

<p>1a. What is the name of the head of this household? - Enter name in first column. <span style="float: right;">Yes* No</span></p> <p>b. What are the names of all other persons who live here? - List all persons who live here.</p> <p>c. I have listed (Read names.) Is there anyone else staying here now, such as friends, relatives, or roomers? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d. Have I missed anyone who USUALLY lives here but is now away from home? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>e. Do any of the people in this household have a home anywhere else? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If any adult males listed, ask:</p> <p>f. Are any of the persons in this household now on full-time active duty with the Armed Forces of the United States? <input type="checkbox"/> Yes → Col(s) _____ (Delete) <input type="checkbox"/> No <span style="float: right;">* Apply household membership rules.</span></p>	<table border="1"> <tr> <td>1a. First name ①</td> <td>RACE</td> </tr> <tr> <td rowspan="2">Last name</td> <td>1 W</td> </tr> <tr> <td>2 N</td> </tr> <tr> <td></td> <td>3 OT</td> </tr> <tr> <td></td> <td>SEX</td> </tr> <tr> <td></td> <td>1 M</td> </tr> <tr> <td></td> <td>2 F</td> </tr> <tr> <td></td> <td>AGE</td> </tr> </table>	1a. First name ①	RACE	Last name	1 W	2 N		3 OT		SEX		1 M		2 F		AGE																											
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<p>2. How is -- related to -- (Head of household)?</p> <p>3. How old was -- on his last birthday? - Enter Age and circle Race and Sex</p>	<p>2. Relationship</p> <p>3. HEAD</p>																																										
<p><b>C</b></p> <p>I. Record the number of Hospitalizations, Doctor Visits, and days lost from work when reported.</p> <p>II. Record each condition in the person's column, with the question number(s) where it was reported.</p>	<table border="1"> <tr> <td>H</td> <td>DV</td> <td>WL</td> </tr> <tr> <td>(NP)</td> <td>(NP)</td> <td>(5e)</td> </tr> <tr> <td><input type="checkbox"/> None (NP)</td> <td><input type="checkbox"/> None (NP)</td> <td><input type="checkbox"/> None (5f)</td> </tr> <tr> <td>Q. No.</td> <td colspan="2">Condition</td> </tr> <tr><td> </td><td colspan="2"> </td></tr> <tr><td> </td><td colspan="2"> </td></tr> <tr><td> </td><td colspan="2"> </td></tr> <tr><td> </td><td colspan="2"> </td></tr> <tr><td> </td><td colspan="2"> </td></tr> <tr><td> </td><td colspan="2"> </td></tr> <tr><td> </td><td colspan="2"> </td></tr> <tr><td> </td><td colspan="2"> </td></tr> <tr><td> </td><td colspan="2"> </td></tr> <tr><td> </td><td colspan="2"> </td></tr> </table>	H	DV	WL	(NP)	(NP)	(5e)	<input type="checkbox"/> None (NP)	<input type="checkbox"/> None (NP)	<input type="checkbox"/> None (5f)	Q. No.	Condition																															
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<p>If 17 years old or over, ask:</p> <p>4. Is -- now married, widowed, divorced, separated, or never married? - Mark one box for each person</p>	<p>4. <input type="checkbox"/> Under 17    <input type="checkbox"/> Never married</p> <p><input type="checkbox"/> Married    <input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Widowed    <input type="checkbox"/> Separated</p>																																										
<p><b>H</b></p> <p>If related persons 19 years old or over are listed in addition to the respondent, say: We would like to have all adults who are at home take part in the interview. Is your --, your --, etc., at home now?</p> <p>If other eligible respondents are at home, ask: Would you please ask --, --, etc., to join us?</p>	<p>0 <input type="checkbox"/> Under 19</p> <p>1 <input type="checkbox"/> At home</p> <p>2 <input type="checkbox"/> Not at home</p>																																										
<p>(This survey is being conducted to collect information on the Nation's health. I will ask about visits to doctors and dentists, illness in the family, and other health related items.) (HAND CALENDAR)</p> <p>The first few questions refer to the past two weeks, that is, the 2 weeks outlined in red on that calendar, beginning Monday, _____, and ending this past Sunday, _____.</p> <p>5a. During those two weeks, did -- stay in bed because of any illness or injury? -----</p> <p>b. During that two-week period, how many days did -- stay in bed all or most of the day? -----</p> <p>c. During those two weeks, how many days did illness or injury keep -- from work? (For females): not counting work around the house. -----</p> <p>d. During those two weeks, how many days did illness or injury keep -- from school? -----</p> <p>If BOTH bed days AND work or school loss days, ask:</p> <p>e. On how many of these -- days lost from <math>\left\{ \begin{array}{l} \text{work} \\ \text{school} \end{array} \right\}</math> did -- stay in bed all or most of the day? -----</p> <p>f. (NOT COUNTING the day(s) <math>\left\{ \begin{array}{l} \text{in bed} \\ \text{lost from work} \\ \text{lost from school} \end{array} \right\}</math>)</p> <p>Were there any (other) days during the past 2 weeks that -- had to cut down on the things he usually does because of his health? -----</p> <p>g. (Again, not counting the day(s) <math>\left\{ \begin{array}{l} \text{in bed} \\ \text{lost from work} \\ \text{lost from school} \end{array} \right\}</math>)</p> <p>How many days did he have to cut down for as much as a day? -----</p>	<p>WASHINGTON USE</p> <table border="1"> <tr> <td>BD</td> <td>TLD</td> <td>RAD</td> </tr> </table> <p><input type="checkbox"/> Yes (5b)</p> <p><input type="checkbox"/> No</p> <p>If age: 17+ (5c) 6 - 16 (5d) Under 6 (5f)</p> <p>_____ days</p> <p>_____ WL days } Item C</p> <p><input type="checkbox"/> None</p> <p>_____ SL days (5e)</p> <p><input type="checkbox"/> None (5f)</p> <p>_____ days } 5f</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Yes (5g)</p> <p><input type="checkbox"/> No (6)</p> <p>_____ days (6a)</p> <p><input type="checkbox"/> None (6)</p>	BD	TLD	RAD																																							
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<p>If 1+ days in Q. 5, ask 6; otherwise go to next person.</p> <p>6a. What condition caused -- to <math>\left\{ \begin{array}{l} \text{stay in bed} \\ \text{miss work} \\ \text{miss school} \\ \text{cut down} \end{array} \right\}</math> during the past 2 weeks? -----</p> <p>b. Did any other condition cause him to <math>\left\{ \begin{array}{l} \text{stay in bed} \\ \text{miss work} \\ \text{miss school} \\ \text{cut down} \end{array} \right\}</math> during that period? -----</p> <p>c. What condition? -----</p>	<p>6a. Enter condition in item C ask 6b</p> <p><input type="checkbox"/> Yes (6c)</p> <p><input type="checkbox"/> No (NP)</p> <p>6b. Enter conditions in item C Reask 6b</p> <p>6c. Enter conditions in item C Reask 6b</p>																																										



