

<p>1a. What is the name of the head of this household? - Enter name in first column.</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? <span style="float:right">Yes* <input type="checkbox"/> No <input type="checkbox"/></span></p> <p>d. Have I missed anyone who USUALLY lives here but is now away from home? <span style="float:right"><input type="checkbox"/> <input type="checkbox"/></span></p> <p>e. Do any of the people in this household have a home anywhere else? <span style="float:right"><input type="checkbox"/> <input type="checkbox"/></span>  <small>If any adult males listed, ask: *Apply household membership rules.</small></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? <span style="float:right">..... 1 Y Col(s) _____ (Delete) 2 N</span></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">1a. First name <b>1</b></td> <td style="width:20%;">AGE</td> </tr> <tr> <td style="border-top: 1px dashed black;">Last name</td> <td>RACE</td> </tr> <tr> <td></td> <td>1 W</td> </tr> <tr> <td></td> <td>2 B</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> </table>	1a. First name <b>1</b>	AGE	Last name	RACE		1 W		2 B		3 OT		SEX		1 M		2 F														
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2. How is --- related to --- (Head of household)?	2. Relationship HEAD																														
3. What is ---'s date of birth? (Enter date and Age, and circle Race and Sex)	3. Month _____ Date _____ Year _____																														
<p><b>C</b></p> <p>1. Record the number of Doctor Visits, Hospitalizations, and Work loss days.</p> <p>2. Record each condition in the person's column, with the question number(s) where it was reported.</p> <p style="margin-left: 20px;">Reference dates                  2-week period _____, _____                  Dentist and Doctor visit probe _____                  Hospital probe _____</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">DR.</td> <td style="width:33%;">HOSP</td> <td style="width:34%;">WORK LOSS</td> </tr> <tr> <td style="text-align: center;">(NP)</td> <td style="text-align: center;">(NP)</td> <td><input type="checkbox"/> None (8) <input type="checkbox"/> 1+ days (7)</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> </table>	DR.	HOSP	WORK LOSS	(NP)	(NP)	<input type="checkbox"/> None (8) <input type="checkbox"/> 1+ days (7)	Q. No.	Condition																						
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Refer to Flashcard _____ to determine Sample Persons; mark SP boxes.																															
<p><b>H</b></p> <p>If related persons 17 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? If "Yes" ask: Please ask them to join us.</p>	<p><b>H</b></p> <p>0 <input type="checkbox"/> Under 17                  1 <input type="checkbox"/> At home                  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)                  The next few questions refer to the past 2 weeks, the 2 weeks outlined in red on that calendar, beginning Monday, _____ (date), and ending this past Sunday, _____ (date).</p>																															
4a. During those 2 weeks, did --- stay in bed because of any illness or injury?	4a. 00 N } If age: 17+ (5) 6-16 (6) Under 6 (8)																														
b. During that 2-week period, how many days did --- stay in bed all or most of the day?	b. _____ Days																														
5. During those 2 weeks, how many days did illness or injury keep --- from work? (For females): not counting work around the house?	5. _____ WL days } Item C 00 <input type="checkbox"/> None																														
6. During those 2 weeks, how many days did illness or injury keep --- from school?	6. _____ SL days 00 <input type="checkbox"/> None (8)																														
7. On how many of these --- days lost from { work school } did --- stay in bed all or most of the day?	7. _____ Days 00 <input type="checkbox"/> None																														
8a. (NOT COUNTING the day(s) { in bed lost from work lost from school } ) Were there any (other) days during the past 2 weeks that --- cut down on the things he usually does because of illness or injury?	8a. 1 Y 2 N (9)																														
b. (Again, not counting the day(s) { in bed lost from work lost from school } ) During that period, how many (other) days did he cut down for as much as a day?	b. _____ Days 00 <input type="checkbox"/> None																														
9a. What condition caused --- to { stay in bed miss work miss school cut down } during the past 2 weeks?	9a. Enter condition in item C Ask 9b																														
b. Did any other condition cause him to { stay in bed miss work miss school cut down } during that period?	b. Y N (NP)																														
c. What condition?	c. Enter condition in item C Reask 9b																														
10a. During the past 2 weeks, did anyone in the family, that is you, your ---, etc., have any (other) accidents or injuries? <span style="float:right">Y <input type="checkbox"/> N (11)</span>																															
b. Who was this? - Mark "Accident or injury" box in person's column.	10b. <input type="checkbox"/> Accident or injury																														
c. What was the injury?	c. Injury																														
d. Did anyone have any other accidents or injuries during that period? <span style="float:right">Y (Reask 10b and c) N</span>																															
e. As a result of the accident, did --- see a doctor or did he cut down on the things he usually does? <small>If "Accident or injury," ask:</small>	e. Y (Enter injury in item C) N																														

