

SP D

<p>1a. What is the name of the head of this household? - Enter name in first column b. What are the names of all other persons who live here? - List all persons who live here. 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 d. Have I missed anyone who USUALLY lives here but is now away from home? <input type="checkbox"/> Yes * <input type="checkbox"/> No e. Do any of the people in this household have a home anywhere else? <input type="checkbox"/> Yes * <input type="checkbox"/> No *Apply household membership rules. f. Are any of the persons in this household now on full-time active duty with the Armed Forces of the United States? Y Col(s) _____ (Delete) 2 N</p>	<p>1a. First name _____ AGE _____ Last name _____ RACE 1 W 2 B 3 OT</p>																						
<p>2. How is -- related to -- (Head of household)?</p>	<p>2. Relationship _____ SEX HEAD 1 M 2 F</p>																						
<p>3. What is --'s date of birth? (Enter date and Age, and circle Race and Sex)</p>	<p>3. Month _____ Date _____ Year _____</p>																						
<p>Refer to Flashcard _____ to determine Sample Persons; mark SP boxes.</p>																							
<p>C 1. Record the number of Bed Days, Doctor Visits, and Hospitalizations 2. Record each condition in the person's column, with the question number(s) where it was reported. Reference dates 2-week period _____, _____ 12-month Bed Days and Doctor visit probe _____ Hospital probe _____</p>	<p>C BED DAYS DV HOSP. <input type="checkbox"/> None (NP) <input type="checkbox"/> None (NP) <input type="checkbox"/> None (NP) _____ (NP) _____ (NP) _____ (NP)</p> <table border="1"> <thead> <tr> <th>Q. No.</th> <th>Condition</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Q. No.	Condition																				
Q. No.	Condition																						
<p>If 17+, ask: 4. Is -- now married, widowed, divorced, separated, or never married?</p>	<p>4. 0 <input type="checkbox"/> Under 17 1 <input type="checkbox"/> Married - spouse present 6 <input type="checkbox"/> Married - spouse absent 2 <input type="checkbox"/> Widowed 4 <input type="checkbox"/> Divorced 5 <input type="checkbox"/> Separated 3 <input type="checkbox"/> Never married</p>																						
<p>H 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>H 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>																							
<p>5a. During those 2 weeks, did -- stay in bed because of any illness or injury? b. During that 2-week period, how many days did -- stay in bed all or most of the day?</p>	<p>5a. 00 N } If age: 17+ (6) 6-16 (7) Under 6 (9) b. _____ Days</p>																						
<p>6. During those 2 weeks, how many days did illness or injury keep -- from work? (For females): not counting work around the house?</p>	<p>6. _____ WL days (8) 00 <input type="checkbox"/> None (9)</p>																						
<p>7. During those 2 weeks, how many days did illness or injury keep -- from school?</p>	<p>7. _____ SL days 00 <input type="checkbox"/> None (9)</p>																						
<p>8. On how many of these -- days lost from { work school } did -- stay in bed all or most of the day?</p>	<p>8. _____ Days 00 <input type="checkbox"/> None</p>																						
<p>9a. (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? 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?</p>	<p>9a. 1 Y 2 N (10) b. _____ Days 00 <input type="checkbox"/> None</p>																						
<p>If one or more days in 5-9, ask 10 otherwise go to next person. 10a. What condition caused -- to { stay in bed miss work miss school cut down } during the past 2 weeks? b. Did any other condition cause him to { stay in bed miss work miss school cut down } during that period? c. What condition?</p>	<p>10a. Enter condition in item C Ask 10b b. Y N (NP) c. Enter condition in item C (10b)</p>																						

Fill item C, (BED DAYS), from 5b for all persons.

<input type="checkbox"/> Under 17 <input type="checkbox"/> Married — spouse present <input type="checkbox"/> Married — spouse absent <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Never married	4.	<input type="checkbox"/> Under 17 <input type="checkbox"/> Married — spouse present <input type="checkbox"/> Married — spouse absent <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Never married	<input type="checkbox"/> Under 17 <input type="checkbox"/> Married — spouse present <input type="checkbox"/> Married — spouse absent <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Never married	4.	<input type="checkbox"/> Under 17 <input type="checkbox"/> Married — spouse present <input type="checkbox"/> Married — spouse absent <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Never married	<input type="checkbox"/> Under 17 <input type="checkbox"/> Married — spouse present <input type="checkbox"/> Married — spouse absent <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Never married
<input type="checkbox"/> Under 17 <input type="checkbox"/> At home <input type="checkbox"/> Not at home	H	<input type="checkbox"/> Under 17 <input type="checkbox"/> At home <input type="checkbox"/> Not at home	<input type="checkbox"/> Under 17 <input type="checkbox"/> At home <input type="checkbox"/> Not at home	H	<input type="checkbox"/> Under 17 <input type="checkbox"/> At home <input type="checkbox"/> Not at home	<input type="checkbox"/> Under 17 <input type="checkbox"/> At home <input type="checkbox"/> Not at home
Y (5b) 00 N } If age: 17+ (6) 6-16 (7) Under 6 (9) ___ Days	5a.	Y (5b) 00 N } If age: 17+ (6) 6-16 (7) Under 6 (9) ___ Days	Y (5b) 00 N } If age: 17+ (6) 6-16 (7) Under 6 (9) ___ Days	5a.	Y (5b) 00 N } If age: 17+ (6) 6-16 (7) Under 6 (9) ___ Days	Y (5b) 00 N } If age: 17+ (6) 6-16 (7) Under 6 (9) ___ Days
___ WL days (8) 00 <input type="checkbox"/> None (9)	6.	___ WL days (8) 00 <input type="checkbox"/> None (9)	___ WL days (8) 00 <input type="checkbox"/> None (9)	6.	___ WL days (8) 00 <input type="checkbox"/> None (9)	___ WL days (8) 00 <input type="checkbox"/> None (9)
___ SL days 00 <input type="checkbox"/> None (9)	7.	___ SL days 00 <input type="checkbox"/> None (9)	___ SL days 00 <input type="checkbox"/> None (9)	7.	___ SL days 00 <input type="checkbox"/> None (9)	___ SL days 00 <input type="checkbox"/> None (9)
___ Days 00 <input type="checkbox"/> None	8.	___ Days 00 <input type="checkbox"/> None	___ Days 00 <input type="checkbox"/> None	8.	___ Days 00 <input type="checkbox"/> None	___ Days 00 <input type="checkbox"/> None
1 Y 2 N (10)	9a.	1 Y 2 N (10)	1 Y 2 N (10)	9a.	1 Y 2 N (10)	1 Y 2 N (10)
___ Days 00 <input type="checkbox"/> None	b.	___ Days 00 <input type="checkbox"/> None	___ Days 00 <input type="checkbox"/> None	b.	___ Days 00 <input type="checkbox"/> None	___ Days 00 <input type="checkbox"/> None
Enter condition in item C Ask 10b	10a.	Enter condition in item C Ask 10b	Enter condition in item C Ask 10b	10a.	Enter condition in item C Ask 10b	Enter condition in item C Ask 10b
Y N (NP)	b.	Y N (NP)	Y N (NP)	b.	Y N (NP)	Y N (NP)
Enter condition in item C (10b)	c.	Enter condition in item C (10b)	Enter condition in item C (10b)	c.	Enter condition in item C (10b)	Enter condition in item C (10b)

Fill item C, (BED DAYS), from 5b for all persons.

