

1986

Lexington Tri-County Hospital Survey

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LEXINGTON TRI-COUNTY HOSPITAL SURVEY

Interviewer Name _____

Telephone Number _____

Name Listed for Telephone Number _____

ATTEMPTED CONTACTS:

| | Date | Time | Status (complete, no answer, request to call back) |
|----------------|-------|-------|---|
| First Attempt | _____ | _____ | _____ |
| Second Attempt | _____ | _____ | _____ |
| Third Attempt | _____ | _____ | _____ |

*A (Col 1 2-4)

Survey Number _____

Time interview began _____:_____

I'm _____, calling from the Center for Applied Urban Research at the University of Nebraska. We're doing a study of health services in the Lexington area and are interested in your feelings about the hospitals, clinics, and other health care providers in your area. We chose your telephone number at random and your responses will be kept completely confidential. Your answers to these questions are very important in developing an accurate picture of the need for and adequacy of health services in your area.

Are you 18 years or older?

IF YES, PROCEED; IF NO, ASK FOR ADULT AND REPEAT LEAD

First I'm going to ask a few questions about where you live and the number of people in your household, then I will ask about your health and use of health services.

1. Approximately how many minutes does it take you to get to downtown Lexington? _____

2. Approximately how many minutes does it take you to get to downtown Kearney? _____

3. What is your zip code?
(NOTE: Enter Last 4 digits only) _____

4. Do you live in Lexington city, a town, a rural but nonfarm area, or on a farm?

Lexington..... 1
Town (specify)_____... 2
Nonfarm, rural..... 3
Farm..... 4
Other (specify)_____... 5

5. How many years have you lived at your present address? _____

6. How many years have you lived in the Lexington area? _____

7. Do you plan to move out of the Lexington area within the next year?

Yes..... 1
No..... 0
Don't know..... 9

8. What is the age of each person in your household, starting with yourself? RECORD BELOW BEGINNING WITH THE RESPONDENT. PEOPLE WHO DO NOT NORMALLY LIVE IN THE HOUSEHOLD, SUCH AS VISITORS OR COLLEGE STUDENTS WHO LIVE AWAY FROM HOME, SHOULD NOT BE COUNTED.

ASK EACH OF THE FOLLOWING QUESTIONS FOR EACH PERSON IN THE HOUSEHOLD AND RECORD RESPONSES ON HOUSEHOLD COMPOSITION SUMMARY SHEET.

9. Is this person the principal income earner, spouse of the principal income earner, a child, other relative, or nonrelative?