<p>11a. During the past 2 weeks, did anyone in the family, that is you, your --, etc., go to a dentist? <span style="float: right;">Y <span style="margin-left: 100px;">N (12)</span></span></p>	
<p>b. Who was this? - Mark "Dental visit" box in person's column</p>	<p>11b. <input type="checkbox"/> Dental visit</p>
<p>c. During the past 2 weeks, did anyone else in the family go to a dentist? <span style="float: right;">Y (Reask 11b and c) <span style="margin-left: 100px;">N</span></span> If "Dental visit," ask.</p>	
<p>d. During the past 2 weeks, how many times did -- go to a dentist?</p>	<p>d. _____ No. of dental visits (NP)</p>
<p>Do not ask for children 1 yr. old and under.</p>	
<p>12a. During the past 12 months (that is, since (date) a year ago), about how many visits did -- make to a dentist? (Include the -- visits you already told me about.)</p>	<p>00 <input type="checkbox"/> None 12a. _____ Number of visits</p>
<p>b. ABOUT how long has it been since -- LAST went to a dentist?</p>	<p>b. 1 <input type="checkbox"/> 2-week dental visit (NP) 2 <input type="checkbox"/> Past 2 weeks not reported (11) 3 <input type="checkbox"/> 2 weeks-6 months 4 <input type="checkbox"/> Over 6-12 months 5 <input type="checkbox"/> 1 year 6 <input type="checkbox"/> 2-4 years 7 <input type="checkbox"/> 5+ years 8 <input type="checkbox"/> Never } NP</p>
<p><input type="radio"/> Mark one box in each person's column.</p>	<p><input type="radio"/> 25+ years (NP) <input type="radio"/> 5-24 years (13) <input type="radio"/> Under 5 years (NP)</p>
<p>13a. Has -- ever had his teeth straightened or had bands on his teeth?</p>	<p>13a. 1 Y <span style="margin-left: 100px;">2 N (14)</span></p>
<p>b. During the past 12 months, about how many visits did he make to an orthodontist?</p>	<p>b. _____ Number of visits</p>
<p>c. How many of these visits were in the past two weeks - that is, the two weeks outlined in red on that calendar? If one or more visits in 11d, ask, otherwise, go to NP.</p>	<p>00 <input type="checkbox"/> None (NP) c. _____ Number of visits</p>
<p>d. How many of these orthodontic visits were included in the -- dental visits -- had during the past 2 weeks that you told me about earlier?</p>	<p>00 <input type="checkbox"/> None d. _____ Number of visits } NP</p>
<p>14a. Do you think --'s teeth need to be straightened? (Even though you don't think his teeth need to be straightened)</p>	<p>14a. 1 Y <span style="margin-left: 100px;">2 N</span></p>
<p>b. Have you ever been told by a dentist or orthodontist that his teeth needed to be straightened? If "Y" circled in 14a or b, ask: otherwise, go to NP.</p>	<p>b. 1 Y <span style="margin-left: 100px;">2 N</span></p>
<p>c. We are interested in the various reasons why people do not have their teeth straightened when they need this type of care. (Hand Card O) Which of those statements describes why -- is not NOW receiving this care? Any other reason?</p>	<p>c. 1 2 3 4 5 6 7 8 Other (Specify) _____</p>
<p>Mark box or ask: d. What is the MAIN reason -- is not NOW receiving this care?</p>	<p>00 <input type="checkbox"/> Only one reason d. 1 2 3 4 5 6 7 8 Other (Specify) _____</p>

