



Medical Planner 2017-2018

A Message from CMS

Thank you for participating in the Medicare Current Beneficiary Survey (MCBS). With your help, we are working to make Medicare a more cost-effective and more high-quality form of health insurance that meets the needs of all beneficiaries. As a reminder, whether you take part in the survey is entirely your choice. Your Medicare benefits will not be affected by the answers that you give, or by whether or not you participate. Also, your answers must be kept private and confidential. The Federal Privacy Act of 1974 requires this.

William Long—Project Officer

A Message from AARP

Your participation in the MCBS provides valuable information to both researchers and policymakers about the needs of Americans who have Medicare health insurance.

CMS collects large amounts of information about hospitals, doctors, and other medical professionals. They can tell how Medicare works for those groups, but the only way to learn about how the Medicare program works for people like you is to ask. AARP supports this survey because we think it is important. Please take part and help improve your Medicare program.

How to Use Your Planner

We are providing this planner to help you organize your doctor visits, possible hospital stays, and other health care-related events. This will help you by providing you one place to keep track of all of these items, both for planning purposes and when trying to recall events with your interviewer. It will also help us ensure that the information we collect is as accurate as possible. If the information we collect does not accurately represent what is going on in your life, it will not be as helpful at improving Medicare.

When using this planner, it is important to record the following types of information in the appropriate date square:

- Doctor and dentist appointments
- When prescribed medicines are filled or re-filled
- The total cost of an event and what you paid
- Hospital visits, including to the emergency room or as an outpatient
- Labs, x-rays, and other tests
- Nursing home stays
- Home health visits by a medical professional, family member, or friend
- Eyeglasses, diabetic equipment, ambulance services, or other medical items purchased

Important Contact Information

For questions or concerns about the survey you can contact MCBS staff at NORC at the University of Chicago at any time.

Call toll-free at: 1-877-389-3429

Email at: mcbs@norc.org
Visit us at: mcbs.norc.org

If you have any questions or concerns about Medicare or your government benefits in general, please refer to the information below:

Call the Medicare Hotline toll-free at: 1-800-633-4227

Call the Medicare Fraud Hotline toll-free at: 1-800-447-8477

Call the Social Security Administration toll-free at: 1-800-772-1213

Visit the Centers for Medicare & Medicaid Services at:

www.cms.gov

Visit AARP at: www.aarp.org

MY MEDICAL ADDRESS BOOK

Doctor Name:	Doctor Name:
Practice Name:	Practice Name:
Type of Dr: Phone: ()	Type of Dr: Phone: ()
Address:	Address:
City: State: Zip:	City:State:Zip:
Notes:	Notes:
Doctor Name:	Doctor Name:
Practice Name:	Practice Name:
Type of Dr: Phone: ()	Type of Dr: Phone: ()
Address:	Address:
City: State: Zip:	City: State: Zip:
Notes:	Notes:
Doctor Name:	Doctor Name:
Practice Name:	Practice Name:
Type of Dr: Phone: ()	Type of Dr: Phone: ()
Address:	Address:
City: State: Zip:	City: State: Zip:
Notes:	Notes:
Doctor Name:	Doctor Name:
Practice Name:	Practice Name:
Type of Dr: Phone: ()	Type of Dr: Phone: ()
Address:	Address:
City: State: Zip:	City:State:Zip:
Notes:	Notes:

AUGUST 2 0 1 7

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3	4	5
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
-	6	7	8	9	10	11	12
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	13	14	15	16	17	18	19
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	20	21	22	23	24	25	26
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	27	28	29	30	31		
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							

SEPTEMBER 2 0 1 7

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1	2
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	3	4	5	6	7	8	9
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:		Labor Day					
	10	11	12	13	14	15	16
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:	Grandparent's Day						
	17	18	19	20	21	22	23
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:				Rosh Hashana (Begins at sundown)		First Day of Autumn	
	24	25	26	27	28	29	30
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:						Yom Kippur (Begins at sundown)	

OCTOBER 2 0 1 7

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2	3	4	5	6	7
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
- U	8	9	10	11	12	13	14
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:		Columbus Day					
7 imount onargou a parar	15	16	17	18	19	20	21
Appointment time:	10	10	.,	10	1,7	20	2.1
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
7 imount onargou a parar	22	23	24	25	26	27	28
Appointment time:		20	2.	20	20	2,	20
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
7 imount onargou a paid.	29	30	31				
Appointment time:	27		01				
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:			Halloween				
Amount charged & palu.			Halloweell				

