 1.24, 1.25 OR 1.26, CODED YES (01)?

YES.....(GO TO Q2.0).....01  
NO.....00



1.28 You told me that (PATIENT) was not covered by any type of health or medical insurance at the time of (his/her) death. I will now read some reasons others have given us as to why they have no health insurance coverage. Please listen to the list and then tell me which best describes the reason why (PATIENT) was not covered by any health insurance. (READ ALL CATEGORIES AND CODE ONE ONLY.)

- Parents' unemployment (layoff, job loss, or any other reason for unemployment).....01
- Cannot obtain insurance because of poor health.....02
- Too expensive, parent cannot afford health insurance....03
- Eligible for care at VA or military hospital.....04
- Covered by some other health plan, or.....05
- Some other reason? (SPECIFY).....09

\* \* \* GO TO Q2.0 \* \* \*

PATIENTS WHO DIED DURING KEY HOSPITALIZATION

1.29.....-2

1.30.....-2

1.31 At the time of (his/her) death, was (PATIENT) covered by Medicaid?

PROBE: A state program which offers health benefits to low income persons on public assistance.

- YES.....01
- NO.....00
- DON'T KNOW.....-1

1.32 Was (PATIENT) covered by CHAMPUS or CHAMPVA?

PROBE: Health insurance for military personnel, their families and veterans.

YES.....01  
NO.....00  
DON'T KNOW.....-1

1.33 And at the time of (his/her) death, was (PATIENT) covered by any other health insurance plan which pays for any part of (his/her) hospital bills, doctor bills, or surgeon bills?

YES.....01  
NO.....00  
DON'T KNOW.....-1

SECTION 2. CHILDREN

2.0 INTERVIEWER: CHILD WAS...

PERINATAL (PN) = LESS THAN  
ONE YEAR AT ADMISSION.....(GO TO Q2.6).....01

POST-PERINATAL (PPN) = BETWEEN  
ONE AND SIXTEEN AT ADMISSION.....02

**POST-PERINATAL CHILDREN (OVER ONE AT ADMISSION)**

ASK Q2.1-2.5 for RESPONDENT, THEN ASK Q2.1-2.4 FOR RESPONDENT'S SPOUSE/PARTNER.

	A RESPONDENT	B SPOUSE/PARTNER
2.1 During the six months before (PATIENT) was hospitalized in (ADMISSION MONTH). (were you/was your [spouse/partner]) employed?	YES.....01 (Q2.2A) NO.....00 (Q2.4A)	YES.....01 (Q2.2B) NO.....00 (Q2.4B)
2.2 How many weeks per year did (you/your [spouse/partner]) usually work at that time?	_ _  WEEKS WHOLE TIME.....52 DON'T KNOW.....-1	_ _  WEEKS WHOLE TIME.....52 DON'T KNOW.....-1
2.3 What was (your/your [spouse/partner]'s) usual rate of pay?  RECORD TIME PERIOD.	\$  _ _ . _ _ _ _ . PER HOUR.....01 DAY.....02 WEEK.....03 MONTH.....04 YEAR.....05 OTHER (SPECIFY).....09  REFUSED.....-3 DON'T KNOW.....-1  * * * GO TO Q2.5A * * *	\$  _ _ . _ _ _ _ . PER HOUR.....01 DAY.....02 WEEK.....03 MONTH.....04 YEAR.....05 OTHER (SPECIFY).....09  REFUSED.....-3 DON'T KNOW.....-1  * * * GO TO Q2.11 * * *
2.4 What was the main reason (you were/your [spouse/partner] was) not working during that period?	ILL/DISABLED/UNABLE TO WORK.....01 CARE OF HOME/FAMILY.....02 IN SCHOOL.....03 COULD NOT FIND WORK (LAID OFF/FIRED)....04 PREGNANCY.....05 PERSONAL HANDICAP.....06 DOES NOT WANT TO WORK.....07 OTHER (SPECIFY).....09	ILL/DISABLED/UNABLE TO WORK.....01 CARE OF HOME/FAMILY.....02 IN SCHOOL.....03 COULD NOT FIND WORK (LAID OFF/FIRED)....04 PREGNANCY.....05 PERSONAL HANDICAP.....06 DOES NOT WANT TO WORK.....07 OTHER (SPECIFY).....09
2.5 INTERVIEWER: WERE PATIENT'S PARENTS MARRIED OR LIVING AS MARRIED PRIOR TO HOSPITALIZATION (SCREENER B12 OR E7 = 01)?	YES.....(GO TO Q2.1B).....01 NO.....(GO TO Q2.11).....00	* * GO TO Q2.11 * *

PERINATAL CHILDREN (UNDER ONE YEAR AT ADMISSION)

2.6 (Were you/Was PATIENT's mother) employed at the time (you/she) became pregnant with (PATIENT)?