15. ABOUT how long has it been since -- saw or talked to a medical doctor?  
 (Estimate is acceptable. If less than 1 year, check appropriate "Months" box; if more than 1 year, enter number of whole years).

15.  Past 2 weeks not reported (Q's 11 and 14)  
 2 weeks - 6 months  
 Over 6 - 12 months  
 \_\_\_\_\_ Years  Never

Now I'm going to read a list of conditions;  
 16a. During the past 12 months, has anyone in the family (you, your --, etc.) had any of the following conditions --

If "Yes," ask b and c

- b. Who was this? -- Enter name of condition and letter of line where reported in appropriate persons column(s) in item C.  
 c. During the past 12 months has anyone else had . . . ?

	Yes	No
A. Gallstones?		
B. Any other gallbladder trouble?		
C. Hemorrhoids or piles?		
D. Cirrhosis of the liver?		
E. Fatty liver?		
F. Hepatitis?		
G. Yellow jaundice?		
H. Any other liver trouble?		
I. Diabetes?		
J. Any disease of the pancreas?		
K. Ulcer?		
L. Hernia or rupture?		
M. A disease of the esophagus?		
N. Gastritis?		
O. Frequent indigestion?		
P. Any other stomach trouble?		
Q. Enteritis?		
R. Diverticulitis?		
S. Colitis?		
T. Spastic colon?		
U. Frequent constipation?		
V. Any other bowel trouble?		
W. Any other intestinal trouble?		
X. Cancer of the stomach, colon or rectum?		
Y. During the past 12 months has anyone in the family had any other condition of the digestive system? If "Yes," ask: Who was this? -- What is the condition? (Enter in item C)		