NOVEMBER 2 0 1 7

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3	4
5	6	7	8	9	10	11
Daylight Soving						
					Veterans Day	
12	13	14	15	16	17	18
19	20	21	22	23	24	25
				Thanksgiving Day		
26	27	28	29	30		
		Daylight Saving Time ends 12 13	Daylight Saving Time ends 12 13 14 19 20 21	Daylight Saving Time ends 12 13 14 15	Daylight Saving Time ends 12 13 14 15 16 19 20 21 22 23 Thanksgiving Day	Daylight Saving Time ends 12 13 14 15 16 17 19 20 21 22 23 24 Thanksgiving Day

DECEMBER 2 0 1 7

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1	2
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	3	4	5	6	7	8	9
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
·	10	11	12	13	14	15	16
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:			Hanukkah (Begins at sundown)				
	17	18	19	20	21	22	23
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:					First day of Winter		
	24/31	25	26	27	28	29	30
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:		Christmas Day					

JANUARY 2 0 1 8

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2	3	4	5	6
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:		New Year's Day					
	7	8	9	10	11	12	13
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
7 in our colarged a paid.	14	15	16	17	18	19	20
Appointment time:		10	10	.,	10	1,	20
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:		Martin Luther King, Jr. Day					
Amount charged & paid.	21	22	23	24	25	26	27
Appointment time:	21	22	20	21	20	20	21
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
Amount charged & paid.	28	29	30	31			
Appointment time:	20	27	30	31			
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							

FEBRUARY 2 0 1 8

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1	2	3
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	4	5	6	7	8	9	10
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	11	12	13	14	15	16	17
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:				Valentine's Day			
	18	19	20	21	22	23	24
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:		Presidents' Day					
	25	26	27	28			
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							

MARCH 2 0 1 8

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1	2	3
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	4	5	6	7	8	9	10
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	11	12	13	14	15	16	17
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:	Doulight Soving						
Amount charged & paid:	Daylight Saving Time starts						St. Patrick's Day
	18	19	20	21	22	23	24
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:			First day of Spring				
	25	26	27	28	29	30	31
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:						Good Friday /	
Amount charged & paid:						Passover (Begins at sundown)	

