

15a. HAS -- BEEN IN A HOSPITAL AT ANY TIME SINCE <i>If "Yes," ask:</i> b. HOW MANY TIMES WAS -- IN A HOSPITAL DURING THAT PERIOD?	A YEAR AGO?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	Times _____		Times _____					
16a. HAS ANYONE IN THE FAMILY BEEN IN A NURSING HOME, CONVALESCENT HOME, REST HOME OR SIMILAR PLACE SINCE <i>If "Yes," ask:</i> b. WHO? <i>For each person reported in 16b ask:</i> c. HOW MANY TIMES WAS -- IN A NURSING HOME OR SIMILAR PLACE DURING THAT PERIOD?	A YEAR AGO?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	Times _____		Times _____					
<i>Examine ages in question 1 for babies 1 year old or under. For each child 1 year old or under, ask 17a.</i>			Month	Day	Year	Month	Day	Year
17a. WHEN WAS -- BORN? <i>If on or after the date stamped in 15a, ask 17b.</i>								
b. WAS -- BORN IN A HOSPITAL? <i>If "Yes" and no hospitalizations entered in his column, enter "1" in 15. If "Yes" and a hospitalization is reported for the mother and baby ask 17c.</i>			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
c. IS THIS HOSPITALIZATION INCLUDED IN THE NUMBER YOU GAVE ME FOR --? <i>If "No," correct entry for mother and baby.</i>			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
THESE NEXT QUESTIONS ARE ABOUT RECENT VISITS TO OR FROM A MEDICAL DOCTOR. 18. DURING THE PAST 2 WEEKS (THE 2 WEEKS OUTLINED IN RED ON THAT CALENDAR) HOW MANY TIMES HAS -- SEEN A DOCTOR EITHER AT HOME OR AT A DOCTOR'S OFFICE OR CLINIC?			<input type="checkbox"/> None		<input type="checkbox"/> None			
Dr. Visits _____			Dr. Visits _____					
19a. (BESIDES THOSE VISITS) DURING THAT 2 WEEK PERIOD HAS ANYONE IN THE FAMILY BEEN TO A DOCTOR'S OFFICE OR CLINIC FOR SHOTS, X-RAYS, TESTS, OR EXAMINATIONS? <i>If "Yes," ask:</i> b. WHO WAS THIS? <i>Mark "Yes" in person's column.</i> c. ANYONE ELSE?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<i>For each "Yes" marked, ask:</i> d. HOW MANY TIMES DID -- VISIT THE DOCTOR? <i>EXCLUDE visits made on "mass" basis.</i>			Visits _____		Visits _____			
20a. DURING THAT PERIOD, DID ANYONE IN THE FAMILY GET ANY MEDICAL ADVICE FROM A DOCTOR OVER THE TELEPHONE? <i>If "Yes" ask:</i> b. WHO WAS THE PHONE CALL ABOUT? <i>Mark "Yes" in person's column.</i> c. ANY CALLS ABOUT ANYONE ELSE?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<i>For each "Yes" marked, ask:</i> d. HOW MANY TELEPHONE CALLS WERE MADE TO GET MEDICAL ADVICE ABOUT --?			Telephone calls to Dr. _____		Telephone calls to Dr. _____			
Visits reported in questions 18-20 for this person. <i>Mark here</i> →			Visits rep'd in Q. 18-20 Go to 21b		Visits rep'd in Q. 18-20 Go to 21b			
<i>If no visits reported in questions 18-20 Ask:</i> 21a. ABOUT HOW LONG HAS IT BEEN SINCE -- SAW OR TALKED TO A DOCTOR? <i>Estimate is acceptable. If less than 1 year, mark appropriate circle; if more than 1 year, mark number of whole years.</i>			During past 2 weeks/not previously reported 2 Weeks - 6 Months 7 - 11 Months Years } 0 1 2 3 4 5 6 7 8 9		During past 2 weeks/not previously reported 2 Weeks - 6 Months 7 - 11 Months Years } 0 1 2 3 4 5 6 7 8 9			
<i>If the last visit was within the past 12 months ask:</i> b. IN TOTAL, ABOUT HOW MANY TIMES HAS -- SEEN OR TALKED TO A DOCTOR DURING THE PAST 12 MONTHS?			Times } 0 1 2 3 4 5 6 7 8 9		Times } 0 1 2 3 4 5 6 7 8 9			
<i>If person is 55 years old or over, ask:</i> THE FOLLOWING QUESTIONS REFER TO DIFFERENT KINDS OF PERSONAL CARE SOME PEOPLE NEED AT HOME:			Under 55 - Stop 55 or over - Ask 22a.		Under 55 - Stop 55 or over - Ask 22a.			
22a. DOES -- NEED ANY HELP IN BATHING, DRESSING OR PUTTING ON HIS SHOES?			Yes Stop No DK		Yes Stop No DK			
b. DOES -- NEED ANY HELP AT HOME WITH INJECTIONS, SHOTS OR OTHER TREATMENTS?			Yes Stop No DK		Yes Stop No DK			
c. DOES -- NEED ANY ONE'S HELP WHEN WALKING UP STAIRS OR GETTING FROM ROOM TO ROOM?			Yes Stop No DK		Yes Stop No DK			
d. DOES -- NEED ANY HELP AT ALL IN CARING FOR HIMSELF?			Yes Stop No DK		Yes Stop No DK			
23a. DURING THE PAST 12 MONTHS, HAS -- RECEIVED ANY CARE AT HOME FROM A NURSE?			Yes-Ask 23b & c No Stop DK		Yes-Ask 23b & c No Stop DK			
b. DURING THIS 12 MONTH PERIOD, ABOUT HOW MANY VISITS DID A NURSE MAKE TO CARE FOR --?			Times } 0 1 2 3 4 5 6 7 8 9		Times } 0 1 2 3 4 5 6 7 8 9			
c. WERE ANY OF THESE VISITS DURING THE PAST 2-WEEKS?			Yes No DK		Yes No DK			