10. Is this person male or female?

11. What is the highest grade of school completed or the highest degree earned?

12. Would you say your (and then each household member's) health is excellent, good, fair, or poor?

LIST HOUSEHOLD MEMBERS STARTING WITH RESPONDENT. DO NOT INCLUDE INDIVIDUALS WHO ARE NOT NORMALLY HOUSEHOLD MEMBERS

| I.D. Number | AGE | RELATIONSHIP | | | | | SEX | | NUMBER OF YEARS OF EDUCATION OR HIGHEST DEGREE | HEALTH STATUS ----- (* CARD B) ----- | | | | |
|-------------|--------------|----------------|--------|-------|----------|---------|------|--------|---|---|------|------|------|------|
| | Age in Years | Primary Earner | Spouse | Child | Relative | Nonrel. | Male | Female | Enter number of years of education or H.S.=12, Assoc.=14, Col.=16, MA/MS 18 Ph.D., J.D., or M.D.=20 | Excellent | Good | Fair | Poor | D.K. |
| 01 | --- | 1 | 2 | 3 | 4 | 5 | 0 | 1 | --- | 1 | 2 | 3 | 4 | 9 |
| 02 | --- | 1 | 2 | 3 | 4 | 5 | 0 | 1 | --- | 1 | 2 | 3 | 4 | 9 |
| 03 | --- | 1 | 2 | 3 | 4 | 5 | 0 | 1 | --- | 1 | 2 | 3 | 4 | 9 |
| 04 | --- | 1 | 2 | 3 | 4 | 5 | 0 | 1 | --- | 1 | 2 | 3 | 4 | 9 |
| 05 | --- | 1 | 2 | 3 | 4 | 5 | 0 | 1 | --- | 1 | 2 | 3 | 4 | 9 |
| 06 | --- | 1 | 2 | 3 | 4 | 5 | 0 | 1 | --- | 1 | 2 | 3 | 4 | 9 |
| 07 | --- | 1 | 2 | 3 | 4 | 5 | 0 | 1 | --- | 1 | 2 | 3 | 4 | 9 |
| 08 | --- | 1 | 2 | 3 | 4 | 5 | 0 | 1 | --- | 1 | 2 | 3 | 4 | 9 |
| 09 | --- | 1 | 2 | 3 | 4 | 5 | 0 | 1 | --- | 1 | 2 | 3 | 4 | 9 |
| 10 | --- | 1 | 2 | 3 | 4 | 5 | 0 | 1 | --- | 1 | 2 | 3 | 4 | 9 |

13. Have you or a member of your household been hospitalized within the past three years?

No (GO TO QUESTION 14) 0
 Yes..... 1
 Don't know..... 9

IF YES, Please tell me, for each of the last three visits, which member of the household was hospitalized, whether it was within the last one, two, or three years, the number of days hospitalized, the major reason for hospitalization, the name of the hospital, your reason for selecting that particular hospital, the distance of the hospital from your home, and your overall level of satisfaction with the hospital visit.

(START WITH MOST RECENT VISIT)

| | <u>VISIT ONE</u> | <u>VISIT TWO</u> | <u>VISIT THREE</u> |
|--|------------------|------------------|--------------------|
| A. I.D. number of household member hospitalized..... | _____ | _____ | _____ |
| B. Number of years ago (1, 2, or 3)..... | _____ | _____ | _____ |
| C. Number of days hospitalized.. | _____ | _____ | _____ |
| D. Major reason for hospitalization..... | _____ | _____ | _____ |
| E. Name of hospital..... | _____ | _____ | _____ |
| CODE NUMBER FOR HOSPITAL TO BE <u>LEFT BLANK</u> | _____ | _____ | _____ |

F. Reason for selecting this particular hospital (CIRCLE YES FOR ALL THAT APPLY, BUT DO NOT READ OPTIONS)

| | Yes | No | Yes | No | Yes | No |
|---|-----|----|-----|----|-----|----|
| Location/convenience..... | 1 | 0 | 1 | 0 | 1 | 0 |
| Cost..... | 1 | 0 | 1 | 0 | 1 | 0 |
| Habit..... | 1 | 0 | 1 | 0 | 1 | 0 |
| Specialty available..... | 1 | 0 | 1 | 0 | 1 | 0 |
| Quality of physician..... | 1 | 0 | 1 | 0 | 1 | 0 |
| Quality of hospital..... | 1 | 0 | 1 | 0 | 1 | 0 |
| Recommendation of physician.... | 1 | 0 | 1 | 0 | 1 | 0 |
| Recommendation of friend or relative..... | 1 | 0 | 1 | 0 | 1 | 0 |
| Attitudes of staff..... | 1 | 0 | 1 | 0 | 1 | 0 |
| Attitudes of physicians..... | 1 | 0 | 1 | 0 | 1 | 0 |
| Other (specify _____)... | 1 | 0 | 1 | 0 | 1 | 0 |

*C G. How many miles is the hospital from your home?..... _____

H. Overall, how would you rate your satisfaction with the hospital based on the visit? (READ OPTIONS AND CIRCLE)

| | | | |
|------------------------|---|---|---|
| Very satisfied..... | 1 | 1 | 1 |
| Satisfied..... | 2 | 2 | 2 |
| Dissatisfied..... | 3 | 3 | 3 |
| Very dissatisfied..... | 4 | 4 | 4 |
| Don't know..... | 9 | 9 | 9 |