Ages 17 +	17a. What was -- doing MOST OF THE PAST 12 MONTHS (For males): working or doing something else? If "something else," ask: b. What was -- doing? If 45+ years and was not "working," "keeping house" or "going to school," ask: c. Is -- retired?	17. and 18. 1 <input type="checkbox"/> Working (22) 2 <input type="checkbox"/> Keeping house (22) 3 <input type="checkbox"/> Retired (21) 4 <input type="checkbox"/> Going to school (24) 5 <input type="checkbox"/> 17+ something else (21) 6 <input type="checkbox"/> 6-16 something else (23)
Ages 6 - 16	18a. What was -- doing MOST OF THE PAST 12 MONTHS -- going to school or doing something else? If "something else," ask: b. What was -- doing?	
Ages 1 - 5	19a. Is -- able to take part at all in ordinary play with other children? b. Is he limited in the kind of play he can do because of his health? c. Is he limited in the amount of play because of his health?	19a. <input type="checkbox"/> Yes (19b) <input type="checkbox"/> No (25) b. 2 <input type="checkbox"/> Yes (25) <input type="checkbox"/> No (19c) c. 2 <input type="checkbox"/> Yes (25) 4 <input type="checkbox"/> No (NP)
Ages Under 1 yr.	20a. Is -- limited in any way because of his health? b. In what way is he limited?	20a. <input type="checkbox"/> Yes (20b) 4 <input type="checkbox"/> No (NP) b. _____ (25)
	21a. Does -- health keep him from working? b. Is he limited in the kind of work he COULD do because of his health? c. Is he limited in the amount of work he COULD do because of his health? d. Is he limited in the kind or amount of other activities because of his health?	21a. 1 <input type="checkbox"/> Yes (25) <input type="checkbox"/> No (21b) b. 2 <input type="checkbox"/> Yes (25) <input type="checkbox"/> No (21c) c. 2 <input type="checkbox"/> Yes (25) <input type="checkbox"/> No (21d) d. 3 <input type="checkbox"/> Yes (25) 4 <input type="checkbox"/> No (NP)
	22a. In terms of health, is -- PRESENTLY able to (work - keep house) at all? b. Is he limited in the kind of (work - housework) he can do because of his health? c. Is he limited in the amount of (work - housework) he can do because of his health? d. Is he limited in the kind or amount of other activities because of his health?	22a. <input type="checkbox"/> Yes (22b) 1 <input type="checkbox"/> No (25) b. 2 <input type="checkbox"/> Yes (25) <input type="checkbox"/> No (22c) c. 2 <input type="checkbox"/> Yes (25) <input type="checkbox"/> No (22d) d. 3 <input type="checkbox"/> Yes (25) 4 <input type="checkbox"/> No (NP)
	23. In terms of health, would -- be able to go to school?	23. <input type="checkbox"/> Yes (24a) 1 <input type="checkbox"/> No (25)
	24a. Does (would) -- have to go to a certain type of school because of his health? b. Is he (would he be) limited in school attendance because of his health? c. Is he limited in the kind or amount of other activities because of his health?	24a. 2 <input type="checkbox"/> Yes (25) <input type="checkbox"/> No (24b) b. 2 <input type="checkbox"/> Yes (25) <input type="checkbox"/> No (24c) c. 3 <input type="checkbox"/> Yes (25) 4 <input type="checkbox"/> No (NP)
	25a. What condition causes this limitation? If "old age," ask: Is this limitation caused by any specific condition? b. Is this limitation caused by any other conditions? c. What conditions? If 2+ conditions reported in 25, ask: d. Which of these conditions would you say is the MAIN cause of his limitation?	25a. Enter condition in item C and ask 25b <input type="checkbox"/> Old age only (NP) b. <input type="checkbox"/> Yes (25c) <input type="checkbox"/> No (25d) c. Enter condition in item C and reask 25b and c <input type="checkbox"/> Only one condition d. Enter main condition