YES.....01  
NO.....(SKIP TO Q2.11).....00

A. How many weeks per year did (you/she) usually work at this job?

RECORD NUMBER OF WEEKS: |\_\_|\_\_|

WHOLE TIME.....52  
DON'T KNOW.....-1

2.7 What was (your/her) usual rate of pay? CODE TIME PERIOD.

IF NECESSARY, PROBE: Is that per hour, day, week, or what?

\$ |\_\_|\_\_|,|\_\_|\_\_|.|\_\_|\_\_|  
DOLLARS CENTS

per hour.....01  
day.....02  
week.....03  
month.....04  
year.....05

REFUSED.....-3  
DON'T KNOW.....-1

2.9 INTERVIEWER: DID CHILD DIE DURING KEY HOSPITALIZATION?

YES...<sup>32</sup>(SKIP TO INTRO TO Q2.26)...01  
NO.....00

2.9 Did (you/PATIENT's mother) return to work after (PATIENT) was born?

YES.....(SKIP TO Q2.11).....01

NO.....(GO TO Q2.10).....00

DON'T KNOW....(SKIP TO Q2.11).....-1

2.10 Why didn't (you/she) return to work? Was it because (you/she)...  
(READ ALL CATEGORIES BEFORE CODING ONE ONLY.)

Could not find a job,.....01

Needed to care for (PATIENT) because  
of (PATIENT's) illness, .....02

Had not planned to, or.....03

For some other reason (SPECIFY).....09

---

2.11 INTERVIEWER: IS CHILD DECEASED?

YES.....(SKIP TO INTRO TO Q2.32).....01

NO.....(CONTINUE WITH INTRO TO Q2.12).....00

Now I would like to ask you about (PATIENT's) ability to do certain activities, with the use of special aids if (he/she) need them.

2.12 Does (he/she) hear well enough to understand normal conversation (with a hearing aid if (he/she) usually wear(s) one)?

YES.....(GO TO Q2.13).....01  
NO.....00

A. Is (PATIENT) able to hear at all?

YES.....01  
NO.....00

B. Is this hearing trouble related to (his/her) hospitalization in (ADMISSION DATE)?

YES.....01  
NO.....00

C. Do you think this trouble is permanent or temporary?

PERMANENT.....01  
TEMPORARY.....00  
DON'T KNOW.....-1

2.13 Does (he/she) see well enough to read ordinary newsprint, with glasses, if (he/she) usually wear(s) them?

PROBE FOR YOUNG CHILDREN: That is, does (he/she) see well enough to be able to read the letters.

YES.....(GO TO Q2.14).....01  
NO.....00

A. Is (PATIENT) able to see at all?

YES.....01  
NO.....00

B. Is this vision trouble related to (his/her) hospitalization in (ADMISSION DATE)?

YES.....01  
NO.....00

2.14 Does (he/she) have any trouble walking up or down a flight of stairs?

PROBE: That is about 12 steps.

YES.....01  
NO.....(GO TO Q2.15).....00

A. Is (PATIENT) able to walk up or down steps at all?

YES.....01  
NO.....00

B. Is this trouble related to (his/her) hospitalization in (ADMISSION DATE)?

YES.....01  
NO.....00

C. Do you think this trouble is permanent or temporary?

PERMANENT.....01  
TEMPORARY.....00  
DON'T KNOW.....-1

2.15 Does (he/she) have any trouble walking about three city blocks without resting?

PROBE: That is about 400 yards.