<input type="checkbox"/> Accident or injury Injury	11b. c.	<input type="checkbox"/> Accident or injury Injury	<input type="checkbox"/> Accident or injury Injury	11b. c.	<input type="checkbox"/> Accident or injury Injury	<input type="checkbox"/> Accident or injury Injury
Y (Enter injury in item C) N	e.	Y (Enter injury in item C) N	Y (Enter injury in item C) N	e.	Y (Enter injury in item C) N	Y (Enter injury in item C) N
<input type="checkbox"/> Dental visit	12b.	<input type="checkbox"/> Dental visit	<input type="checkbox"/> Dental visit	12b.	<input type="checkbox"/> Dental visit	<input type="checkbox"/> Dental visit
____ No. of dental visits (NP)	d.	____ No. of dental visits (NP)	____ No. of dental visits (NP)	d.	____ No. of dental visits (NP)	____ No. of dental visits (NP)
1 <input type="checkbox"/> 2-week dental visit	13.	1 <input type="checkbox"/> 2-week dental visit	1 <input type="checkbox"/> 2-week dental visit	13.	1 <input type="checkbox"/> 2-week dental visit	1 <input type="checkbox"/> 2-week dental visit
2 <input type="checkbox"/> Past 2 weeks not reported (12)		2 <input type="checkbox"/> Past 2 weeks not reported (12)	2 <input type="checkbox"/> Past 2 weeks not reported (12)		2 <input type="checkbox"/> Past 2 weeks not reported (12)	2 <input type="checkbox"/> Past 2 weeks not reported (12)
3 <input type="checkbox"/> 2 weeks-6 months		3 <input type="checkbox"/> 2 weeks-6 months	3 <input type="checkbox"/> 2 weeks-6 months		3 <input type="checkbox"/> 2 weeks-6 months	3 <input type="checkbox"/> 2 weeks-6 months
4 <input type="checkbox"/> Over 6-12 months		4 <input type="checkbox"/> Over 6-12 months	4 <input type="checkbox"/> Over 6-12 months		4 <input type="checkbox"/> Over 6-12 months	4 <input type="checkbox"/> Over 6-12 months
5 <input type="checkbox"/> 1 year		5 <input type="checkbox"/> 1 year	5 <input type="checkbox"/> 1 year		5 <input type="checkbox"/> 1 year	5 <input type="checkbox"/> 1 year
6 <input type="checkbox"/> 2-4 years		6 <input type="checkbox"/> 2-4 years	6 <input type="checkbox"/> 2-4 years		6 <input type="checkbox"/> 2-4 years	6 <input type="checkbox"/> 2-4 years
7 <input type="checkbox"/> 5+ Years		7 <input type="checkbox"/> 5+ years	7 <input type="checkbox"/> 5+ years		7 <input type="checkbox"/> 5+ years	7 <input type="checkbox"/> 5+ years
8 <input type="checkbox"/> Never		8 <input type="checkbox"/> Never	8 <input type="checkbox"/> Never		8 <input type="checkbox"/> Never	8 <input type="checkbox"/> Never
FOOTNOTES						

<p>14. During the past 2 weeks (the 2 weeks outlined in red on that calendar) how many times did --- see a medical doctor? Do not count doctors seen while a patient in a hospital.</p>	<p>14. 00 <input type="checkbox"/> None _____ Number of visits } NP</p>
(Besides those visits)	
<p>15a. 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?</p>	<p>Y N (16)</p>
<p>b. Who was this? - Mark "Doctor visit" box in person's column.</p>	<p>15b. <input type="checkbox"/> Doctor visit</p>
<p>c. Anyone else?</p>	<p>Y (Reask 15b and c) N</p>
<p>If "Doctor visit," ask:</p>	
<p>d. How many times did --- visit the doctor during that period?</p>	<p>d. _____ Number of visits (NP)</p>
<p>16a. During that period, did anyone in the family get any medical advice from a doctor over the telephone?</p>	<p>Y N (17)</p>
<p>b. Who was the phone call about? - Mark "Phone call" box in person's column.</p>	<p>16b. <input type="checkbox"/> Phone call</p>
<p>c. Any calls about anyone else?</p>	<p>Y (Reask 16b and c) N</p>
<p>If "Phone call," ask:</p>	
<p>d. How many telephone calls were made to get medical advice about --- ?</p>	<p>d. _____ Number of calls (NP)</p>
<p>Fill item C, (DV), from 14-16 for all persons. Ask 17a for each person with visits in DV box.</p>	
<p>17a. For what condition did --- see or talk to a doctor during the past 2 weeks?</p>	<p>17a. <input type="checkbox"/> Condition (Item C THEN 17d) <input type="checkbox"/> Pregnancy (17e) <input type="checkbox"/> No condition</p>
<p>b. Did --- see or talk to a doctor about any specific condition?</p>	<p>b. Y N (NP)</p>
<p>c. What condition?</p>	<p>c. Enter condition in item C Ask 17d</p>
<p>d. During that period, did --- see or talk to a doctor about any other condition?</p>	<p>d. Y (17c) N (NP)</p>
<p>e. During the past 2 weeks was --- sick because of her pregnancy?</p>	<p>e. Y N (17d)</p>
<p>f. What was the matter?</p>	<p>f. Enter condition in item C (17d)</p>
<p>18a. 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.)</p>	<p>18a. 000 <input type="checkbox"/> Only when in hospital 000 <input type="checkbox"/> None _____ Number of visits</p>
<p>b. ABOUT how long has it been since --- LAST saw or talked to a medical doctor? Include doctors seen while a patient in a hospital.</p>	<p>b. 1 <input type="checkbox"/> 2-week DV 2 <input type="checkbox"/> Past 2 weeks not reported (14 and 17) 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</p>

00 <input type="checkbox"/> None ____ Number of visits } NP	14.	00 <input type="checkbox"/> None ____ Number of visits } NP	00 <input type="checkbox"/> None ____ Number of visits } NP	14.	00 <input type="checkbox"/> None ____ Number of visits } NP	00 <input type="checkbox"/> None ____ Number of visits } NP
<input type="checkbox"/> Doctor visit	15b.	<input type="checkbox"/> Doctor visit	<input type="checkbox"/> Doctor visit	15b.	<input type="checkbox"/> Doctor visit	<input type="checkbox"/> Doctor visit
____ Number of visits (NP)	d.	____ Number of visits (NP)	____ Number of visits (NP)	d.	____ Number of visits (NP)	____ Number of visits (NP)
<input type="checkbox"/> Phone call	16b.	<input type="checkbox"/> Phone call	<input type="checkbox"/> Phone call	16b.	<input type="checkbox"/> Phone call	<input type="checkbox"/> Phone call
____ Number of calls (NP)	d.	____ Number of calls (NP)	____ Number of calls (NP)	d.	____ Number of calls (NP)	____ Number of calls (NP)
<input type="checkbox"/> Condition (Item C THEN 17d) <input type="checkbox"/> Pregnancy (17e) <input type="checkbox"/> No condition	17a.	<input type="checkbox"/> Condition (Item C THEN 17d) <input type="checkbox"/> Pregnancy (17e) <input type="checkbox"/> No condition	<input type="checkbox"/> Condition (Item C THEN 17d) <input type="checkbox"/> Pregnancy (17e) <input type="checkbox"/> No condition	17a.	<input type="checkbox"/> Condition (Item C THEN 17d) <input type="checkbox"/> Pregnancy (17e) <input type="checkbox"/> No condition	<input type="checkbox"/> Condition (Item C THEN 17d) <input type="checkbox"/> Pregnancy (17e) <input type="checkbox"/> No condition
Y N (NP)	b.	Y N (NP)	Y N (NP)	b.	Y N (NP)	Y N (NP)
Enter condition in item C Ask 17d	c.	Enter condition in item C Ask 17d	Enter condition in item C Ask 17d	c.	Enter condition in item C Ask 17d	Enter condition in item C Ask 17d
Y (17c) N (NP)	d.	Y (17c) N (NP)	Y (17c) N (NP)	d.	Y (17c) N (NP)	Y (17c) N (NP)
Y N (17d)	e.	Y N (17d)	Y N (17d)	e.	Y N (17d)	Y N (17d)
Enter condition in item C (17d)	f.	Enter condition in item C (17d)	Enter condition in item C (17d)	f.	Enter condition in item C (17d)	Enter condition in item C (17d)
000 <input type="checkbox"/> Only when in hospital 000 <input type="checkbox"/> None ____ Number of visits	18a.	000 <input type="checkbox"/> Only when in hospital 000 <input type="checkbox"/> None ____ Number of visits	000 <input type="checkbox"/> Only when in hospital 000 <input type="checkbox"/> None ____ Number of visits	18a.	000 <input type="checkbox"/> Only when in hospital 000 <input type="checkbox"/> None ____ Number of visits	000 <input type="checkbox"/> Only when in hospital 000 <input type="checkbox"/> None ____ Number of visits
1 <input type="checkbox"/> 2-week DV	b.	1 <input type="checkbox"/> 2-week DV	1 <input type="checkbox"/> 2-week DV	b.	1 <input type="checkbox"/> 2-week DV	1 <input type="checkbox"/> 2-week DV
2 <input type="checkbox"/> Past 2 weeks not reported (14 and 17)		2 <input type="checkbox"/> Past 2 weeks not reported (14 and 17)	2 <input type="checkbox"/> Past 2 weeks not reported (14 and 17)		2 <input type="checkbox"/> Past 2 weeks not reported (14 and 17)	2 <input type="checkbox"/> Past 2 weeks not reported (14 and 17)
3 <input type="checkbox"/> 2 wks.-6 mos.		3 <input type="checkbox"/> 2 wks.-6 mos.	3 <input type="checkbox"/> 2 wks.-6 mos.		3 <input type="checkbox"/> 2 wks.-6 mos.	3 <input type="checkbox"/> 2 wks.-6 mos.
4 <input type="checkbox"/> Over 6-12 mos.		4 <input type="checkbox"/> Over 6-12 mos.	4 <input type="checkbox"/> Over 6-12 mos.		4 <input type="checkbox"/> Over 6-12 mos.	4 <input type="checkbox"/> Over 6-12 mos.
5 <input type="checkbox"/> 1 year		5 <input type="checkbox"/> 1 year	5 <input type="checkbox"/> 1 year		5 <input type="checkbox"/> 1 year	5 <input type="checkbox"/> 1 year
6 <input type="checkbox"/> 2-4 years		6 <input type="checkbox"/> 2-4 years	6 <input type="checkbox"/> 2-4 years		6 <input type="checkbox"/> 2-4 years	6 <input type="checkbox"/> 2-4 years
7 <input type="checkbox"/> 5+ years		7 <input type="checkbox"/> 5+ years	7 <input type="checkbox"/> 5+ years		7 <input type="checkbox"/> 5+ years	7 <input type="checkbox"/> 5+ years
8 <input type="checkbox"/> Never		8 <input type="checkbox"/> Never	8 <input type="checkbox"/> Never		8 <input type="checkbox"/> Never	8 <input type="checkbox"/> Never