15. During the past 2 weeks (the 2 weeks outlined in red on that calendar) how many times did --- see a medical doctor?	15. 00 <input type="checkbox"/> None ____ Number of visits } NP
(Besides those visits)	
16a. During that 2-week period did anyone in the family go to a doctor's office or clinic for shots, X-rays, tests, or examinations?	Y N (17)
b. Who was this? - Mark "Doctor visit" box in person's column.	16b. <input type="checkbox"/> Doctor visit
c. Anyone else? Y (Reask 16b and c) N	
If "Doctor visit," ask:	
d. How many times did --- visit the doctor during that period?	d. ____ Number of visits (NP)
17a. During that period, did anyone in the family get any medical advice from a doctor over the telephone?	Y N (18)
b. Who was the phone call about? - Mark "Phone call" box in person's column.	17b. <input type="checkbox"/> Phone call
c. Any calls about anyone else? Y (Reask 17b and c) N	
If "Phone call," ask:	
d. How many telephone calls were made to get medical advice about --- ?	d. ____ Number of calls (NP)
Fill item C, (DR), from 15-17 for all persons. Ask 18a for each person with visits in DR box.	
18a. For what condition did --- see or talk to a doctor during the past 2 weeks?	18a. <input type="checkbox"/> Condition (Item C THEN 18d) <input type="checkbox"/> Pregnancy (18e) <input type="checkbox"/> No condition
b. Did --- see or talk to a doctor about any specific condition?	b. Y N (NP)
c. What condition?	c. Enter condition in item C Ask 18d
d. During that period, did --- see or talk to a doctor about any other condition?	d. Y (18c) N (NP)
e. During the past 2 weeks was --- sick because of her pregnancy?	e. Y N (18d)
f. What was the matter?	f. Enter condition in item C (18d)
19a. During the past 12 months, (that is since' (date) ____ a year ago), about how many times did --- see or talk to a medical doctor? (Do not count doctors seen while a patient in a hospital.) (Include the --- visits you already told me about.)	19a. 000 <input type="checkbox"/> Only when in hospital 000 <input type="checkbox"/> None ____ Number of visits
b. ABOUT how long has it been since --- LAST saw or talked to a medical doctor?	b. 1 <input type="checkbox"/> 2-week DV 2 <input type="checkbox"/> Past 2 weeks not reported (15 and 18) 3 <input type="checkbox"/> 2 wks.-6 mos. 4 <input type="checkbox"/> Over 6-12 mos. 5 <input type="checkbox"/> 1 year 6 <input type="checkbox"/> 2-4 years 7 <input type="checkbox"/> 5+ years 8 <input type="checkbox"/> Never } Mark "12 Mo. DV" box in SP column.