YES.....01  
NO.....(GO TO Q2.16).....00

A. Is (PATIENT) able to walk at all?

YES.....01  
NO.....00

B. Is this trouble related to (his/her) hospitalization in (ADMISSION DATE)?

YES.....01  
NO.....00

C. Do you think this trouble is permanent or temporary?

PERMANENT.....01  
TEMPORARY.....00  
DON'T KNOW.....-1



2.16 Does (he/she) have any trouble standing for long periods of time, that is, more than 20 minutes?

YES.....01  
NO.....(GO TO Q2.17).....00

A. Is (PATIENT) able to stand at all?

YES.....01  
NO.....00

B. Is this trouble related to (his/her) hospitalization in (ADMISSION DATE)?

YES.....01  
NO.....00

C. Do you think this trouble is permanent or temporary?

PERMANENT.....01  
TEMPORARY.....00  
DON'T KNOW.....-1

2.17 Does (he/she) have any trouble stooping or kneeling down?

YES.....01  
NO.....(GO TO Q2.18).....00

A. Is (PATIENT) able to stoop or kneel at all?

YES.....01  
NO.....00

B. Is this trouble related to (his/her) hospitalization in (ADMISSION DATE)?

YES.....01  
NO.....00

C. Do you think this trouble is permanent or temporary?

PERMANENT.....01  
TEMPORARY.....00  
DON'T KNOW.....-1

2.18 Does (he/she) have any trouble carrying objects for a short distance, for example, carrying toys from one room to another?

YES.....01  
NO.....(GO TO Q2.19).....00

A. Is (PATIENT) able to carry objects at all?

YES.....01  
NO.....00

B. Is this trouble related to (his/her) hospitalization in (ADMISSION DATE)?

YES.....01  
NO.....00

C. Do you think this trouble is permanent or temporary?

PERMANENT.....01  
TEMPORARY.....00  
DON'T KNOW.....-1

2.19 Does (he/she) have any trouble using (his/her) fingers to grasp or handle things?

YES.....01  
NO.....(GO TO Q2.20).....00

A. Is (PATIENT) able to grasp things at all?

YES.....01  
NO.....00

B. Is this trouble related to (his/her) hospitalization in (ADMISSION DATE)?

YES.....01  
NO.....00

C. Do you think this trouble is permanent or temporary?

PERMANENT.....01  
TEMPORARY.....00  
DON'T KNOW.....-1

2.20 INTERVIEWER: DID RESPONDENT REPORT ANY LIMITATIONS (Q2.12-2.19) CODED YES (01)?

YES.....01  
NO.....00

2.21 INTERVIEWER: CHECK SCREENER B10 AND B10A FOR CHILD'S EDUCATION. CHILD...

IS IN KINDERGARTEN, FIRST GRADE OR OLDER  
(B10 = 01-07 OR B10A = 01).....01 → (ASK Q2.22)

HAS NOT YET STARTED KINDERGARTEN OR FIRST  
GRADE (B10A = NO ([00])).....02 → SKIP TO Q2.27

CHILDREN WHO HAVE STARTED SCHOOL

2.22 Does (PATIENT) attend school?

YES.....(GO TO Q2.23).....01  
NO.....(ASK A).....00

A. Why is (PATIENT) not in school?

IN INSTITUTION.....(GO TO Q2.23).....01  
DISABLED/HEALTH PROBLEM.....(ASK B).....02  
LOOKING FOR WORK.....(GO TO Q2.31).....03  
EMPLOYED.....(GO TO INTRO TO Q2.32)...04  
IN MILITARY.....(GO TO INTRO TO Q2.32)...05

B. What is the nature of the illness or injury that prevents (PATIENT) from attending school? (RECORD VERBATIM.)

---

DON'T KNOW.....-1

C. Was (ILLNESS IN Q2.22B) the reason for (PATIENT's) hospitalization in (ADMISSION DATE)?

YES.....01  
NO.....00  
DON'T KNOW.....-1

\* \* \* GO TO Q2.25 \* \* \*

2.23 Does (PATIENT's) health limit (his/her) ability to do regular school work?

YES.....(ASK A).....01  
NO.....(GO TO Q2.24).....00

A. What is the health limitation?

---

---

B. Is this related to (PATIENT's) hospitalization in (ADMISSION DATE)?

YES.....01  
NO.....00  
DON'T KNOW.....-1

C. Is (PATIENT) limited in (his/her) ability to do regular school work on a temporary or permanent basis?

Temporary.....01  
Permanent.....02  
DON'T KNOW.....-1

2.24 Does (PATIENT) receive any special instruction at school?

YES.....01  
NO.....00

2.25 Does (PATIENT) attend a special school for children with impairments?

YES.....01  
NO.....00

2.26 Does (PATIENT) receive any out-of-school tutoring?

YES.....(ASK A).....01  
NO.....(GO TO Q2.32).....00

A. How many hours per week?

RECORD NUMBER OF HOURS |\_\_|\_\_|  
DON'T KNOW.....-1

B. Altogether, how much do (you/PATIENT's parents) pay for out-of-school tutoring?

\$|\_\_|\_\_|\_\_|\_\_|. |\_\_|\_\_|  
per hour.....01  
day.....02  
week.....03  
month.....04  
DON'T KNOW.....-1

\* \* \* GO TO Q2.32 \* \* \*

CHILDREN WHO HAVE NOT STARTED SCHOOL

2.27 Will (PATIENT) start attending kindergarten when (he/she) is five years old (or first grade at six if (his/her) district does not require kindergarten)?