Ages 17+	19a. 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? d. If "retired," ask: Did he retire because of his health?	19. & 20. 1 <input type="checkbox"/> Working (24a) 2 <input type="checkbox"/> Keeping house (24b) 3 <input type="checkbox"/> Retired, health (23) 4 <input type="checkbox"/> Retired, other (23) 5 <input type="checkbox"/> Going to school (26) 6 <input type="checkbox"/> 17+ something else (23) 7 <input type="checkbox"/> 6-16 something else (25)
Ages 6-16	20a. 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 under 6		0 <input type="checkbox"/> 1-5 years (27) 0 <input type="checkbox"/> Under 1 (22)
21a. 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?		21a. Y 1 N (28) b. 2 Y (28) N c. 2 Y (28) N (27)
22a. Is --- limited in any way because of his health? b. In what way is he limited? Record limitation, not condition.		22a. 1 Y 5 N (NP) b. _____ (28)
23a. Does --- health now 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?		23a. 1 Y (28) N b. 2 Y (28) N c. 2 Y (28) N d. 3 Y (28) N (27)
24a. Does --- NOW have a job? b. In terms of health, is --- NOW able to (work - keep house) at all? c. Is he limited in the kind of (work - housework) he can do because of his health? d. Is he limited in the amount of (work - housework) he can do because of his health? e. Is he limited in the kind or amount of other activities because of his health?		24a. Y (24c) N b. Y 1 N (28) c. 2 Y (28) N d. 2 Y (28) N e. 3 Y (28) N (27)
25. In terms of health would --- be able to go to school?		25. Y 1 N (28)
26a. 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?		26a. 2 Y (28) N b. 2 Y (28) N c. 3 Y (28) N
27a. Is --- limited in ANY WAY because of a disability or health? b. In what way is he limited? Record limitation, not condition.		27a. 4 Y 5 N (NP) b. _____
28a. About how long has he { been limited in --- been unable to --- had to go to a certain type of school? } b. What (other) condition causes this limitation? If "old age" only, ask: Is this limitation caused by any specific condition? c. Is this limitation caused by any other condition? Mark box or ask: d. Which of these conditions would you say is the MAIN cause of his limitation?		28a. 000 <input type="checkbox"/> Less than 1 month 1 _____ Mos. 2 _____ Yrs. b. Enter condition in Item C Mark D box, THEN 28c <input type="checkbox"/> Old age only, Mark D box, THEN (NP) c. Y (Reask 28b and c) N <input type="checkbox"/> Only 1 condition d. _____ Enter main condition

<input type="checkbox"/> Working (24a) <input type="checkbox"/> Keeping house (24b) <input type="checkbox"/> Retired, health (23) <input type="checkbox"/> Retired, other (23) <input type="checkbox"/> Going to school (26) <input type="checkbox"/> 17+ something else (23) <input type="checkbox"/> 6-16 something else (25)	19. & 20.	<input type="checkbox"/> Working (24a) <input type="checkbox"/> Keeping house (24b) <input type="checkbox"/> Retired, health (23) <input type="checkbox"/> Retired, other (23) <input type="checkbox"/> Going to school (26) <input type="checkbox"/> 17+ something else (23) <input type="checkbox"/> 6-16 something else (25)	<input type="checkbox"/> Working (24a) <input type="checkbox"/> Keeping house (24b) <input type="checkbox"/> Retired, health (23) <input type="checkbox"/> Retired, other (23) <input type="checkbox"/> Going to school (26) <input type="checkbox"/> 17+ something else (23) <input type="checkbox"/> 6-16 something else (25)	19. & 20.	<input type="checkbox"/> Working (24a) <input type="checkbox"/> Keeping house (24b) <input type="checkbox"/> Retired, health (23) <input type="checkbox"/> Retired, other (23) <input type="checkbox"/> Going to school (26) <input type="checkbox"/> 17+ something else (23) <input type="checkbox"/> 6-16 something else (25)	<input type="checkbox"/> Working (24a) <input type="checkbox"/> Keeping house (24b) <input type="checkbox"/> Retired, health (23) <input type="checkbox"/> Retired, other (23) <input type="checkbox"/> Going to school (26) <input type="checkbox"/> 17+ something else (23) <input type="checkbox"/> 6-16 something else (25)
<input type="checkbox"/> 1-5 years (21) <input type="checkbox"/> Under 1 (22)		<input type="checkbox"/> 1-5 years (21) <input type="checkbox"/> Under 1 (22)	<input type="checkbox"/> 1-5 years (21) <input type="checkbox"/> Under 1 (22)		<input type="checkbox"/> 1-5 years (21) <input type="checkbox"/> Under 1 (22)	<input type="checkbox"/> 1-5 years (21) <input type="checkbox"/> Under 1 (22)
Y 1 N (28)	21a.	Y 1 N (28)	Y 1 N (28)	21a.	Y 1 N (28)	Y 1 N (28)
2 Y (28) N	b.	2 Y (28) N	2 Y (28) N	b.	2 Y (28) N	2 Y (28) N
2 Y (28) N (27)	c.	2 Y (28) N (27)	2 Y (28) N (27)	c.	2 Y (28) N (27)	2 Y (28) N (27)
1 Y 5 N (NP)	22a.	1 Y 5 N (NP)	1 Y 5 N (NP)	22a.	1 Y 5 N (NP)	1 Y 5 N (NP)
_____ (28)	b.	_____ (28)	_____ (28)	b.	_____ (28)	_____ (28)
1 Y (28) N	23a.	1 Y (28) N	1 Y (28) N	23a.	1 Y (28) N	1 Y (28) N
2 Y (28) N	b.	2 Y (28) N	2 Y (28) N	b.	2 Y (28) N	2 Y (28) N
2 Y (28) N	c.	2 Y (28) N	2 Y (28) N	c.	2 Y (28) N	2 Y (28) N
3 Y (28) N (27)	d.	3 Y (28) N (27)	3 Y (28) N (27)	d.	3 Y (28) N (27)	3 Y (28) N (27)
Y (24c) N	24a.	Y (24c) N	Y (24c) N	24a.	Y (24c) N	Y (24c) N
Y 1 N (28)	b.	Y 1 N (28)	Y 1 N (28)	b.	Y 1 N (28)	Y 1 N (28)
2 Y (28) N	c.	2 Y (28) N	2 Y (28) N	c.	2 Y (28) N	2 Y (28) N
2 Y (28) N	d.	2 Y (28) N	2 Y (28) N	d.	2 Y (28) N	2 Y (28) N
3 Y (28) N (27)	e.	3 Y (28) N (27)	3 Y (28) N (27)	e.	3 Y (28) N (27)	3 Y (28) N (27)
Y 1 N (28)	25.	Y 1 N (28)	Y 1 N (28)	25.	Y 1 N (28)	Y 1 N (28)
2 Y (28) N	26a.	2 Y (28) N	2 Y (28) N	26a.	2 Y (28) N	2 Y (28) N
2 Y (28) N	b.	2 Y (28) N	2 Y (28) N	b.	2 Y (28) N	2 Y (28) N
3 Y (28) N	c.	3 Y (28) N	3 Y (28) N	c.	3 Y (28) N	3 Y (28) N
4 Y 5 N (NP)	27a.	4 Y 5 N (NP)	4 Y 5 N (NP)	27a.	4 Y 5 N (NP)	4 Y 5 N (NP)
_____	b.	_____	_____	b.	_____	_____
000 <input type="checkbox"/> Less than 1 month	28a.	000 <input type="checkbox"/> Less than 1 month	000 <input type="checkbox"/> Less than 1 month	28a.	000 <input type="checkbox"/> Less than 1 month	000 <input type="checkbox"/> Less than 1 month
1 ____ Mos. 2 ____ Yrs.		1 ____ Mos. 2 ____ Yrs.	1 ____ Mos. 2 ____ Yrs.		1 ____ Mos. 2 ____ Yrs.	1 ____ Mos. 2 ____ Yrs.
Enter condition in item C Mark D box, THEN 28c <input type="checkbox"/> Old age only, Mark D box, THEN (NP)	b.	Enter condition in item C Mark D box, THEN 28c <input type="checkbox"/> Old age only, Mark D box, THEN (NP)	Enter condition in item C Mark D box, THEN 28c <input type="checkbox"/> Old age only, Mark D box, THEN (NP)	b.	Enter condition in item C Mark D box, THEN 28c <input type="checkbox"/> Old age only, Mark D box, THEN (NP)	Enter condition in item C Mark D box, THEN 28c <input type="checkbox"/> Old age only, Mark D box, THEN (NP)
Y (Reask 28b and c) N	c.	Y (Reask 28b and c) N	Y (Reask 28b and c) N	c.	Y (Reask 28b and c) N	Y (Reask 28b and c) N
<input type="checkbox"/> Only 1 condition		<input type="checkbox"/> Only 1 condition	<input type="checkbox"/> Only 1 condition		<input type="checkbox"/> Only 1 condition	<input type="checkbox"/> Only 1 condition
_____	d.	_____	_____	d.	_____	_____
Enter main condition		Enter main condition	Enter main condition		Enter main condition	Enter main condition