<p>26a. Has -- been in a hospital at any time since _____ a year ago?</p> <p>b. How many times was -- in a hospital since _____ a year ago?</p>	<p>26a. <input type="checkbox"/> Yes (26b) <input type="checkbox"/> No (Item C)</p> <p>b. _____ Times (Item C)</p>
<p>27a. Has anyone in the family been in a nursing home, convalescent home or similar place since _____ a year ago?</p> <p><input type="checkbox"/> Yes (27b) <input type="checkbox"/> No (28)</p> <p>b. Who was this? - Mark "Yes" in person's column. For each "Yes" marked, ask:</p> <p>c. During that period, how many times was -- in a nursing home or similar place?</p>	<p>27b. <input type="checkbox"/> Yes</p> <p>c. _____ Times (Item C)</p>
<p>For each child 1 year old or under, ask:</p> <p>28a. When was -- born? If on or after the date stamped in 26, ask 28b.</p> <p>b. Was -- born in a hospital? If "Yes" and no hospitalizations entered in his and/or mother's column, enter "1" in 26 and item C. If "Yes" and a hospitalization is entered for the mother and/or baby, ask 28c.</p> <p>c. Is this hospitalization included in the number you gave me for --? If "No," correct entries in Q. 26 and item C for mother and/or baby.</p>	<p>28a. Month   Day   Year</p> <p>b. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>29. Not applicable - Use for footnotes</p>	
<p>These next questions are about motor vehicle accidents, that is, accidents involving cars, trucks, buses, motorcycles, and so forth. We are interested in all types of motor vehicle accidents even if no one was injured.</p>	
<p>30a. During the past 12 months, has -- been in a motor vehicle accident either as a (driver), passenger or pedestrian?</p> <p>b. How many motor vehicle accidents has -- been in during the past 12 months?</p> <p>c. On what date(s) did the accident(s) happen?</p> <p>d. Was -- in any other motor vehicle accident during the past 12 months?</p>	<p>30a. <input type="checkbox"/> Yes (30b) <input type="checkbox"/> No (NP)</p> <p>b. _____ Number of accidents</p> <p>c. Month   Day   Year</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>d. <input type="checkbox"/> Yes (30c and d) <input type="checkbox"/> No (NP)</p>
<p>For all persons 14 years of age and older, ask:</p>	
<p>31a. Has -- driven a motor vehicle during the past 12 months?</p> <p>b. How many years has -- been driving?</p>	<p>31a. X0 <input type="checkbox"/> Under 14 years (NP) <input type="checkbox"/> Yes (31b) X1 <input type="checkbox"/> No (NP)</p> <p>00 <input type="checkbox"/> Less than 1 year</p> <p>b. _____ Number of years</p>
<p><b>R</b> Q. 5.31</p> <p>For persons 19 years old or over, show who responded for (or was present during the asking of) Q. 5-31. If persons responded for self, show whether entirely or partly. For persons under 19 show who responded for them. If eligible respondent is "at home" but did not respond for self, enter the reason in a footnote.</p>	<p>1 <input type="checkbox"/> Responded for self-entirely</p> <p>2 <input type="checkbox"/> Responded for self-partly</p> <p>Person _____ was resp. <input type="checkbox"/></p>