Ages 17+	<p>20a. What was --- doing <b>MOST OF THE PAST 12 MONTHS</b> - (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?          d. If "retired," ask: Did he retire because of his health?</p>	<p>20. &amp; 21.</p> <p>1 <input type="checkbox"/> Working (25a)          2 <input type="checkbox"/> Keeping house (25b)          3 <input type="checkbox"/> Retired, health (24)          4 <input type="checkbox"/> Retired, other (24)          5 <input type="checkbox"/> Going to school (27)          6 <input type="checkbox"/> 17+ something else (24)          7 <input type="checkbox"/> 6-16 something else (26)</p>
Ages 6-16	<p>21a. What was --- doing <b>MOST OF THE PAST 12 MONTHS</b> - going to school or doing something else?          If "something else," ask:          b. What was --- doing?</p>	<p>0 <input type="checkbox"/> 1-5 years (22)          0 <input type="checkbox"/> Under 1 (23)</p>
Ages under 6		
22a. Is --- able to take part at all in ordinary play with other children?		22a. Y 1 N (29)
b. Is he limited in the kind of play he can do because of his health?		b. 2 Y (29) N
c. Is he limited in the amount of play because of his health?		c. 2 Y (29) N (28)
23a. Is --- limited in any way because of his health?		23a. 1 Y 5 N (NP)
b. In what way is he limited? Record limitation, not condition.		b. _____ (29)
24a. Does --- health now keep him from working?		24a. 1 Y (29) N
b. Is he limited in the kind of work he could do because of his health?		b. 2 Y (29) N
c. Is he limited in the amount of work he could do because of his health?		c. 2 Y (29) N
d. Is he limited in the kind or amount of other activities because of his health?		d. 3 Y (29) N (28)
25a. Does --- NOW have a job?		25a. Y (25c) N
b. In terms of health, is --- NOW able to (work - keep house) at all?		b. Y 1 N (29)
c. Is he limited in the kind of (work - housework) he can do because of his health?		c. 2 Y (29) N
d. Is he limited in the amount of (work - housework) he can do because of his health?		d. 2 Y (29) N
e. Is he limited in the kind or amount of other activities because of his health?		e. 3 Y (29) N (28)
26. In terms of health would --- be able to go to school?		26. Y 1 N (29)
27a. Does (would) --- have to go to a certain type of school because of his health?		27a. 2 Y (29) N
b. Is he (would he be) limited in school attendance because of his health?		b. 2 Y (29) N
c. Is he limited in the kind or amount of other activities because of his health?		c. 3 Y (29) N
28a. Is --- limited in ANY WAY because of a disability or health?		28a. 4 Y 5 N (NP)
b. In what way is he limited? Record limitation, not condition.		b. _____
29a. About how long has he { been limited in --- been unable to --- had to go to a certain type of school? }		29a. 000 <input type="checkbox"/> Less than 1 month 1 _____ Mos. 2 _____ Yrs.
b. What (other) condition causes this limitation?		b. Enter condition in Item C Ask c
If "old age" only, ask: Is this limitation caused by any specific condition?		<input type="checkbox"/> Old age only (NP)
c. Is this limitation caused by any other condition?		c. Y (Reask 29b and c) N
Mark box or ask:		<input type="checkbox"/> Only 1 condition
d. Which of these conditions would you say is the MAIN cause of his limitation?		d. Enter main condition