I. How did you pay for the hospital visit? (CHECK ALL THAT APPLY).....

| | Yes | No | Yes | No | Yes | No |
|---|-----|----|-----|----|-----|----|
| Self..... | 1 | 0 | 1 | 0 | 1 | 0 |
| Private/group insurance..... | 1 | 0 | 1 | 0 | 1 | 0 |
| Medicaid..... | 1 | 0 | 1 | 0 | 1 | 0 |
| Medicare only..... | 1 | 0 | 1 | 0 | 1 | 0 |
| Medicare plus supplemental private insurance..... | 1 | 0 | 1 | 0 | 1 | 0 |
| Friend or relative..... | 1 | 0 | 1 | 0 | 1 | 0 |
| Other (specify)..... | 1 | 0 | 1 | 0 | 1 | 0 |
| Unable to pay..... | 1 | 0 | 1 | 0 | 1 | 0 |
| Don't know..... | 1 | 0 | 1 | 0 | 1 | 0 |

14. What hospital would you go to for emergency care?

Tri-County..... 01
Good Samaritan (Kearney)... 02
Other _____
No preference..... 98

15. What hospital would you go to for minor surgery?

Tri-County..... 01
Good Samaritan (Kearney)... 02
Other _____
No preference..... 98

16. What hospital would you go to for major surgery?

Tri-County..... 01
Good Samaritan (Kearney)... 02
Other _____
No preference..... 98

17. Have you or a member of your household been hospitalized at the Tri-County Hospital at Lexington within the past five years?

Yes..... 1
No..... 0
Don't know..... 9

I am going to mention a number of hospital characteristics. Please tell me how well Tri-County Hospital in Lexington performs on each characteristic based on whatever knowledge of the hospital you have. IF RESPONDENT FEELS THAT PERFORMANCE IS POOR OR VERY POOR, PROBE TO FIND OUT SPECIFIC REASON AND RECORD UNDER 31.

| | Very Good | Good | Fair | Poor | Very Poor | Don't Know |
|--|-----------|------|------|------|-----------|------------|
| 18. Admission procedures..... | 1 | 2 | 3 | 4 | 5 | 9 |
| 19. Friendliness and courtesy of doctors..... | 1 | 2 | 3 | 4 | 5 | 9 |
| 20. Friendliness and courtesy of nurses and other staff..... | 1 | 2 | 3 | 4 | 5 | 9 |
| 21. Competence of physicians..... | 1 | 2 | 3 | 4 | 5 | 9 |
| 22. Competence of nurses..... | 1 | 2 | 3 | 4 | 5 | 9 |
| 23. Availability of emergency care..... | 1 | 2 | 3 | 4 | 5 | 9 |
| 24. Availability of specialized care..... | 1 | 2 | 3 | 4 | 5 | 9 |
| 25. The billing process..... | 1 | 2 | 3 | 4 | 5 | 9 |
| 26. Cost..... | 1 | 2 | 3 | 4 | 5 | 9 |
| 27. Waiting time and scheduling..... | 1 | 2 | 3 | 4 | 5 | 9 |
| 28. Location and accessibility..... | 1 | 2 | 3 | 4 | 5 | 9 |
| 29. Ability to educate patients or give patients instructions about what is needed to deal with a condition or an illness..... | 1 | 2 | 3 | 4 | 5 | 9 |
| 30. Overall..... | 1 | 2 | 3 | 4 | 5 | 9 |

31. IF RESPONDENT ANSWERED POOR OR VERY POOR FOR ANY OF THE ABOVE CHARACTERISTICS, PROBE FOR AN EXPLANATION WRITE REASON BELOW, INDICATING THE QUESTION TO WHICH IT REFERS (E.G., #27. "I HAD TO WAIT MORE THAN TWO HOURS TO BE SEEN AT THE EMERGENCY ROOM.")