29a. Was --- a patient in a hospital at any time since (date) a year ago?		29a.	Y	N (Item C)						
b. How many times was --- in a hospital since (date) a year ago?		b.	_____ Times (Item C)							
30a. Was anyone in the family in a nursing home, convalescent home, or similar place since (date) a year ago?			Y	N (31)						
b. Who was this? - Circle "Y" in person's column. If "Y," ask:		30b.	Y							
c. During that period, how many times was --- in a nursing home or similar place?		c.	_____ Times (Item C)							
31a. Was --- born in a hospital? Ask for each child 1 year old or under if date of birth is on or after reference date. If "Yes," and no hospitalizations entered in his and/or mother's column, enter "1" in 29b and item C. If "Yes," and a hospitalization is entered for the mother and/or baby, ask 31b for each.		31a.	Y	N (NP)						
b. Is this hospitalization included in the number you gave me for ---? If "No," correct entries in 29 and item C for mother and/or baby.		b.	Y	N						
32a. Does anyone in the family (you, your ---, etc.) NOW have - If "Yes," ask 32b and c b. Who is this? - Enter name of condition and letter of line where reported in appropriate person's column in item C. c. Does anyone else have . . . ?	A. Deafness in one or both ears?	H. A detached retina or any other condition of the retina?								
	B. Any other trouble hearing with one or both ears?	I. Any other trouble seeing with one or both eyes even when wearing glasses?								
	C. Tinnitus or ringing in the ears?	J. A cleft palate or harelip?								
	D. Blindness in one or both eyes?	K. Stammering or stuttering?								
	E. Cataracts?	L. Any other speech defect?								
	F. Glaucoma?	M. A missing finger, hand, or arm, toe, foot, or leg?								
	G. Color blindness?	N. A missing (breast), kidney or lung?								
33a. Does anyone in the family use - If "Yes," ask 33b and c b. Who is this? Mark box in person's column c. Anyone else?	<table border="1"> <tr> <td>1. Eyeglasses?</td> <td></td> </tr> <tr> <td>2. Contact lenses?</td> <td></td> </tr> <tr> <td>3. A hearing aid?</td> <td></td> </tr> </table> <p>For "hearing aid," with no hearing problem reported, enter "33, hearing trouble," in item C2</p>	1. Eyeglasses?		2. Contact lenses?		3. A hearing aid?		33b.	<input type="checkbox"/> Eyeglasses <input type="checkbox"/> Contact lenses <input type="checkbox"/> Hearing aid (Item C)	
1. Eyeglasses?										
2. Contact lenses?										
3. A hearing aid?										
34. Compared to other persons ---'s age, would you say that his health is excellent, good, fair, or poor?		34.	<div style="text-align: center;">①</div> 1 E 2 G 3 F 4 P							
R Q's 4-34	For persons 17 years or over, show who responded for (or was present during the asking of) Questions 4-34.	R	<input type="checkbox"/> Responded for self-entirely <input type="checkbox"/> Responded for self-partly Person _____ was repondent.							
	If persons responded for self, show whether entirely or partly. For persons under 17 show who responded for them.									

Y N (Item C)	29a.	Y N (Item C)	Y N (Item C)	29a.	Y N (Item C)	Y N (Item C)
____ Times (Item C)	b.	____ Times (Item C)	____ Times (Item C)	b.	____ Times (Item C)	____ Times (Item C)
Y	30b.	Y	Y	30b.	Y	Y
____ Times (Item C)	c.	____ Times (Item C)	____ Times (Item C)	c.	____ Times (Item C)	____ Times (Item C)
Y N (NP)	31a.	Y N (NP)	Y N (NP)	31a.	Y N (NP)	Y N (NP)
Y N	b.	Y N	Y N	b.	Y N	Y N
32a. Does anyone in the family NOW have - If "Yes," ask 32 b and c b. Who is this? Enter name of condition and letter of line where reported in appropriate person's column in item C. c. Does anyone else have . . . ?		O. Palsy or cerebral palsy? P. Paralysis of any kind? Q. Curvature of the spine? R. REPEATED trouble with back or spine? S. Any TROUBLE with fallen arches or flatfeet? T. A clubfoot?		U. Permanent stiffness or any deformity of the back, foot, or leg? V. Permanent stiffness or any deformity of the fingers, hand, or arm? W. Mental retardation? X. Any condition caused by an old accident, or injury? If "Yes," ask: What is the condition? Y. Epilepsy? Z. REPEATED convulsions, seizures, or blackouts?		
1 <input type="checkbox"/> Eyeglasses 2 <input type="checkbox"/> Contact lenses 3 <input type="checkbox"/> Hearing aid (Item C)	33b.	1 <input type="checkbox"/> Eyeglasses 2 <input type="checkbox"/> Contact lenses 3 <input type="checkbox"/> Hearing aid (Item C)	1 <input type="checkbox"/> Eyeglasses 2 <input type="checkbox"/> Contact lenses 3 <input type="checkbox"/> Hearing aid (Item C)	33b.	1 <input type="checkbox"/> Eyeglasses 2 <input type="checkbox"/> Contact lenses 3 <input type="checkbox"/> Hearing aid (Item C)	1 <input type="checkbox"/> Eyeglasses 2 <input type="checkbox"/> Contact lenses 3 <input type="checkbox"/> Hearing aid (Item C)
②		③	④		⑤	⑥
1 E 2 G 3 F 4 P	34.	1 E 2 G 3 F 4 P	1 E 2 G 3 F 4 P	34.	1 E 2 G 3 F 4 P	1 E 2 G 3 F 4 P
1 <input type="checkbox"/> Responded for self-entirely 2 <input type="checkbox"/> Responded for self-partly Person ____ was respondent	R	1 <input type="checkbox"/> Responded for self-entirely 2 <input type="checkbox"/> Responded for self-partly Person ____ was respondent	1 <input type="checkbox"/> Responded for self-entirely 2 <input type="checkbox"/> Responded for self-partly Person ____ was respondent	R	1 <input type="checkbox"/> Responded for self-entirely 2 <input type="checkbox"/> Responded for self-partly Person ____ was respondent	1 <input type="checkbox"/> Responded for self-entirely 2 <input type="checkbox"/> Responded for self-partly Person ____ was respondent