DOCTOR VISITS (1)		1. Person number	First Visit	Dum.
Record each date on which a doctor was visited in a separate question 2a.	Earlier, you told me that -- had seen or talked to a doctor during the past 2 weeks.		Month	Day
Ask and record the answer to question 2b on the last set of Doctor Visits questions for each person.	2a. On what (other) dates during that 2-week period did -- visit or talk to a doctor? b. Were there any other doctor visits for -- during that period? <input type="checkbox"/> Yes (Reask 2a and b) <input type="checkbox"/> No (Ask 3-6 for each visit)			
FOOTNOTES:	3. Where did -- see the doctor on the (date), at a doctor's office, a clinic or some other place? (Mark one box)	<input type="checkbox"/> While inpatient in hospital (STOP) <input type="checkbox"/> Home <input type="checkbox"/> Telephone <input type="checkbox"/> Doctor's office <input type="checkbox"/> Pre-paid Ins. Group <input type="checkbox"/> Hospital Out-Patient Clinic <input type="checkbox"/> Hospital Emergency Room <input type="checkbox"/> Health Department <input type="checkbox"/> Company or Industry <input type="checkbox"/> Other (Specify) →		
	4a. How much was the doctor's bill for that visit (call)?		Dollars	Cents
	If bill not received, ask: b. How much do you expect the doctor's bill to be for that visit (call)?		Dollars	Cents
	5. Is the doctor a general practitioner or a specialist? 01 <input type="checkbox"/> General Practitioner <input type="checkbox"/> Specialist What kind of specialist is he? →			
	6a. Why did you visit (call) a doctor on (date)? Write in and mark appropriate box(es)	1 <input type="checkbox"/> Diag. or treatment (6b) 2 <input type="checkbox"/> Pre or Post natal care (Next DV) 3 <input type="checkbox"/> General check-up (Next DV)	4 <input type="checkbox"/> Eye exam. (glasses) 5 <input type="checkbox"/> Immunization 6 <input type="checkbox"/> Other	(Next DV)
	If 2 or more doctor visits for person and no condition reported in 6a, ask: b. For what condition did you visit the doctor on this date?	Write in		Washington Use
These next questions are about health insurance. We are interested in all kinds of HEALTH insurance plans except those which pay only for accidents.				
	32a. (Not counting Social Security Medicare) Is anyone in the family covered by hospital insurance, that is, a health insurance plan which pays any part of a hospital bill?	<input type="checkbox"/> Yes <input type="checkbox"/> No (32d)	32a.	
	b. Who (else) is covered by hospital insurance? If all persons are covered, go to 32d		b, c.	8 <input type="checkbox"/> Covered 0 <input type="checkbox"/> Not covered
	c. (Again not counting Medicare) Is anyone else in the family covered by a health insurance plan which pays any part of a hospital bill?	<input type="checkbox"/> Yes (32b) <input type="checkbox"/> No		
	d. (Besides Medicare) Is anyone in the family covered by any health insurance plan which pays any part of a surgeon's bill?	<input type="checkbox"/> Yes <input type="checkbox"/> No (32)		
	e. Who (else) is covered by surgical insurance? If all persons are covered, go to 33		e, f.	8 <input type="checkbox"/> Covered 0 <input type="checkbox"/> Not covered
	f. Is anyone else in the family covered by a health insurance plan (besides Medicare) which pays any part of a surgeon's bill?	<input type="checkbox"/> Yes (32e) <input type="checkbox"/> No		
				0 <input type="checkbox"/> Under 65 (NP)
IF 65 OR OVER, ASK:	33. (These next questions are about Social Security Medicare.) Does -- have a Medicare card?		33.	<input type="checkbox"/> Yes (NP) <input type="checkbox"/> No (NP)
	34. It would be helpful if I could see --, --, Medicare card(s) to determine the coverage. May I please see this (these) card(s)? (Transcribe the information from the card or check the appropriate "No card" box.)		34.	From card: 1 <input type="checkbox"/> Hospital } NP 2 <input type="checkbox"/> Medical } No card: 4 <input type="checkbox"/> Can't loc. } NI 5 <input type="checkbox"/> Refused } 6 <input type="checkbox"/> Other }
	35a. Is -- covered by that part of Social Security Medicare which pays for hospital bills?		35a.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. Is -- covered by that part of Medicare which pays for doctor's bills, that is, the Medicare plan for which he or some agency must pay \$4.00 a month?		b.	<input type="checkbox"/> Yes (NP) <input type="checkbox"/> No (NP)
I	For each person, check Q's 32 through 35 and determine if "Covered" by either insurance or Medicare or "Not covered."			0 <input type="checkbox"/> Covered (NP) <input type="checkbox"/> Not covered (36)
	36. (Many people do not carry health insurance for various reasons.) Would you mind telling me why -- does not have health insurance?		36.	(NI)
	If 17 years old or over, ask:			<input type="checkbox"/> None (38a) <input type="checkbox"/> Und. 17 (N?) Elem: 1 2 3 4 5 6 7 8 High: 9 10 11 12 College: 1 2 3 4 5+
	37a. What is the highest grade -- attended in school?		37a.	
	b. Did -- finish the -- grade (year)?		b.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Ask for all males 17 years or over: 38a. Did -- ever serve in the Armed Forces of the United States?		38a.	<input type="checkbox"/> Female (NP) <input type="checkbox"/> Yes (38b) <input type="checkbox"/> No (NP)
	b. Was any of his service during a war?		b.	<input type="checkbox"/> Yes (NP) <input type="checkbox"/> No (NP) <input type="checkbox"/> DK (38c)
	c. Was any of his service between June 27, 1950, and January 31, 1955?		c.	<input type="checkbox"/> Yes (NP) <input type="checkbox"/> No (NP) <input type="checkbox"/> DK (38c)
	d. Was any of his service after January 31, 1955?		d.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK

Ask for all persons 17 years old or over:		
39a. Did --- work at any time last week or the week before -- (For females): not counting work around the house?		39a. 1 <input type="checkbox"/> Yes (40a) 0 <input type="checkbox"/> Und. 17 (NP) 2 <input type="checkbox"/> No (39b and c)
b. Even though --- did not work during these 2 weeks, does he have a job or business?		b. 1 <input type="checkbox"/> Yes (39c) 2 <input type="checkbox"/> No (39c)
c. Was he looking for work or on layoff from a job?		c. <input type="checkbox"/> Yes (39d) <input type="checkbox"/> No (Omit 39d)
d. Which -- looking for work or on layoff from a job?		d. 1 <input type="checkbox"/> Looking 3 <input type="checkbox"/> Both 2 <input type="checkbox"/> Layoff
If "Yes" in 39c only, questions 40a through 40d apply to this person's LAST full-time civilian job.	Ask for all persons with a "Yes" in 39a, b, or c.	Employer
40a. Who does (did) --- work for?		40a. _____
b. What kind of business or industry is this?		b. Industry _____
c. What kind of work is (was) --- doing?		c. Occupation _____
Fill 40d from entries in 40a - 40c, if not clear, ask:		d. 1 <input type="checkbox"/> Pvt. pd. 4 <input type="checkbox"/> Own 2 <input type="checkbox"/> Gov. Fed. 5 <input type="checkbox"/> Non-pd. 3 <input type="checkbox"/> Gov. oth. 6 <input type="checkbox"/> Nev. wkld.
d. Class of worker		
<b>INTERVIEWER CHECK ITEM</b>	If under 17 years, or not in Labor Force (Q. 40a - d blank) →	0 <input type="checkbox"/> Not in Labor Force or Under 17 (NP)
	If in Labor Force (Q. 40 filled), refer to WL in item C and make appropriate entry.	In Labor Force: 1 <input type="checkbox"/> No work-loss days (NP) Work-loss days (41)
Earlier you said that --- lost --- days from work during the past 2 weeks -- (If self-employed, ask c; for other workers, ask a)		00 <input type="checkbox"/> None (41c)
41a. On how many of these --- days that he lost from work was he paid any wages by his employer?		41a. _____ Days (41b)
b. On how many of these --- days was he paid his full day's pay?		b. 00 <input type="checkbox"/> None (41c) 15 <input type="checkbox"/> All of them (41g) _____ Days (41c)
c. (In addition to this sick leave pay) Will --- be paid for some of the income he lost on these days, through same (other) source, such as, loss of pay insurance, workman's compensation or State temporary disability insurance?		c. <input type="checkbox"/> Yes (41d) <input type="checkbox"/> No (41e)
d. Who will pay this? (Enter verbatim response)		d. _____ (41e)
e. How much income did he lose because of the --- days lost from work?		e. \$ _____
f. Is this before or after taxes?		f. 1 <input type="checkbox"/> Before 2 <input type="checkbox"/> After
g. How much does --- usually earn per week? If not regularly employed, ask: How much would --- have earned in a week if he wasn't sick?		g. \$ _____
h. Is this before or after taxes?		h. 1 <input type="checkbox"/> Before (NP) 2 <input type="checkbox"/> After (NP)
42. 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, rent from property, and so forth.		42. Group 0 <input type="checkbox"/> A* 3 <input type="checkbox"/> D* 6 <input type="checkbox"/> G 1 <input type="checkbox"/> B* 4 <input type="checkbox"/> E* 7 <input type="checkbox"/> H 2 <input type="checkbox"/> C* 5 <input type="checkbox"/> F 8 <input type="checkbox"/> I 9 <input type="checkbox"/> J
* For each family with A through E checked in question 42, ask:		
43a. During the past 12 months, has anyone in the family (you, your ---, etc.) received any public assistance, relief, or welfare money from State or local governments?	<input type="checkbox"/> Yes (43b) <input type="checkbox"/> No (Household page)	
b. At present, are you or any member of your family receiving any of this aid?	<input type="checkbox"/> Yes (43c) <input type="checkbox"/> No (Household page)	
c. Which family members receive this aid? Anyone else? If "Receives aid," ask:		43c. <input type="checkbox"/> Receives aid
d. What kind of aid does --- receive?		d. _____