If 17 years old or over, ask: <b>34a. What is the highest grade or year -- attended in school?</b>		<b>34a.</b> <input type="checkbox"/> Under 17 (NP) <input type="checkbox"/> None (35) Elem: 1 2 3 4 5 6 7 8 High: 9 10 11 12 College: 1 2 3 4 5 6+
----- <b>b. Did -- finish the -- grade (year)?</b>		<b>b.</b> 1 Y 2 N
Ask for all males 17 years or over: <b>35a. Did -- ever serve in the Armed Forces of the United States?</b>		<b>35a.</b> 1 Y 2 N (36)
<b>b. When did he serve?</b> Circle code in descending order of priority. Thus if person served in Vietnam and in Korea, circle VN.		<b>b.</b> 1 VN 4 WWI 2 KW 5 OS 3 WWII 9 DK Vietnam Era (Aug. '64 to present) . . . . VN Korean War (June '50--Jan. '55) . . . . KW World War II (Sept. '40--July '47) . . . . WWII World War I (April '17--Nov. '18) . . . . WWI Other Service (all other periods) . . . . OS
<b>36a. Did -- work at any time last week or the week before -- not counting work around the house?</b>		<b>36a.</b> 1 Y (CE then 37a) 2 N
<b>b. Even though -- did not work during these 2 weeks, does he have a job or business?</b>		<b>b.</b> 1 Y (CE then 36c) 2 N
<b>c. Was he looking for work or on layoff from a job?</b>		<b>c.</b> 1 Y 2 N (37)
<b>d. Which -- looking for work or on layoff from a job?</b>		<b>d.</b> 1 <input type="checkbox"/> Looking 3 <input type="checkbox"/> Both 2 <input type="checkbox"/> Layoff
Ask for all persons with a "Yes" in 36a, b, or c.  If "Yes" in 36c only, questions 37a through 37d apply to this person's LAST full-time civilian job.	<b>37a. For whom did -- work? Name of company, business, organization, or other employer</b>	<b>37a.</b> Employer
	<b>b. What kind of business or industry is this? For example, TV and radio manufacturing, retail shoe store, State Labor Dept., farm</b>	<b>b.</b> Industry
	<b>c. What kind of work was -- doing? For example, electrical engineer, stock clerk, typist, farmer</b>	<b>c.</b> Occupation
	<b>d. What were --'s most important activities or duties? For example, types, keeps account books, files, sells cars, operates printing press, finishes concrete</b>	<b>d.</b> Duties
	Complete from entries in 37a-d; if not clear, ask: <b>e. Was -- an employee of PRIVATE company, business, or individual for wages, salary, or commission? . . . . . P</b> -- a FEDERAL government employee? . . . . . F -- a STATE government employee? . . . . . S -- a LOCAL government employee? . . . . . L -- self-employed in OWN business, professional practice, or farm? If not a farm, ask: Is the business incorporated? Yes . . . . . I No (or farm) . . . . . SE -- working WITHOUT PAY in family business or farm? . . . . . WP -- NEVER WORKED . . . . . NEV	<b>e.</b> Class of worker 1 <input type="checkbox"/> P 5 <input type="checkbox"/> I 2 <input type="checkbox"/> F 6 <input type="checkbox"/> SE 3 <input type="checkbox"/> S 7 <input type="checkbox"/> WP 4 <input type="checkbox"/> L 8 <input type="checkbox"/> NEV

<p>Hand Card I</p> <p>38. Which of those income groups represents your total combined family income for the past 12 months – that is yours, your ---'s, etc.? Include income from all sources such as wages, salaries, social security or retirement benefits, help from relatives, rent from property, and so forth.</p>	<p>38.</p> <table border="0"> <tr> <td>Group</td> <td>03 <input type="checkbox"/> D</td> <td>07 <input type="checkbox"/> H</td> </tr> <tr> <td>00 <input type="checkbox"/> A</td> <td>04 <input type="checkbox"/> E</td> <td>08 <input type="checkbox"/> I</td> </tr> <tr> <td>01 <input type="checkbox"/> B</td> <td>05 <input type="checkbox"/> F</td> <td>09 <input type="checkbox"/> J</td> </tr> <tr> <td>02 <input type="checkbox"/> C</td> <td>06 <input type="checkbox"/> G</td> <td>10 <input type="checkbox"/> K</td> </tr> </table>	Group	03 <input type="checkbox"/> D	07 <input type="checkbox"/> H	00 <input type="checkbox"/> A	04 <input type="checkbox"/> E	08 <input type="checkbox"/> I	01 <input type="checkbox"/> B	05 <input type="checkbox"/> F	09 <input type="checkbox"/> J	02 <input type="checkbox"/> C	06 <input type="checkbox"/> G	10 <input type="checkbox"/> K
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<p>39a. Which (other) family members received some income during the past 12 months? Mark "Income" box in person's column.</p> <p>-----</p> <p>b. Did any other family members receive any income during the past 12 months?      Y (Reask 39a and b)      N</p>	<p>39a.</p> <p><input type="checkbox"/> Income</p>												
<p>If only one person with "Income" box marked, go to 41. If 2 or more persons with "Income" box marked, ask 40 for each</p> <p>40. Which of those income groups represents ---'s income for the past 12 months?</p>	<p>40.</p> <table border="0"> <tr> <td>Group</td> <td>03 <input type="checkbox"/> D</td> <td>07 <input type="checkbox"/> H</td> </tr> <tr> <td>00 <input type="checkbox"/> A</td> <td>04 <input type="checkbox"/> E</td> <td>08 <input type="checkbox"/> I</td> </tr> <tr> <td>01 <input type="checkbox"/> B</td> <td>05 <input type="checkbox"/> F</td> <td>09 <input type="checkbox"/> J</td> </tr> <tr> <td>02 <input type="checkbox"/> C</td> <td>06 <input type="checkbox"/> G</td> <td>10 <input type="checkbox"/> K</td> </tr> </table>	Group	03 <input type="checkbox"/> D	07 <input type="checkbox"/> H	00 <input type="checkbox"/> A	04 <input type="checkbox"/> E	08 <input type="checkbox"/> I	01 <input type="checkbox"/> B	05 <input type="checkbox"/> F	09 <input type="checkbox"/> J	02 <input type="checkbox"/> C	06 <input type="checkbox"/> G	10 <input type="checkbox"/> K
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<p>If 17 years old or over, ask.</p> <p>41. Is --- now married, widowed, divorced, separated, or never married? – Mark one box for each person.</p>	<p>41.</p> <p>0 <input type="checkbox"/> Under 17</p> <p>1 <input type="checkbox"/> Married – spouse present</p> <p>6 <input type="checkbox"/> Married – spouse absent</p> <p>2 <input type="checkbox"/> Widowed</p> <p>4 <input type="checkbox"/> Divorced</p> <p>5 <input type="checkbox"/> Separated</p> <p>3 <input type="checkbox"/> Never married</p>												
<p>FOOTNOTES</p>													