BD	Mark box(es) from item C.	BD
		1 <input type="checkbox"/> 1+ Bed Days 2 <input type="checkbox"/> 1+ Hospital Stays 3 <input type="checkbox"/> No Bed Days
45. During the past 12 months (that is since <u> </u> (date) a year ago), ABOUT how many days did illness or injury keep -- in bed all or most of the day? (Include the days in the past 2 weeks.) (Include the days while a patient in a hospital.) (Was it more than 7 days or less than 7 days?) (Was it more than 30 days or less than 30 days?) (Was it more than half the year or less than half the year?)		45. 0 <input type="checkbox"/> None 1 <input type="checkbox"/> 1-7 2 <input type="checkbox"/> 8-30 3 <input type="checkbox"/> 31-180 (6 months) 4 <input type="checkbox"/> 181+ (6 months +)

Table SA																																											
46a. Does anyone in the family now use (any of the following special aids) -	Yes	No																																									
1. An artificial arm?			<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">Person No.</th> <th style="width:10%;">Type of aid</th> <th style="width:20%;">If 1-6 in (b), ASK: Does he use one or two (at a time)?</th> <th style="width:60%;">If 3-10 in (b), ASK: For what condition does he need this? (Item C) If "brace," Ask: On what part of the body is the brace worn? (d)</th> </tr> <tr> <th>(a)</th> <th>(b)</th> <th>(c)</th> <th></th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>1 <input type="checkbox"/> 2 <input type="checkbox"/> Other</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1 <input type="checkbox"/> 2 <input type="checkbox"/> Other</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1 <input type="checkbox"/> 2 <input type="checkbox"/> Other</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1 <input type="checkbox"/> 2 <input type="checkbox"/> Other</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1 <input type="checkbox"/> 2 <input type="checkbox"/> Other</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1 <input type="checkbox"/> 2 <input type="checkbox"/> Other</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1 <input type="checkbox"/> 2 <input type="checkbox"/> Other</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1 <input type="checkbox"/> 2 <input type="checkbox"/> Other</td> <td></td> </tr> </tbody> </table>	Person No.	Type of aid	If 1-6 in (b), ASK: Does he use one or two (at a time)?	If 3-10 in (b), ASK: For what condition does he need this? (Item C) If "brace," Ask: On what part of the body is the brace worn? (d)	(a)	(b)	(c)				1 <input type="checkbox"/> 2 <input type="checkbox"/> Other				1 <input type="checkbox"/> 2 <input type="checkbox"/> Other				1 <input type="checkbox"/> 2 <input type="checkbox"/> Other				1 <input type="checkbox"/> 2 <input type="checkbox"/> Other				1 <input type="checkbox"/> 2 <input type="checkbox"/> Other				1 <input type="checkbox"/> 2 <input type="checkbox"/> Other				1 <input type="checkbox"/> 2 <input type="checkbox"/> Other				1 <input type="checkbox"/> 2 <input type="checkbox"/> Other	
Person No.	Type of aid	If 1-6 in (b), ASK: Does he use one or two (at a time)?		If 3-10 in (b), ASK: For what condition does he need this? (Item C) If "brace," Ask: On what part of the body is the brace worn? (d)																																							
(a)	(b)	(c)																																									
		1 <input type="checkbox"/> 2 <input type="checkbox"/> Other																																									
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		1 <input type="checkbox"/> 2 <input type="checkbox"/> Other																																									
2. An artificial leg?																																											
3. A brace of any kind?																																											
4. Crutches?																																											
5. A cane or walking stick?																																											
6. Special shoes?																																											
7. A wheel chair?																																											
8. A walker?																																											
9. Guide dog?																																											
10. Any other kind of aid for getting around?																																											
If "Yes," specify: _____ <div style="text-align: center;">Enter in Table SA</div>																																											
b. Who is this? c. Anyone else?																																											

FOOTNOTES

1 <input type="checkbox"/> 1+ Bed Days 2 <input type="checkbox"/> 1+ Hospital Stays 3 <input type="checkbox"/> No Bed Days	BD	1 <input type="checkbox"/> 1+ Bed Days 2 <input type="checkbox"/> 1+ Hospital Stays 3 <input type="checkbox"/> No Bed Days	1 <input type="checkbox"/> 1+ Bed Days 2 <input type="checkbox"/> 1+ Hospital Stays 3 <input type="checkbox"/> No Bed Days	BD	1 <input type="checkbox"/> 1+ Bed Days 2 <input type="checkbox"/> 1+ Hospital Stays 3 <input type="checkbox"/> No Bed Days	1 <input type="checkbox"/> 1+ Bed Days 2 <input type="checkbox"/> 1+ Hospital Stays 3 <input type="checkbox"/> No Bed Days
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Table SA - Continued

Is the _____ used all of the time, most of the time or only occasionally? (e)	How long has he used _____? (f)	How was the _____ obtained? Was it purchased, rented, borrowed or a gift? (g)
1 <input type="checkbox"/> All 2 <input type="checkbox"/> Most 3 <input type="checkbox"/> Occasionally	<input type="checkbox"/> Less than 1 month ____ Months ____ Years	1 <input type="checkbox"/> Purchased 2 <input type="checkbox"/> Rented 3 <input type="checkbox"/> Borrowed 4 <input type="checkbox"/> Gift
1 <input type="checkbox"/> All 2 <input type="checkbox"/> Most 3 <input type="checkbox"/> Occasionally	<input type="checkbox"/> Less than 1 month ____ Months ____ Years	1 <input type="checkbox"/> Purchased 2 <input type="checkbox"/> Rented 3 <input type="checkbox"/> Borrowed 4 <input type="checkbox"/> Gift
1 <input type="checkbox"/> All 2 <input type="checkbox"/> Most 3 <input type="checkbox"/> Occasionally	<input type="checkbox"/> Less than 1 month ____ Months ____ Years	1 <input type="checkbox"/> Purchased 2 <input type="checkbox"/> Rented 3 <input type="checkbox"/> Borrowed 4 <input type="checkbox"/> Gift
1 <input type="checkbox"/> All 2 <input type="checkbox"/> Most 3 <input type="checkbox"/> Occasionally	<input type="checkbox"/> Less than 1 month ____ Months ____ Years	1 <input type="checkbox"/> Purchased 2 <input type="checkbox"/> Rented 3 <input type="checkbox"/> Borrowed 4 <input type="checkbox"/> Gift
1 <input type="checkbox"/> All 2 <input type="checkbox"/> Most 3 <input type="checkbox"/> Occasionally	<input type="checkbox"/> Less than 1 month ____ Months ____ Years	1 <input type="checkbox"/> Purchased 2 <input type="checkbox"/> Rented 3 <input type="checkbox"/> Borrowed 4 <input type="checkbox"/> Gift