APRIL 2 0 1 8

Appointment time: Doctor(s) seen. Reason for visit: Medicine(s) prescribed: Other items purchased: Amount charged & paid: Appointment time: Doctor(s) seen. Reason for visit: Medicine(s) prescribed: Other items purchased: Amount charged & paid: Appointment time: Doctor(s) seen. Reason for visit: Medicine(s) prescribed: Other items purchased: Amount charged & paid: Appointment time: Doctor(s) seen. Reason for visit: Medicine(s) prescribed: Other items purchased: Amount charged & paid: Appointment time: Doctor(s) seen. Reason for visit: Medicine(s) prescribed: Other items purchased: Amount charged & paid: Appointment time: Doctor(s) seen. Reason for visit: Medicine(s) prescribed: Other items purchased: Amount charged & paid: Appointment time: Doctor(s) seen. Reason for visit: Medicine(s) prescribed: Other items purchased: Amount charged & paid: Appointment time: Doctor(s) seen. Reason for visit: Medicine(s) prescribed: Other items purchased: Amount charged & paid: Appointment time: Doctor(s) seen. Reason for visit: Medicine(s) prescribed: Other items purchased: Amount charged & paid: Appointment time: Doctor(s) seen. Reason for visit: Medicine(s) prescribed: Other items purchased: Amount charged & paid: Appointment time: Doctor(s) seen. Reason for visit: Medicine(s) prescribed: Other items purchased: Amount charged & paid: Appointment time: Doctor(s) seen. Reason for visit: Medicine(s) prescribed: Other items purchased: Amount charged & paid: Appointment time: Doctor(s) seen. Reason for visit: Amount charged & paid: Appointment time: Doctor(s) seen. Reason for visit: Amount charged & paid: Amount charged & p		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Doctor(s) seen: Reason for visit: Medicine(s) prescribed:		1	2	3	4	5	6	7
Reason for visit Medicine(s) prescribed. Other Items purchased. Amount charged & paid: Appointment time. Doctor(s) seen Reason for visit. Medicine(s) prescribed. Other Items purchased. Amount charged & paid: Appointment time. Doctor(s) seen Reason for visit. Medicine(s) prescribed. Other Items purchased. Amount charged & paid: Appointment time. Doctor(s) seen Reason for visit. Medicine(s) prescribed. Other Items purchased. Amount charged & paid: Appointment time. Doctor(s) seen Reason for visit. Medicine(s) prescribed. Other Items purchased. Amount charged & paid: Appointment time. Doctor(s) seen Reason for visit. Medicine(s) prescribed. Other Items purchased. Amount charged & paid: Appointment time. Doctor(s) seen Reason for visit. Medicine(s) prescribed. Other Items purchased. Amount charged & paid: Appointment time. Doctor(s) seen Reason for visit. Medicine(s) prescribed. Other Items purchased. Amount charged & paid: Appointment time. Doctor(s) seen Reason for visit. Medicine(s) prescribed. Other Items purchased. Headed Reason for visit. Medicine(s) prescribed. Other Items purchased. Headed Reason for visit. Medicine(s) prescribed. Under Items purchased. Headed Reason for visit. Headed Reaso	Appointment time:							
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Amount charged & paid: Appointment time:								
8 9 10 11 12 13 14		Easter Sunday April Fool's Day						
Doctor(s) seen: Reason for visit: Medicine(s) prescribed:	•	8	9	10	11	12	13	14
Doctor(s) seen: Reason for visit: Medicine(s) prescribed:	Appointment time:							
Reason for visit: Medicine(s) prescribed:								
Medicine(s) prescribed: Other items purchased: Amount charged & pald: Appointment time: Doctor(s) seen: Reason for visit: Medicine(s) prescribed: Other items purchased: Amount charged & pald: 22 2 3 24 25 26 27 28 Appointment time: Doctor(s) seen: Reason for visit: Medicine(s) prescribed: Other items purchased: Amount charged & pald: 29 30 30	1.1							
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Amount charged & paid: 15								
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Appointment time: Doctor(s) seen: Reason for visit: Medicine(s) prescribed: Other items purchased: Amount charged & paid: 29 30	7 imount onargod a paid.	22	23	24	25	26	27	28
Doctor(s) seen: Reason for visit: Medicine(s) prescribed: Other items purchased: Amount charged & paid: Appointment time: Doctor(s) seen: Reason for visit: Medicine(s) prescribed: Other items purchased:	Appointment time	22	20	21	20	20	21	20
Reason for visit: Medicine(s) prescribed: Other items purchased: Amount charged & paid: Appointment time: Doctor(s) seen: Reason for visit: Medicine(s) prescribed: Other items purchased:								
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Other items purchased: Amount charged & paid: 29 30 Appointment time: Doctor(s) seen: Reason for visit: Medicine(s) prescribed: Other items purchased:								
Amount charged & paid: 29 30 30								
Appointment time: Doctor(s) seen: Reason for visit: Medicine(s) prescribed: Other items purchased:								
Appointment time: Doctor(s) seen: Reason for visit: Medicine(s) prescribed: Other items purchased:	7 miloum onargou a parar	29	30					
Doctor(s) seen: Reason for visit: Medicine(s) prescribed: Other items purchased:	Appointment time:	_,						
Reason for visit: Medicine(s) prescribed: Other items purchased:								
Medicine(s) prescribed: Other items purchased:								
Other items purchased:								
AHOUHI CHAIDEU A DAIO.	Amount charged & paid:							

MAY 2 0 1 8

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3	4	5
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
·	6	7	8	9	10	11	12
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	13	14	15	16	17	18	19
Appointment time:			-	-		-	
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:	Mothers' Day						
r into an it offer goal at paran	20	21	22	23	24	25	26
Appointment time:				20			
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
7 imount onargou a parar	27	28	29	30	31		
Appointment time:	EI	20	27	- 50			
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:		Memorial Day					
Amount charged & palu.		memorial Day					

JUNE 2 0 1 8

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1	2
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	3	4	5	6	7	8	9
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
<u> </u>	10	11	12	13	14	15	16
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:					Flag Day		
	17	18	19	20	21	22	23
Appointment time:				-			
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:	Fathers' Day				First day of Summer		
	24	25	26	27	28	29	30
Appointment time:		_0	_0		_•	_,	30
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
Amount charged & paid.							

