

HCSUS 2nd Follow-up
6. Utilization
Section I: Cost of Care and Services

INTERVIEWER: RECORD TIME THIS SECTION BEGINS HERE: , , : , , A.M./P.M.

IF A4 <> 1 AND A5 <> 1 AND A6 <> 1 AND A7 <> 1 AND F1 <> 1 AND H2 <> 1, GO TO SECTION J

11. Think about all the visits you have made since FU1DATE to clinics, offices, or HMO's for medical care, or for help with emotional problems. Include care or help you may have received at home, and any medical supplies you bought. In total, how much have you paid or will you pay for such care and services? Do not include payments you expect to be reimbursed by insurance. Do include payments made by family or friends that will not be reimbursed by insurance or anyone else.

\$, , , , .00

(G06I01)

Valid Values: 0-9999

IF I1 = ASKED AND I1 <> DK, GO TO SECTION J

12. Do you think that the total is more than \$1,000?

YES..... 1 (G06I02)
NO 2

IF I2 = 2, GO TO I4
IF I2 = REF, GO TO SECTION J

13. Is the total more than \$2,500?

YES..... 1 (G06I03)
NO 2

IF I3 = ASKED, GO TO SECTION J

14. Is the total less than \$500?

YES..... 1 (G06I04)
NO 2