	R4	<input type="checkbox"/> Not SP or SP under 19 (NP) <input type="checkbox"/> SP 19+ callback required (NP) <input type="checkbox"/> SP 19+ available (6-13)																		
6. On the average, how many hours of sleep do you usually get at night?	6.	_____ Hours																		
7. How often do you eat breakfast – almost every day, sometimes, rarely or never?	7.	<input type="checkbox"/> Everyday <input type="checkbox"/> Other – Specify <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely or never																		
8. Including evening snacks, how often do you eat between meals – almost every day, sometimes, rarely or never?	8.	<input type="checkbox"/> Everyday <input type="checkbox"/> Other – Specify <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely or never																		
9. Would you say that you are physically more active, less active or about as active as other persons your age?	9.	<input type="checkbox"/> More active <input type="checkbox"/> Other – Specify <input type="checkbox"/> Less active <input type="checkbox"/> Same																		
10a. How often do you drink wine – never, occasionally, once or twice a week, or more than twice a week?	10a.	<input type="checkbox"/> Never <input type="checkbox"/> More (10d) <input type="checkbox"/> Occasionally (10d) <input type="checkbox"/> Once or twice (10d)																		
b. How often do you drink beer – never, occasionally, once or twice a week, or more than twice a week?	b.	<input type="checkbox"/> Never <input type="checkbox"/> More (10d) <input type="checkbox"/> Occasionally (10d) <input type="checkbox"/> Once or twice (10d)																		
c. How often do you drink liquor – never, occasionally, once or twice a week, or more than twice a week? If all "Never," go to 11	c.	<input type="checkbox"/> Never <input type="checkbox"/> More <input type="checkbox"/> Occasionally <input type="checkbox"/> Once or twice																		
d. When you drink --, how many drinks do you usually have at one sitting? If under 5 in 10d ask; otherwise go to 11	d.	_____ Wine (10b) _____ Liquor _____ Beer (10c)																		
e. On any one occasion during the past 12 months, did you have 5 or more drinks of (wine/beer/liquor)?	e.	1 Y 2 N																		
11a. Have you smoked at least 100 cigarettes in your entire life?	11a.	1 Y 2 N (12)																		
b. Do you smoke cigarettes now?	b.	1 Y 2 N (12)																		
c. On the average, ABOUT how many cigarettes a day do you smoke?	c.	_____ Cigarettes																		
12a. About how tall are you without shoes?	12a.	_____ Feet _____ Inches																		
b. About how much do you weigh without clothes or shoes?	b.	_____ Pounds																		
13a. During the past 12 months, have you had any problems getting medical care for yourself (for any of the following reasons) –	13a, and b.	<table border="1"> <thead> <tr> <th></th> <th>a. Had problem</th> <th>b. Prevented care</th> </tr> </thead> <tbody> <tr> <td>1. Because care was not available when you needed it?</td> <td></td> <td></td> </tr> <tr> <td>2. Because of how much it cost?</td> <td></td> <td></td> </tr> <tr> <td>3. Because you didn't know where to go?</td> <td></td> <td></td> </tr> <tr> <td>4. Because you didn't have a way to get there?</td> <td></td> <td></td> </tr> <tr> <td>5. Because the hours weren't convenient?</td> <td></td> <td></td> </tr> </tbody> </table>		a. Had problem	b. Prevented care	1. Because care was not available when you needed it?			2. Because of how much it cost?			3. Because you didn't know where to go?			4. Because you didn't have a way to get there?			5. Because the hours weren't convenient?		
		a. Had problem	b. Prevented care																	
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5. Because the hours weren't convenient?																				
b. Did this problem PREVENT you from getting medical care for yourself?		<table border="1"> <thead> <tr> <th></th> <th>a. Had problem</th> <th>b. Prevented care</th> </tr> </thead> <tbody> <tr> <td>1 Y (b) N</td> <td>1 Y</td> <td>2 N</td> </tr> <tr> <td>2 Y (b) N</td> <td>1 Y</td> <td>2 N</td> </tr> <tr> <td>3 Y (b) N</td> <td>1 Y</td> <td>2 N</td> </tr> <tr> <td>4 Y (b) N</td> <td>1 Y</td> <td>2 N</td> </tr> <tr> <td>5 Y (b) N</td> <td>1 Y</td> <td>2 N</td> </tr> </tbody> </table>		a. Had problem	b. Prevented care	1 Y (b) N	1 Y	2 N	2 Y (b) N	1 Y	2 N	3 Y (b) N	1 Y	2 N	4 Y (b) N	1 Y	2 N	5 Y (b) N	1 Y	2 N
	a. Had problem	b. Prevented care																		
1 Y (b) N	1 Y	2 N																		
2 Y (b) N	1 Y	2 N																		
3 Y (b) N	1 Y	2 N																		
4 Y (b) N	1 Y	2 N																		
5 Y (b) N	1 Y	2 N																		

<input type="checkbox"/> Not SP or SP under 19 (NP) <input type="checkbox"/> SP 19+ callback required (NP) <input type="checkbox"/> SP 19+ available (6-13)	R4	<input type="checkbox"/> Not SP or SP under 19 (NP) <input type="checkbox"/> SP 19+ callback required (NP) <input type="checkbox"/> SP 19+ available (6-13)	<input type="checkbox"/> Not SP or SP under 19 (NP) <input type="checkbox"/> SP 19+ callback required (NP) <input type="checkbox"/> SP 19+ available (6-13)	R4	<input type="checkbox"/> Not SP or SP under 19 (NP) <input type="checkbox"/> SP 19+ callback required (NP) <input type="checkbox"/> SP 19+ available (6-13)	<input type="checkbox"/> Not SP or SP under 19 (NP) <input type="checkbox"/> SP 19+ callback required (NP) <input type="checkbox"/> SP 19+ available (6-13)
_____ Hours		6. _____ Hours	_____ Hours		6. _____ Hours	_____ Hours
<input type="checkbox"/> Every day <input type="checkbox"/> Other - Specify <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely or never _____	7.	<input type="checkbox"/> Every day <input type="checkbox"/> Other - Specify <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely or never _____	<input type="checkbox"/> Every day <input type="checkbox"/> Other - Specify <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely or never _____	7.	<input type="checkbox"/> Every day <input type="checkbox"/> Other - Specify <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely or never _____	<input type="checkbox"/> Every day <input type="checkbox"/> Other - Specify <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely or never _____
<input type="checkbox"/> Every day <input type="checkbox"/> Other - Specify <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely or never _____		8.	<input type="checkbox"/> Every day <input type="checkbox"/> Other - Specify <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely or never _____		<input type="checkbox"/> Every day <input type="checkbox"/> Other - Specify <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely or never _____	8.
<input type="checkbox"/> More active <input type="checkbox"/> Other - Specify <input type="checkbox"/> Less active <input type="checkbox"/> Same _____	9.	<input type="checkbox"/> More active <input type="checkbox"/> Other - Specify <input type="checkbox"/> Less active <input type="checkbox"/> Same _____	<input type="checkbox"/> More active <input type="checkbox"/> Other - Specify <input type="checkbox"/> Less active <input type="checkbox"/> Same _____	9.	<input type="checkbox"/> More active <input type="checkbox"/> Other - Specify <input type="checkbox"/> Less active <input type="checkbox"/> Same _____	<input type="checkbox"/> More active <input type="checkbox"/> Other - Specify <input type="checkbox"/> Less active <input type="checkbox"/> Same _____
<input type="checkbox"/> Never 4 <input type="checkbox"/> More (10d) <input type="checkbox"/> Occasionally (10d) <input type="checkbox"/> Once or twice (10d)		10a.	<input type="checkbox"/> Never 4 <input type="checkbox"/> More (10d) <input type="checkbox"/> Occasionally (10d) <input type="checkbox"/> Once or twice (10d)		<input type="checkbox"/> Never 4 <input type="checkbox"/> More (10d) <input type="checkbox"/> Occasionally (10d) <input type="checkbox"/> Once or twice (10d)	10a.
<input type="checkbox"/> Never 4 <input type="checkbox"/> More (10d) <input type="checkbox"/> Occasionally (10d) <input type="checkbox"/> Once or twice (10d)	b.	<input type="checkbox"/> Never 4 <input type="checkbox"/> More (10d) <input type="checkbox"/> Occasionally (10d) <input type="checkbox"/> Once or twice (10d)	<input type="checkbox"/> Never 4 <input type="checkbox"/> More (10d) <input type="checkbox"/> Occasionally (10d) <input type="checkbox"/> Once or twice (10d)	b.	<input type="checkbox"/> Never 4 <input type="checkbox"/> More (10d) <input type="checkbox"/> Occasionally (10d) <input type="checkbox"/> Once or twice (10d)	<input type="checkbox"/> Never 4 <input type="checkbox"/> More (10d) <input type="checkbox"/> Occasionally (10d) <input type="checkbox"/> Once or twice (10d)
<input type="checkbox"/> Never 4 <input type="checkbox"/> More <input type="checkbox"/> Occasionally <input type="checkbox"/> Once or twice		c.	<input type="checkbox"/> Never 4 <input type="checkbox"/> More <input type="checkbox"/> Occasionally <input type="checkbox"/> Once or twice		<input type="checkbox"/> Never 4 <input type="checkbox"/> More <input type="checkbox"/> Occasionally <input type="checkbox"/> Once or twice	c.
_____ Wine (10b) _____ Liquor _____ Beer (10c)	d.	_____ Wine (10b) _____ Liquor _____ Beer (10c)	_____ Wine (10b) _____ Liquor _____ Beer (10c)	d.	_____ Wine (10b) _____ Liquor _____ Beer (10c)	_____ Wine (10b) _____ Liquor _____ Beer (10c)
1 Y 2 N		e.	1 Y 2 N		1 Y 2 N	e.
1 Y 2 N (12)	11a.	1 Y 2 N (12)	1 Y 2 N (12)	11a.	1 Y 2 N (12)	1 Y 2 N (12)
1 Y 2 N (12)		b.	1 Y 2 N (12)		1 Y 2 N (12)	b.
_____ Cigarettes	c.	_____ Cigarettes	_____ Cigarettes	c.	_____ Cigarettes	_____ Cigarettes
_____ Feet _____ Inches		12a.	_____ Feet _____ Inches		_____ Feet _____ Inches	12a.
_____ Pounds	b.	_____ Pounds	_____ Pounds	b.	_____ Pounds	_____ Pounds
a. Had problem b. Prevented care		13a. and b.	a. Had problem b. Prevented care		a. Had problem b. Prevented care	13a. and b.
1 Y (b) N 1 Y 2 N	13a. and b.	1 Y (b) N 1 Y 2 N	1 Y (b) N 1 Y 2 N	13a. and b.	1 Y (b) N 1 Y 2 N	1 Y (b) N 1 Y 2 N
2 Y (b) N 1 Y 2 N		2 Y (b) N 1 Y 2 N	2 Y (b) N 1 Y 2 N		2 Y (b) N 1 Y 2 N	
3 Y (b) N 1 Y 2 N		3 Y (b) N 1 Y 2 N	3 Y (b) N 1 Y 2 N		3 Y (b) N 1 Y 2 N	
4 Y (b) N 1 Y 2 N		4 Y (b) N 1 Y 2 N	4 Y (b) N 1 Y 2 N		4 Y (b) N 1 Y 2 N	
5 Y (b) N 1 Y 2 N		5 Y (b) N 1 Y 2 N	5 Y (b) N 1 Y 2 N		5 Y (b) N 1 Y 2 N	