*D

32. How would you get to the hospital? Would you walk, take a bus, go in your own car, ride in someone else's car, or take a taxi or handivan?

- Walk..... 1
- Bus..... 2
- Own car..... 3
- Other's car..... 4
- Taxi or handivan..... 5
- Other (specify)..... 6
- Don't know..... 9

33. Have you or a member of your household not gone to the hospital when you thought they should have within the last year because of the inability to pay?

- Yes..... 1
- No..... 0
- Don't know..... 9

Now I'm going to ask you a few questions about visits to the doctor.

34. Have you or a member of your household gone to a physician within the past year?

- No (GO TO QUESTION 39)..... 0
- Yes..... 1
- Don't know..... 9

IF YES, Please tell me, for each of the last three visits, which member of the household went, the major reason for the visit, the name of the clinic, if any, the name of the physician, the distance of the hospital from your home, and your overall level of satisfaction with the visit.

(STARTING WITH MOST RECENT)

VISIT ONE VISIT TWO VISIT THREE

A. I.D. number of household member..... _____

B. Major reason for visit..... _____

C. Name of clinic..... _____

CODE NUMBER FOR CLINIC
TO BE LEFT BLANK _____

D. Name of physician..... _____

CODE NUMBER FOR PHYSICIAN
TO BE LEFT BLANK _____

E. Reason for selecting this particular physician/clinic (CIRCLE YES FOR ALL THAT APPLY, BUT DO NOT READ OPTIONS)

| | Yes | No | Yes | No | Yes | No |
|--|-----|----|-----|----|-----|----|
|--|-----|----|-----|----|-----|----|

- | | | | | | | |
|--|---|---|---|---|---|---|
| Location/convenience..... | 1 | 0 | 1 | 0 | 1 | 0 |
| Cost..... | 1 | 0 | 1 | 0 | 1 | 0 |
| Habit..... | 1 | 0 | 1 | 0 | 1 | 0 |
| Specialty available..... | 1 | 0 | 1 | 0 | 1 | 0 |
| Quality of physician..... | 1 | 0 | 1 | 0 | 1 | 0 |
| Quality of hospital..... | 1 | 0 | 1 | 0 | 1 | 0 |
| Recommendation of physician.... | 1 | 0 | 1 | 0 | 1 | 0 |
| Recommendation of friend or relative..... | 1 | 0 | 1 | 0 | 1 | 0 |
| Attitudes of staff..... | 1 | 0 | 1 | 0 | 1 | 0 |
| Attitudes of physicians..... | 1 | 0 | 1 | 0 | 1 | 0 |
| Other..... | 1 | 0 | 1 | 0 | 1 | 0 |
| (Specify) _____ | | | | | | |

*E

F. Overall, how satisfied are you with the doctor visit?
(READ OPTIONS AND CIRCLE)

| | | | |
|------------------------|---|---|---|
| Very satisfied..... | 1 | 1 | 1 |
| Satisfied..... | 2 | 2 | 2 |
| Dissatisfied..... | 3 | 3 | 3 |
| Very dissatisfied..... | 4 | 4 | 4 |
| Don't know..... | 9 | 9 | 9 |

G. How did you pay for the doctor visit? (CHECK ALL THAT APPLY)

| | Yes | No | Yes | No | Yes | No |
|---|-----|----|-----|----|-----|----|
| Self..... | 1 | 0 | 1 | 0 | 1 | 0 |
| Private/group insurance..... | 1 | 0 | 1 | 0 | 1 | 0 |
| Medicaid..... | 1 | 0 | 1 | 0 | 1 | 0 |
| Medicare only..... | 1 | 0 | 1 | 0 | 1 | 0 |
| Medicare plus supplemental private insurance..... | 1 | 0 | 1 | 0 | 1 | 0 |
| Friend or relative..... | 1 | 0 | 1 | 0 | 1 | 0 |
| Other (specify)..... | 1 | 0 | 1 | 0 | 1 | 0 |
| Unable to pay..... | 1 | 0 | 1 | 0 | 1 | 0 |
| Don't know..... | 1 | 0 | 1 | 0 | 1 | 0 |