**CARD I**

- Under \$1,000 (including loss) . . . Group A
- \$ 1,000–\$ 1,999 . . . . . Group B
- \$ 2,000 – \$ 2,999 . . . . . Group C
- \$ 3,000 – \$ 3,999 . . . . . Group D
- \$ 4,000 – \$ 4,999 . . . . . Group E
- \$ 5,000 – \$ 5,999 . . . . . Group F
- \$ 6,000 – \$ 6,999 . . . . . Group G
- \$ 7,000 – \$ 9,999 . . . . . Group H
- \$10,000 – \$14,999 . . . . . Group I
- \$15,000 – \$24,999 . . . . . Group J
- \$25,000 and over . . . . . Group K

**CARD N**

- 1. CAN'T OBTAIN INSURANCE BECAUSE OF AGE, ILLNESS, OR POOR HEALTH.
- 2. DON'T BELIEVE IN INSURANCE.
- 3. DISSATISFIED WITH PREVIOUS INSURANCE.
- 4. DON'T NEED HEALTH INSURANCE BECAUSE CARE RECEIVED THROUGH MEDICARE, MEDICAID OR WELFARE.
- 5. HAVE BEEN HEALTHY, NOT MUCH SICKNESS IN THE FAMILY, HAVEN'T NEEDED HEALTH INSURANCE.
- 6. TOO EXPENSIVE, CAN'T AFFORD HEALTH INSURANCE.
- 7. OTHER REASON.

**CARD O**

- 1. DON'T KNOW WHO TO GO TO.
- 2. IT COSTS TOO MUCH.
- 3. NO ONE IN THIS AREA STRAIGHTENS TEETH.
- 4. CANNOT GET APPOINTMENT.
- 5. THINKS BRACES OR BANDS WOULD BE UNATTRACTIVE.
- 6. DENTIST OR ORTHODONTIST ADVISED US TO WAIT.
- 7. DON'T HAVE TIME.
- 8. TOO MUCH PAIN AND DISCOMFORT INVOLVED.
- 9. OTHER REASON

**CARD M**

- 1. HEALTH CARE IS TOO EXPENSIVE.
- 2. HAVE PROBLEMS GETTING TO AND FROM THE DOCTOR.
- 3. CAN'T GET APPOINTMENTS WHEN WANTED.
- 4. OFFICE HOURS ARE INCONVENIENT
- 5. DOCTORS NEVER SPEND ENOUGH TIME WITH ME WHEN I SEE THEM.
- 6. OTHER REASON.