If 17+, ask:		
1a. What is the highest grade or year --- attended in school?		1a. <input type="checkbox"/> Under 17 (NP) 00 <input type="checkbox"/> None (2) Elem: 1 2 3 4 5 6 7 8 High: 9 10 11 12 College: 1 2 3 4 5 6 +
b. Did --- finish the --- grade (year)?		b. 1 Y 2 N
2a. Did --- ever serve in the Armed Forces of the United States?		2a. 1 Y 2 N (3)
b. When did he serve? Circle code in descending order of priority. Thus if person served in Vietnam and in Korea, circle VN.	Vietnam Era (Aug. '64 to April '75) VN Korean War (June '50-Jan. '55) KW World War II (Sept. '40-July '47) WWII World War I (April '17-Nov. '18) WWI Post Vietnam (May '75 to present) PVN Other Service (all other periods) OS	b. 1 VN 5 PVN 2 KW 6 OS 3 WWII 9 DK 4 WWI
c. Does --- have a service connected disability?		c. 1 Y 2 N
3a. Did --- work at any time last week or the week before -- not counting work around the house?		3a. 1 Y (4) 2 N
b. Even though --- did not work during these 2 weeks, does he have a job or business?		b. 1 Y 2 N
c. Was he looking for work or on layoff from a job?		c. 1 Y 2 N (4)
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
Ask for all persons with a "Yes" in 3a, b, or c. If "Yes" in 3c only, questions 4a through 4e apply to this person's LAST full-time civilian job.	4a. For whom did --- work? Name of company, business, organization, or other employer	4a. Employer
	b. What kind of business or industry is this? For example, TV and radio manufacturing, retail shoe store, State Labor Dept., farm	b. Industry
	c. What kind of work was --- doing? For example, electrical engineer, stock clerk, typist, farmer	c. Occupation
	d. What were ---'s most important activities or duties? For example, types, keeps account books, files, sells cars, operates printing press, finishes concrete	d. Duties
	Complete from entries in 4a-d; if not clear, ask: e. Was --- an employee of PRIVATE company, business, or individual for wages, salary, or commission? P -- 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	e. 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

<input type="checkbox"/> Under 17 (NP) <input type="checkbox"/> None (2) Elem: 1 2 3 4 5 6 7 8 High: 9 10 11 12 College: 1 2 3 4 5 6+	1a.	<input type="checkbox"/> Under 17 (NP) <input type="checkbox"/> None (2) Elem: 1 2 3 4 5 6 7 8 High: 9 10 11 12 College: 1 2 3 4 5 6+	<input type="checkbox"/> Under 17 (NP) <input type="checkbox"/> None (2) Elem: 1 2 3 4 5 6 7 8 High: 9 10 11 12 College: 1 2 3 4 5 6+	1a.	<input type="checkbox"/> Under 17 (NP) <input type="checkbox"/> None (2) Elem: 1 2 3 4 5 6 7 8 High: 9 10 11 12 College: 1 2 3 4 5 6+	<input type="checkbox"/> Under 17 (NP) <input type="checkbox"/> None (2) Elem: 1 2 3 4 5 6 7 8 High: 9 10 11 12 College: 1 2 3 4 5 6+
1 Y 2 N	b.	1 Y 2 N	1 Y 2 N	b.	1 Y 2 N	1 Y 2 N
1 Y 2 N (3)	2a.	1 Y 2 N (3)	1 Y 2 N (3)	2a.	1 Y 2 N (3)	1 Y 2 N (3)
1 VN 5 PVN 2 KW 6 OS 3 WWII 9 DK 4 WWI	b.	1 VN 5 PVN 2 KW 6 OS 3 WWII 9 DK 4 WWI	1 VN 5 PVN 2 KW 6 OS 3 WWII 9 DK 4 WWI	b.	1 VN 5 PVN 2 KW 6 OS 3 WWII 9 DK 4 WWI	1 VN 5 PVN 2 KW 6 OS 3 WWII 9 DK 4 WWI
1 Y 2 N	c.	1 Y 2 N	1 Y 2 N	c.	1 Y 2 N	1 Y 2 N
1 Y (4) 2 N	3a.	1 Y (4) 2 N	1 Y (4) 2 N	3a.	1 Y (4) 2 N	1 Y (4) 2 N
1 Y 2 N	b.	1 Y 2 N	1 Y 2 N	b.	1 Y 2 N	1 Y 2 N
1 Y 2 N (4)	c.	1 Y 2 N (4)	1 Y 2 N (4)	c.	1 Y 2 N (4)	1 Y 2 N (4)
1 <input type="checkbox"/> Looking 3 <input type="checkbox"/> Both 2 <input type="checkbox"/> Layoff	d.	1 <input type="checkbox"/> Looking 3 <input type="checkbox"/> Both 2 <input type="checkbox"/> Layoff	1 <input type="checkbox"/> Looking 3 <input type="checkbox"/> Both 2 <input type="checkbox"/> Layoff	d.	1 <input type="checkbox"/> Looking 3 <input type="checkbox"/> Both 2 <input type="checkbox"/> Layoff	1 <input type="checkbox"/> Looking 3 <input type="checkbox"/> Both 2 <input type="checkbox"/> Layoff
Employer	4a.	Employer	Employer	4a.	Employer	Employer
Industry	b.	Industry	Industry	b.	Industry	Industry
Occupation	c.	Occupation	Occupation	c.	Occupation	Occupation
Duties	d.	Duties	Duties	d.	Duties	Duties
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	e.	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	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	e.	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	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>If 17+, ask: 5a. During the past 12 months, about how many months did you have a job?</p> <hr/> <p>b. During that period, ABOUT how many days did illness or injury keep -- from work -- not counting work around the house?</p>	<p>5a. <input type="checkbox"/> Under 17 (NP) 00 <input type="checkbox"/> None (NP) _____ Months 12 <input type="checkbox"/> Entire year</p> <hr/> <p>b. <input type="checkbox"/> None _____ Days _____ Months</p>
<p>Hand Card O If 17+, ask: 6a. Which of those groups BEST describes -- 's national origin or ancestry?</p> <hr/> <p>If multiple entries, ask: b. Which of those groups, that is, (entries in 6a) would you say BEST describes -- 's national origin or ancestry?</p>	<p>6a. <input type="checkbox"/> Under 17 (NP) _____ (Enter precode)</p> <hr/> <p>b. _____ (Specify)</p>
<p>7a. During the past 12 months, has anyone in the family received medical care which has been or will be paid for by MEDICARE?</p> <p style="text-align: right;">Y N (8)</p> <hr/> <p>b. Who was this? Mark "Medicare" in person's column.</p> <hr/> <p>c. Anyone else?</p> <p style="text-align: right;">Y (Reask 7b and c) N</p>	<p>7b. 1 <input type="checkbox"/> Medicare</p>
<p>8a. There is a public program called -- (Medicaid) which provides medical assistance to persons in need. During the past 12 months, has anyone in the family received medical care which has been or will be paid for by -- (MEDICAID)?</p> <p style="text-align: right;">Y N (9)</p> <hr/> <p>b. Who was this? Mark "Medicaid" in person's column.</p> <hr/> <p>c. Anyone else?</p> <p style="text-align: right;">Y (Reask 8b and c) N</p>	<p>8b. 1 <input type="checkbox"/> Medicaid</p>
<p>9a. During the past 12 months, has anyone in the family received medical care provided or paid for by the Veterans Administration?</p> <p style="text-align: right;">Y N(10)</p> <hr/> <p>b. Who was this? Mark "VA" in person's column.</p> <hr/> <p>c. Anyone else?</p> <p style="text-align: right;">Y (Reask 9b and c) N</p>	<p>9b. 1 <input type="checkbox"/> VA</p>
<p>FOOTNOTES</p>	