H. How many miles is the doctor from your home?.....

I. In what city or town is the doctor located?.....

CODE NUMBER FOR TOWN
TO BE LEFT BLANK

35. Where do you usually go when you see a doctor--a doctor's office, hospital emergency room, hospital outpatient clinic, health maintenance organization (HMO), company clinic, or some other place?

| | |
|------------------------------|---|
| Doctor's office..... | 1 |
| Hospital emergency room..... | 2 |
| Hospital clinic..... | 3 |
| HMO..... | 4 |
| Company clinic..... | 5 |
| Other (specify)_____..... | 6 |
| Don't know..... | 9 |

36. When you call your doctor, how many days does it usually take to get an appointment?

| | |
|--------------------------------|-------|
| Number of days..... | _____ |
| Don't know/not applicable..... | 99 |

37. When you arrive at the doctor's office, how long do you usually have to wait to see the doctor?

| | |
|--------------------------------|-------|
| Minutes..... | _____ |
| Don't know/not applicable..... | 99 |

38. How do you get to your doctor? Do you usually walk, take a bus, go in your car, ride in someone else's car, or take a taxi or handivan?

| | |
|---------------------------|---|
| Walk..... | 1 |
| Bus..... | 2 |
| Own car..... | 3 |
| Other's car..... | 4 |
| Taxi or handivan..... | 5 |
| Other (specify)_____..... | 6 |
| Don't know..... | 9 |

39. Have you or a member of your household not sought the care of a physician in the past year because of the inability to pay?

| | |
|-----------------|---|
| Yes..... | 1 |
| No..... | 0 |
| Don't know..... | 9 |

Lexington now has one clinic and five doctors.

40. Do you feel that there is a need for more clinics in the Lexington area?

Yes.....1
No.....0
Don't know.....9

41. Do you feel that there is a need for more physicians in the Lexington area?

Yes.....1
No.....0
Don't know.....9

IF ANSWERED YES TO EITHER QUESTION 40 OR QUESTION 41, ASK

Why do you feel there is a need for more clinics/physicians?

BLANK

Tri-County Hospital is thinking about starting a clinic that would provide basic health services somewhere in the community apart from the hospital [EXPLAIN THE CONCEPT OF SATELLITE CLINIC FURTHER IF NEEDED].

42. Do you think such a clinic would be useful?

Yes.....1
No.....0
Don't know.....9

IF YES, in what city or town would you like to see such a clinic located?

_____ BLANK
Don't know..... 99

43. Would you or a member of your family be likely to use such a clinic should it open?

Yes.....1
No.....0
Don't know.....9

Let me ask a few questions about other health services.

44. How many trips to a dentist or dental hygenist have you (personally) made within the past year? (ENTER 0 IF NO TRIPS)

Number.....
Don't know/not applicable..... 99

45. In what city or town is the last dentist you visited located?

_____ BLANK

*F

46. Why do you see the dentist that you do? (MAJOR REASON ONLY)

- Convenience/location..... 1
- Quality..... 2
- Price..... 3
- Habit (gone before)..... 4
- Other (specify)..... 6
- Don't go..... 8
- Don't know..... 9

47. How many minutes does it take you to get to the dentist from your home?

- Minutes.....
- Don't know/not applicable..... 99

48. Have you or a member of your household not sought dental treatment during the past year because of the inability to pay?