JULY 2 0 1 8

Appointment time		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Doctor(s) seen: Reason for visit:		1	2	3	4	5	6	7
Reason for visit: Medicine(s) prescribed: Other Items purchased: Amount charged & paid: Appointment time: Doctor(s) seen: Reason for visit: Medicine(s) prescribed: Other Items purchased: Amount charged & paid: Appointment time: Doctor(s) seen: Reason for visit: Medicine(s) prescribed: Other Items purchased: Amount charged & paid: Appointment time: Doctor(s) seen: Reason for visit: Medicine(s) prescribed: Other Items purchased: Amount charged & paid: Appointment time: Doctor(s) seen: Reason for visit: Medicine(s) prescribed: Other Items purchased: Amount charged & paid: Appointment time: Doctor(s) seen: Reason for visit: Medicine(s) prescribed: Other Items purchased: Amount charged & paid: 22 2 23 24 25 26 27 28 Appointment time: Doctor(s) seen: Reason for visit: Medicine(s) prescribed: Other Items purchased: Amount charged & paid: 29 30 31 Appointment time: Doctor(s) seen: Reason for visit: Medicine(s) prescribed: Other Items purchased: Amount charged & paid: Appointment time: Doctor(s) seen: Reason for visit: Medicine(s) prescribed: Other Items purchased: Amount charged & paid: Appointment time: Doctor(s) seen: Reason for visit: Medicine(s) prescribed: Other Items purchased: Amount charged & paid: Appointment time: Doctor(s) seen: Reason for visit: Medicine(s) prescribed: Other Items purchased:								
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AUGUST 2 0 1 8

Appointment time. Doctor(s) seen. Reason for visit. Seen. Se		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
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Doctor(s) seen: Reason for visit: Medicine(s) prescribed: Other items purchased:	Appointment time:				,			
Reason for visit: Medicine(s) prescribed: Other items purchased:								
Medicine(s) prescribed: Other items purchased:								
Other items purchased:								
A ITTOWITY OTHER YORK A PARTY.	Amount charged & paid:							

SEPTEMBER 2 0 1 8

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
							1
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	2	3	4	5	6	7	8
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:		Labor Day					
	9	10	11	12	13	14	15
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:	Rosh Hashana						
Amount charged & paid:	(Begins at sundown) / Grandparents Day						
	16	17	18	19	20	21	22
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:			V 10				
Amount charged & paid:			Yom Kippur (Begins at sundown)			First day of Autumn	
	23/30	24	25	26	27	28	29
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							

OCTOBER 2 0 1 8

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2	3	4	5	6
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	7	8	9	10	11	12	13
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:		Columbus Day					
	14	15	16	17	18	19	20
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	21	22	23	24	25	26	27
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	28	29	30	31			
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:				Halloween			

NOVEMBER 2 0 1 8

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Appointment time:					1	2	3
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	4	5	6	7	8	9	10
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:	Developed October						
Amount charged & paid:	Daylight Saving Time ends						
	11	12	13	14	15	16	17
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:	Veterans Day	10	00	0.1	00	00	0.4
A no no a linetura a net el inco a	18	19	20	21	22	23	24
Appointment time: Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:					Thanksgiving Day		
7 intourit orlanged a paid.	25	26	27	28	29	30	
Appointment time:			_,		= /		
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							

DECEMBER 2 0 1 8

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1
	•		-	,	-	
2	3	4	5	6	1	8
Hanukkah						
(Begins at sundown)						
9	10	11	12	13	14	15
16	17	18	19	20	21	22
					First Day of Winter	
23/30	24/31	25	26	27	28	29
		Christmas Day				
	Sunday 2 Hanukkah (Begins at sundown) 9 16	Hanukkah (Begins at sundown) 9 10	Hanukkah (Begins at sundown) 9 10 11 16 17 18 23/30 24/31 25	Hanulkkah (Begins at sundown)	Hanukkah Hanukah Hanukah	







Any other questions?

Please feel free to contact MCBS staff at NORC at the University of Chicago at any time.

Call toll-free at: 1-877-389-3429

Email at: mcbs@norc.org

Visit us at: mcbs.norc.org









This survey is authorized by section 1875 (42 USC 139511) of the Social Security Act and is conducted by NORC at the University of Chicago for the U.S. Department of Health and Human Services. OMB control number for this information collection is 0938-0568, and expires 06/30/2019.