<input type="checkbox"/> Under 17 (NP) 00 <input type="checkbox"/> None (NP) _____ Months 12 <input type="checkbox"/> Entire year <hr/> <input type="checkbox"/> None _____ Days _____ Months	5a.	<input type="checkbox"/> Under 17 (NP) 00 <input type="checkbox"/> None (NP) _____ Months 12 <input type="checkbox"/> Entire year <hr/> <input type="checkbox"/> None _____ Days _____ Months	<input type="checkbox"/> Under 17 (NP) 00 <input type="checkbox"/> None (NP) _____ Months 12 <input type="checkbox"/> Entire year <hr/> <input type="checkbox"/> None _____ Days _____ Months	5a.	<input type="checkbox"/> Under 17 (NP) 00 <input type="checkbox"/> None (NP) _____ Months 12 <input type="checkbox"/> Entire year <hr/> <input type="checkbox"/> None _____ Days _____ Months	<input type="checkbox"/> Under 17 (NP) 00 <input type="checkbox"/> None (NP) _____ Months 12 <input type="checkbox"/> Entire year <hr/> <input type="checkbox"/> None _____ Days _____ Months
<input type="checkbox"/> Under 17 (NP) _____ (Enter precode) <hr/> _____ (Specify)	6a.	<input type="checkbox"/> Under 17 (NP) _____ (Enter precode) <hr/> _____ (Specify)	<input type="checkbox"/> Under 17 (NP) _____ (Enter precode) <hr/> _____ (Specify)	6a.	<input type="checkbox"/> Under 17 (NP) _____ (Enter precode) <hr/> _____ (Specify)	<input type="checkbox"/> Under 17 (NP) _____ (Enter precode) <hr/> _____ (Specify)
1 <input type="checkbox"/> Medicare	7b.	1 <input type="checkbox"/> Medicare	1 <input type="checkbox"/> Medicare	7b.	1 <input type="checkbox"/> Medicare	1 <input type="checkbox"/> Medicare
1 <input type="checkbox"/> Medicaid	8b.	1 <input type="checkbox"/> Medicaid	1 <input type="checkbox"/> Medicaid	8b.	1 <input type="checkbox"/> Medicaid	1 <input type="checkbox"/> Medicaid
1 <input type="checkbox"/> VA	9b.	1 <input type="checkbox"/> VA	1 <input type="checkbox"/> VA	9b.	1 <input type="checkbox"/> VA	1 <input type="checkbox"/> VA
FOOTNOTES						

Hand Card 1

<p>10. 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>10. 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 03 <input type="checkbox"/> D 07 <input type="checkbox"/> H</p>						
<p>11a. Which (other) family members received some income during the past 12 months? Mark "Income" box in person's column.</p> <p>b. Did any other family members receive any income during the past 12 months? Y (Reask 11a and b) N</p>	<p>11a. <input type="checkbox"/> Income</p>						
<p>If only one person with "Income" box marked, go to 13 If 2 or more persons with "Income" box marked, ask 12 for each:</p> <p>12. Which of those income groups represents —s income for the past 12 months?</p>	<p>12. 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 03 <input type="checkbox"/> D 07 <input type="checkbox"/> H</p>						
<p>13a. During the past 12 months, did anyone in the family receive any payments or benefits from Workmen's Compensation? Y N (14)</p> <p>b. Who was this? Mark "Workmen's Compensation" box in person's column.</p> <p>c. Anyone else? Y (Reask 13b and c) N</p>	<p>13b. 1 <input type="checkbox"/> Workmen's Compensation</p>						
<p>14a. During the past 12 months, did anyone in the family receive any disability payments or disability benefits from — If "Yes," ask 14b.</p> <p>b. Was this because of a disability? If "Yes," ask 14c and d, otherwise continue with list.</p> <p>c. Who was this? Mark appropriate box in person's column.</p> <p>d. Anyone else?</p> <table border="1" data-bbox="608 864 1098 994"> <tr> <td>1. Social Security Administration?</td> <td></td> </tr> <tr> <td>2. Veterans Administration?</td> <td></td> </tr> <tr> <td>3. State public welfare or assistance?</td> <td></td> </tr> </table>	1. Social Security Administration?		2. Veterans Administration?		3. State public welfare or assistance?		<p>14b. 1 <input type="checkbox"/> SSA 2 <input type="checkbox"/> VA 3 <input type="checkbox"/> Welfare</p>
1. Social Security Administration?							
2. Veterans Administration?							
3. State public welfare or assistance?							
<p>15a. Does anyone in this family receive assistance through the "Aid to Families with Dependent Children" Program, sometimes called "AFDC" or "ADC"? Y N (Household page)</p> <p>b. Which (other) family members are included in the AFDC assistance payment? Mark "AFDC" box in person's column.</p> <p>c. Are any other family members included in this program? Y (Reask 15b and c) N</p>	<p>15b. <input type="checkbox"/> AFDC</p>						

CARD E4

Examples of adequate entries for Kind of Injury for question 18a, Condition page; and question 6, Hospital page.

- Fracture, broken
- Wound open, puncture, laceration, cut
- Dislocation, displacement
- Sprain, strain, twisted, pulled ligaments
- Contusion, bruise
- Concussion
- Abrasion, blister, scratch, insect, human or animal bite
- Foreign body in . . .
- Burn, scald
- Gunshot, shrapnel wounds
- "Twisted" ankle, knee; "pulled" ligaments, tendons, or muscles
- Superficial injury
- Rupture of internal organs
- Amputation
- Sunburn, sunstroke, sun poisoning

Examples of adequate entries for present effects for question 18b, Condition page; and question 6, Hospital page.

- Absence, missing, loss of
- Stiffness, pain, hurts
- Deformity, paralysis
- Blindness, deafness
- Shock
- Arthritis, rheumatism

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 O

National Origin or Ancestry

- 01 Countries of Central or South America
- 02 Chicano
- 03 Cuban
- 04 Mexican
- 05 Mexicano
- 06 Mexican-American
- 07 Puerto Rican
- 08 Other Spanish
- 09 European, except Spanish (such as German, Irish, English, French and all other European countries)
- 10 Black, Negro, or Afro-American
- 11 American Indian or Alaskan Native
- 12 Asian or Pacific Islander, such as Chinese, Japanese, Korean, Filipino, Samoan

OR

Another group not listed - Specify

0

CARD H

Which statement best describes your hearing in your left ear (without a hearing aid)?

1. Hearing is good
2. Little trouble hearing
3. Lot of trouble hearing
4. Deaf

Which statement best describes your hearing in your right ear (without a hearing aid)?

1. Hearing is good
2. Little trouble hearing
3. Lot of trouble hearing
4. Deaf