- Yes..... 1
- No..... 0
- Don't know..... 9

49. In what city or town is the pharmacist you (PL) most often visit located?

_____ BLANK _____

- Don't use pharmacy..... 98
- Don't know..... 99

50. Approximately how many minutes does it take you to get to the pharmacy from your house?

- Minutes.....
- Don't know/not applicable..... 99

51. Why do you purchase pharmaceuticals where you do? (MAJOR REASON ONLY)

- Convenience/location..... 1
- Quality..... 2
- Price..... 3
- Habit (gone before)..... 4
- Other (specify)..... 6
- Don't go..... 8
- Don't know..... 9

52. Do you or a member of you household wear glasses or contact lenses?

- Yes..... 1
- No (SKIP TO QUESTION 53)..... 0
- Don't know..... 9

A. IF YES, In what town or city do members of your household go to see an eye doctor?

_____ BLANK _____

B. How many times have you or a member of your household visited an eye doctor in the past year?

- Number.....
- Don't know/not applicable..... 99

C. In what city do you or members of your household purchase eye glasses or contact lenses?

_____ BLANK _____

53. Have you or a member of your family not gone to an eye doctor during the past year because of the inability to pay?

Yes..... 1
 No..... 0
 Don't know..... 9

54. Have you or a member of your family not purchased eye glasses or contact lenses during the past year because of the inability to pay?

Yes..... 1
 No..... 0
 Don't know..... 9

IF YES, were they unable to buy glasses, contact lenses, or both?

Glasses..... 1
 Contact lenses..... 2
 Both..... 3
 Don't know..... 9

55. Have you or a member of your household sought professional help in the past year for a mental disorder, emotional problem, or nervous condition which you consider to be more serious than the normal ups and downs of everyday life? (READ EXACTLY AS IS).

Yes..... 1
 No..... 0
 Don't know..... 9

A. IF YES, to what kind of professional did you or your household member go? (CIRCLE ALL THAT APPLY, BUT DO NOT READ OPTIONS)

| | <u>Yes</u> | <u>No</u> |
|---------------------------|------------|-----------|
| Psychiatrist..... | 1 | 0 |
| Psychologist..... | 1 | 0 |
| Pastor..... | 1 | 0 |
| Mental health center..... | 1 | 0 |
| Psychiatric hospital..... | 1 | 0 |
| General hospital..... | 1 | 0 |
| General physician..... | 1 | 0 |
| Other counselor..... | 1 | 0 |
| Other (specify)_____ | 1 | 0 |
| Don't know..... | 1 | 0 |

B. In what town or city was the professional (or the one most often used) located?

BLANK

Don't know..... 99

56. Are you covered by any public or private health insurance plan?

Yes..... 1
 No (SKIP TO QUESTION 57)..... 0
 Don't know..... 9

A. What type of health insurance plan do you have? (CHECK ALL THAT APPLY)

| | <u>Yes</u> | <u>No</u> |
|---|------------|-----------|
| Private/group insurance..... | 1 | 0 |
| Medicaid..... | 1 | 0 |
| Medicare only..... | 1 | 0 |
| Medicare plus supplemental private insurance..... | 1 | 0 |
| Other (specify)..... | 1 | 0 |
| Don't know..... | 1 | 0 |

B. Does your health insurance plan include coverage for the treatment of the following:

| | <u>Yes</u> | <u>No</u> | <u>Don't Know</u> |
|----------------------------------|------------|-----------|-------------------|
| i) Dental care..... | 1 | 0 | 9 |
| ii) Alcoholism services..... | 1 | 0 | 9 |
| iii) Mental health services..... | 1 | 0 | 9 |

C. IF MULTIPERSON HOUSEHOLD, is everyone in your family covered by your insurance plan?

Yes..... 1
 No..... 0
 Don't know..... 9

D. Were you (and members of your household) covered for the entire year?

Yes..... 1
 No..... 0
 Don't know..... 9

57. Do you feel that you (and members of your household) are overinsured, underinsured, or have just the right amount of medical insurance?

