

<p>Ask for all persons 17 years old or over.</p> <p>24a. WHAT IS THE HIGHEST GRADE (YEAR)—ATTENDED IN SCHOOL?</p>	Elementary	E I	None - Go to 25a	Under 17	E I	None - Go to 25a	Under 17	
	High school	H i			H i			
	College	Co			Co			
<p>b. DID—FINISH THE—GRADE (YEAR)?</p>			Yes	No	Yes	No		
<p>Ask for all persons 17 years old or over.</p> <p>25a. DID—WORK AT ANY TIME LAST WEEK OR THE WEEK BEFORE?</p> <p>For females add: NOT COUNTING WORK AROUND THE HOUSE?</p>			Yes Go to 26a	No Ask both b and c	Yes Go to 26a	No Ask both b and c		
<p>b. EVEN THOUGH—DID NOT WORK DURING THOSE 2 WEEKS, DOES HE HAVE A JOB OR BUSINESS?</p>			Yes	No	Yes	No		
<p>c. WAS HE LOOKING FOR WORK OR ON LAYOFF FROM A JOB?</p>			Yes - Ask d	No - Omit d	Yes - Ask d	No - Omit d		
<p>d. WHICH - LOOKING FOR WORK OR ON LAYOFF FROM A JOB?</p>			Looking	Layoff	Both	Looking	Layoff	Both
<p>If "Yes" in 25c only, questions 26a through 26d apply to this person's LAST full-time civilian job.</p>	<p>Ask for all persons with a "Yes" in 25a, 25b, or 25c.</p> <p>26a. WHO DOES (DID)—WORK FOR?</p>		Employer		Employer			
	<p>b. WHAT KIND OF BUSINESS OR INDUSTRY IS THIS?</p>		Industry		Industry			
	<p>c. WHAT KIND OF WORK IS (WAS)—DOING?</p>		Occupation		Occupation			
	<p>Fill 26d from entries in 26a-26c; if not clear, ask.</p> <p>d. CLASS OF WORKER</p>		Paid Own <input type="radio"/>	Gov't, Fed. Non-paid <input type="radio"/>	Gov't, Other Non-worked <input type="radio"/>	Paid Own <input type="radio"/>	Gov't, Fed. Non-paid <input type="radio"/>	Gov't, Other Non-worked <input type="radio"/>
<p>Ask for all males 17 years old or over.</p> <p>27a. DID—EVER SERVE IN THE ARMED FORCES OF THE UNITED STATES?</p>			Yes	No - Go to 28	Yes	No - Go to 28		
<p>b. WAS ANY OF HIS SERVICE DURING A WAR?</p>			Yes - Stop	No	DK	Yes - Stop	No	DK
<p>If "No" or "DK" in 27b ask:</p> <p>c. WAS ANY OF HIS SERVICE BETWEEN JUNE 27, 1950, AND JANUARY 31, 1955?</p>			Yes - Stop	No	DK	Yes - Stop	No	DK
<p>If "No" or "DK" in 27c ask:</p> <p>d. WAS ANY OF HIS SERVICE AFTER JANUARY 31, 1955?</p>			Yes	No	DK	Yes	No	DK
<p>28. WHICH OF THESE INCOME GROUPS REPRESENTS YOUR TOTAL COMBINED FAMILY INCOME FOR THE PAST 12 MONTHS - THAT IS, YOURS, YOUR—S, ETC.? SHOW CARD I. INCLUDE INCOME FROM ALL SOURCES SUCH AS WAGES, SALARIES, SOCIAL SECURITY OR RETIREMENT BENEFITS, HELP FROM RELATIVES, RENTS FROM PROPERTY, AND SO FORTH.</p> <p>Mark income group in each related person's column.</p>			A B C D E F G H I J V		A B C D E F G H I J V		A B C D E F G H I J V	
<p>FOOTNOTES</p>	<p>WASHINGTON USE</p>		<p>WASHINGTON USE</p>		<p>WASHINGTON USE</p>			
	<p>*Transcribe codes for Item R (Respondent)</p>		Respondent		Respondent			
	<p>0 - Self-entirely</p>		Age of respondent		Age of respondent			
	<p>1 - Self-partly</p>		Family relationship		Family relationship			
	<p>2 - Spouse</p>		Education of head		Education of head			
	<p>3 - Mother</p>		Industry		Industry			
	<p>4 - Father</p>		Occupation		Occupation			