YES.....(GO TO Q2.28).....01  
NO.....(ASK A).....00

A. Why will (PATIENT) not start at that age?

IN INSTITUTION.....(GO TO Q2.28).....01  
DISABLED/HEALTH PROBLEM.....(ASK B).....02  
TOO IMMATURE, WILL WAIT TILL HE/SHE  
IS SIX TO START KINDERGARTEN.....(GO TO Q2.28).....03

B. What is the nature of the illness or injury that will prevent (PATIENT) from attending school then? (RECORD VERBATIM.)

---

---

DON'T KNOW.....-1

C. Was (ILLNESS IN Q2.27) the reason for (PATIENT's) hospitalization in (ADMISSION DATE)?

YES.....01  
NO.....00  
DON'T KNOW.....-1

\* \* \* GO TO Q2.30 \* \* \*

---

2.28 Do you think (PATIENT's) health will limit (his/her) ability to do regular school work?

YES.....(ASK A).....01  
NO.....(GO TO Q2.29).....00

A. What is the health limitation?

---

---

B. Is this related to (PATIENT's) hospitalization in (ADMISSION DATE)?

YES.....01  
NO.....00  
DON'T KNOW.....-1

C. Do you think (PATIENT) will be limited in (his/her) ability to do regular school work on a temporary or permanent basis?

PERMANENT.....01  
TEMPORARY.....00  
DON'T KNOW.....-1

2.29 Will (PATIENT) need to receive any special instruction at school?

YES.....01  
NO.....00

2.30 Will (PATIENT) attend a special school for children with impairments?

YES.....01  
NO.....00

\* \* \* GO TO Q2.32 \* \* \*

2.31 Does (PATIENT's) health limit (his/her) ability to work?

YES.....(ASK A).....01  
NO.....(GO TO Q2.32).....00

A. What is the nature of the illness or injury that prevents (PATIENT) from working? (RECORD VERBATIM.)

---

---

DON'T KNOW.....-1

B. Was (ILLNESS IN Q2.31A) the reason for (his/her) hospitalization in (ADMISSION DATE)?

YES.....01  
NO.....00  
DON'T KNOW.....-1



2.32 The final questions refer to sources of income (PATIENT's) family may have been eligible for. The information will help us understand the effects serious illness or injury may have on a family's economic well being.

At any time since (START DATE), was (PATIENT's) family eligible to receive (SOURCE) on behalf of (PATIENT)?

READ EACH SOURCE AND CODE YES OR NO IN COLUMN A. IF THE PATIENT'S FAMILY WAS ELIGIBLE FOR THE SOURCE, ASK QUESTIONS B-E, THEN GO TO THE NEXT SOURCE.

	A	B	C
	ELIGIBLE	When (were you/was PATIENT's family) <u>first</u> eligible to receive (SOURCE) on behalf of (PATIENT)?	Did (you/PATIENT's family) receive (SOURCE) continuously from (DATE IN (B)) until (June of 1988/DEATH DATE)?
			<u>YES</u> <u>NO</u> <u>DK</u>
2.32 Social Security disability insurance (because of [CHILD's] disability)?	YES.....01 (B)----> NO.....00 (Q2.33) DK.....-1 (Q2.33)	_ _ / _ _  ----> NO                  YR	01 (F)    00 (E)    -1 (F)
2.33 SSI for (CHILD's) disability?	YES.....01 (B)----> NO.....00 (Q2.34) DK.....-1 (Q2.34)	_ _ / _ _  ----> NO                  YR	01 (F)    00 (E)    -1 (F)
2.34 Any (other) type of SSI?	YES.....01 (B)----> NO.....00 (Q2.35) DK.....-1 (Q2.35)	_ _ / _ _  ----> NO                  YR	01 (F)    00 (E)    -1 (F)
2.35 AFDC?	YES.....01 (B)----> NO.....00 (Q2.36) DK.....-1 (Q2.36)	_ _ / _ _  ----> NO                  YR	01 (F)    00 (E)    -1 (F)