Overinsured..... 1
 Underinsured..... 2
 Just right..... 3
 Don't know..... 9

58. Do you or any member of your household regularly receive or now require the following services?

| | <u>Need But Do Not Receive</u> | <u>But Receive</u> | <u>Neither Need or Receive</u> | <u>Don't Know</u> |
|--|--------------------------------|--------------------|--------------------------------|-------------------|
| Home health services (for example, visiting nurse)..... | 1 | 2 | 3 | 9 |
| Homemaker services (for those who are unable to perform household chores)..... | 1 | 2 | 3 | 9 |
| Adult day care (adult taken to center for supervised care during the day)..... | 1 | 2 | 3 | 9 |

*G

Some people say that health care in a community has an effect on the economic health of the community.

59. I'm going to ask you about several economic activities. Please tell me in what city or town you and your family most frequently purchase each item and how often.

| | Where | Code (LEAVE BLANK) | How Often | | | |
|---|-------|--------------------------|-----------------------|------------------------|--------------|------------------|
| | | | At Least Weekly | At Least Monthly | Occasionally | Not at All |
| Clothing..... | _____ | _____ | 1 | 2 | 3 | 4 |
| Furniture and home furnishings.... | _____ | _____ | 1 | 2 | 3 | 4 |
| Large appliances.... | _____ | _____ | 1 | 2 | 3 | 4 |
| Hardware, house- wares, and small appliances..... | _____ | _____ | 1 | 2 | 3 | 4 |
| Lumber and building supplies... | _____ | _____ | 1 | 2 | 3 | 4 |
| Farm materials and supplies..... | _____ | _____ | 1 | 2 | 3 | 4 |
| Automotive/car dealers..... | _____ | _____ | 1 | 2 | 3 | 4 |
| Automobile parts and service..... | _____ | _____ | 1 | 2 | 3 | 4 |
| Gasoline..... | _____ | _____ | 1 | 2 | 3 | 4 |
| Drugs and pharmacy.. | _____ | _____ | 1 | 2 | 3 | 4 |
| Groceries and meats. | _____ | _____ | 1 | 2 | 3 | 4 |
| Luxury items, such as cameras, jewelry, etc..... | _____ | _____ | 1 | 2 | 3 | 4 |
| Financial services, such as banks..... | _____ | _____ | 1 | 2 | 3 | 4 |
| Personal services, such as barbers..... | _____ | _____ | 1 | 2 | 3 | 4 |
| Entertainment, such as movies..... | _____ | _____ | 1 | 2 | 3 | 4 |
| Eating out at restaurants..... | _____ | _____ | 1 | 2 | 3 | 4 |

60. Do you ever combine trips to the doctor or dentist with trips to go shopping?

- Yes..... 1
- No..... 0
- Don't know..... 9

61. Do you ever combine trips to the hospital with trips to go shopping?

- Yes..... 1
- No..... 0
- Don't know..... 9

(*H)

Lexington 14

62. If it was found that purchasing health related services in the Lexington area would improve the economic condition of the area, would you be more likely, less likely, or just as likely as now to purchase health services in the Lexington area?

- More likely..... 1
- Just as likely..... 2
- Less Likely..... 3
- Don't know..... 9

63. A. Are there any services that are not available at Tri-County Hospital in Lexington which you would like them to provide? (PROBE, e.g., IF THEY SAY SPECIALIZATIONS, ASK WHICH SPECIALIZATIONS. USE BACK OF SHEET TO RECORD ANSWERS IF NECESSARY.)

B. What would you most like to see done to improve the provision of other health services in the Lexington area?

Just a few final questions about your household.