<p>Card A</p> <p>A--1 Now I'm going to read a list of conditions--Please tell me if you, your , etc., have had any of these conditions DURING THE PAST 12 MONTHS?</p> <ol style="list-style-type: none"> 1. Asthma? 2. CHRONIC bronchitis? 3. REPEATED attacks of sinus trouble? 4. TROUBLE with varicose veins? 5. Hemorrhoids or piles? 6. Hay fever? 7. Tumor, cyst, or growth? 8. CHRONIC gallbladder or liver trouble? 9. Stomach ulcer? 10. Any other CHRONIC stomach trouble? 11. Kidney stones or CHRONIC kidney trouble? 	<p>A--2 Have you, your , etc., had any of these conditions DURING THE PAST 12 MONTHS?</p> <ol style="list-style-type: none"> 12. Thyroid trouble or goiter? 13. Any allergy? 14. CHRONIC nervous trouble? 15. CHRONIC skin trouble? 16. Palsy? 17. Paralysis of any kind? 18. REPEATED trouble with back or spine? 19. Cleft palate? 20. Any speech defect? 21. Hernia or rupture? 22. Prostate trouble? 	<p>Card D</p> <p>For: Workers and other persons except Housewives and Children</p> <ol style="list-style-type: none"> 1. Not able to work at all. 2. Able to work but limited in amount of work or kind of work. 3. Able to work but limited in kind or amount of other activities. 4. Not limited in any of the above ways. 	<p>Card F</p> <p>For: Children from 6 through 16 years old</p> <ol style="list-style-type: none"> 1. Not able to go to school at all. 2. Able to go to school but limited to certain types of schools or in school attendance. 3. Able to go to school but limited in other activities. 4. Not limited in any of the above ways. 	<p>Card H</p> <p>For: Mobility</p> <ol style="list-style-type: none"> 1. Must stay in bed all or most of the time. 2. Must stay in the house all or most of the time. 3. Need the help of another person in getting around inside or outside the house 4. Need the help of some special aid, such as a cane or wheelchair, in getting around inside or outside the house. 5. Does not need the help of another person or a special aid but has trouble in getting around freely. 6. Not limited in any of the above ways.
<p>Card B</p> <p>B--1 Have you, your , etc., EVER had any of these conditions?</p> <ol style="list-style-type: none"> 1. Tuberculosis? 2. Emphysema? 3. Hardening of the arteries? 4. High blood pressure? 5. Cancer? 6. Heart trouble? 7. Stroke? 8. Rheumatic fever? 9. Arthritis or rheumatism? 10. Mental illness? 11. Diabetes? 12. Epilepsy? 	<p>B--2 Do you, your , etc., HAVE any of these conditions?</p> <ol style="list-style-type: none"> 1. Deafness or SERIOUS trouble hearing with one or both ears? 2. SERIOUS trouble seeing with one or both eyes even when wearing glasses? 3. Missing fingers, hand or arm -- toes, foot or leg? 4. Missing lung or kidney (or breast)? 5. Club foot? 6. PERMANENT stiffness or any deformity of foot, leg, fingers, arm or back? 	<p>Card E</p> <p>For: Housewife</p> <ol style="list-style-type: none"> 1. Not able to keep house at all. 2. Able to keep house but limited in amount or kind of housework. 3. Able to keep house but limited in kind or amount of other activities. 4. Not limited in any of the above ways. 	<p>Card G</p> <p>For: Children under 6 years old</p> <ol style="list-style-type: none"> 1. Not able to take part at all in ordinary play with other children. 2. Able to play with other children but limited in amount or kind of play 4. Not limited in any of the above ways. 	<p>Card I</p> <p>Which of the following income groups represents your total combined family income for the past 12 months? Include income from all sources such as wages, salaries, social security or retirement benefits, help from relatives, rents from property, and so forth.</p> <p>Under \$500 Group A \$500-- \$999 Group B \$1,000-- \$1,999 Group C \$2,000-- \$2,999 Group D \$3,000-- \$3,999 Group E \$4,000-- \$4,999 Group F \$5,000-- \$6,999 Group G \$7,000-- \$9,999 Group H \$10,000-- \$14,999 Group I \$15,000 and over Group J</p>