64. Is the principal earner of the family self-employed, working for someone else, a homemaker, retired, or unemployed?

- Self-employed..... 1
- Working for someone else..... 2
- Homemaker..... 3
- Retired..... 4
- Unemployed..... 5
- Other (specify) _____ 8
- Don't know..... 9

IF SELF-EMPLOYED, WORKING FOR SOMEONE ELSE, OR UNEMPLOYED, ASK:

A. What is the principal earner's (current, usual) line of work?

_____ BLANK _____

RECORD ANSWER, THEN PROBE TO FIT OCCUPATION INTO THE FOLLOWING SCHEME:

DON'T READ

- Managerial professional (with teachers and engineers)..... 1
- Technicians/sales/administrative support
(with secretaries and clerks)..... 2
- Service (with food/health/cleaning/protective
personal services)..... 3
- Precision/crafts/repair (with mechanics, construction,
tool and die, electricians)..... 4
- Machine operators/laborers (with transportation)..... 5
- Farm, forest, and fishery..... 6

B. In which of the following industries is the principal earner (currently, usually) employed?

READ

- Agriculture [DON'T READ forestry or fishing]..... 1
- Construction [DON'T READ mining]..... 2
- Transportation, communications, or utilities..... 3
- Finance, insurance or real estate..... 4
- Wholesale trade..... 5
- Retail trade..... 6
- Manufacturing..... 7
- Entertainment and recreation services..... 8
- Professional services (doctor, lawyer, engineer, teacher)..... 9
- Personal services (barber, hotel, laundry, dressmaking)..... 10
- Repair services and service to businesses..... 11
- Public administration..... 12

C. Near or in what town or city does the principal earner work?

_____ BLANK _____

IF MARRIED, ASK QUESTION 65 OTHERWISE PROCEED TO QUESTION 66.

65. Is the spouse currently self-employed, working for someone else, a homemaker, retired, or unemployed?

- Self-employed..... 1
- Working for someone else..... 2
- A homemaker..... 3
- Retired..... 4
- Unemployed..... 5
- Other (specify) _____..... 6
- Don't know..... 9

IF SPOUSE SELF-EMPLOYED, WORKING FOR SOMEONE ELSE, OR UNEMPLOYED, ASK;

A. What is (his/her) (current, usual) line of work?

RECORD ANSWER, THEN PROBE TO FIT OCCUPATION INTO THE FOLLOWING SCHEME:

DON'T READ

- Managerial professional (with teachers and engineers)..... 1
- Technicians/sales/administrative support
(with secretaries and clerks)..... 2
- Service (with food/health/cleaning/protective
personal services)..... 3
- Precision/crafts/repair (with mechanics, construction,
tool and die, electricians)..... 4
- Machine operators/laborers (with transportation)..... 5
- Farm, forest, and fishery..... 6

B. In which of the following industries is the spouse (currently, usually) employed?

READ

- Agriculture [DON'T READ forestry or fishing]..... 1
- Construction [DON'T READ mining]..... 2
- Transportation, communications, or utilities..... 3
- Finance, insurance or real estate..... 4
- Wholesale trade..... 5
- Retail trade..... 6
- Manufacturing..... 7
- Entertainment and recreation services..... 8
- Professional services (doctor, lawyer, engineer, teacher)..... 9
- Personal services (barber, hotel, laundry, dressmaking)..... 10
- Repair services and service to businesses..... 11
- Public administration..... 12

C. Near what town or city does he/she work?

_____ BLANK _____

66. Is your family income more or less than \$20,000?

More..... 1
Less..... 0
Don't know..... 9

IF LESS Is it more or less than \$10,000?

More..... 1
Less..... 0
Don't know..... 9

IF MORE Is it more or less than \$30,000?

More..... 1
Less..... 0
Don't know..... 9

Thank you for your help. Your responses are greatly appreciated and will be used to improve health services in the Lexington area.

RECORD ANYTHING UNUSUAL ABOUT THE INTERVIEW SUCH AS AN UNCOOPERATIVE RESPONDENT, RESPONDENT IS FROM A GROUP HOME, INTERVIEW WAS INTERRUPTED, ETC.
