

<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. Yes * No <input type="checkbox"/> <input type="checkbox"/></p> <p>c. I have listed (Read names). Is there anyone else staying here now, such as friends, relatives, or roomers? <input type="checkbox"/> <input type="checkbox"/></p> <p>d. Have I missed anyone who USUALLY lives here but is now away from home? <input type="checkbox"/> <input type="checkbox"/></p> <p>e. Do any of the people in this household have a home anywhere else? <input type="checkbox"/> <input type="checkbox"/></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? 1 Y Col(s).....(Delete) 2 N *Apply household membership rules.</p>		<p>1a. First name 1</p> <p>AGE</p> <p>RACE</p> <p>1 W</p> <p>2 B</p> <p>3 OT</p> <p>Last name</p>																						
<p>2. How is -- related to -- (Head of household)?</p>		<p>2. Relationship</p> <p>SEX</p> <p>1 M</p> <p>2 F</p> <p>HEAD</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>L Ask Condition list _____.</p> <p>C 1. Record the number of Bed Days, Doctor Visits, and Hospitalizations</p> <p>2. Record each condition in the person's column, with the question number(s) where it was reported.</p> <p>Reference dates</p> <p>2-week period _____, _____</p> <p>12-month Bed Days and Doctor visit probe _____</p> <p>Hospital probe _____</p>		<p>C</p> <p>BED DAYS DV HOSP.</p> <p><input type="checkbox"/> None (NP) <input type="checkbox"/> None (NP) <input type="checkbox"/> None (NP)</p> <p>____ (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:</p> <p>4. Is -- now married, widowed, divorced, separated, or never married?</p>		<p>4.</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>H If related persons 17 years old or over are listed in addition to the respondent, say:</p> <p>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</p> <p>0 <input type="checkbox"/> Under 17</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 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?</p> <p>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)</p> <p>5b. ____ Days } 6-16 (7)</p> <p>Under 6 (9)</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)</p> <p>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</p> <p>00 <input type="checkbox"/> None (9)</p>																						
<p>If one or more days in 5b, ask 8; otherwise go to 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</p> <p>00 <input type="checkbox"/> None</p>																						
<p>9a. (NOT COUNTING the day(s) { in bed lost from work lost from school })</p> <p>Were there any (other) days during the past 2 weeks that -- cut down on the things he usually does because of illness or injury?</p> <p>b. (Again, not counting the day(s) { in bed lost from work lost from school })</p> <p>During that period, how many (other) days did he cut down for as much as a day?</p>		<p>9a. 1 Y</p> <p>2 N (10)</p> <p>b. ____ Days</p> <p>00 <input type="checkbox"/> None</p>																						
<p>If one or more days in 5-9, ask 10; otherwise go to next person.</p> <p>10a. What condition caused -- to { stay in bed miss work miss school cut down } during the past 2 weeks?</p> <p>b. Did any other condition cause him to { stay in bed miss work miss school cut down } during that period?</p> <p>c. What condition?</p>		<p>10a. Enter condition in Item C Ask 10b</p> <p>b. Y</p> <p>N (NP)</p> <p>c. Enter condition in Item C (10b)</p>																						
<p>Fill item C, (BED DAYS), from 5b for all persons.</p>																								

<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: _____ Days } 17+ (6) } 6–16 (7) } Under 6 (9)	5a.	Y (5b) 00 N } If age: _____ Days } 17+ (6) } 6–16 (7) } Under 6 (9)	Y (5b) 00 N } If age: _____ Days } 17+ (6) } 6–16 (7) } Under 6 (9)	5a.	Y (5b) 00 N } If age: _____ Days } 17+ (6) } 6–16 (7) } Under 6 (9)	Y (5b) 00 N } If age: _____ Days } 17+ (6) } 6–16 (7) } Under 6 (9)
_____ WL days (8) 00 None (9)	6.	_____ WL days (8) 00 None (9)	_____ WL days (8) 00 None (9)	6.	_____ WL days (8) 00 None (9)	_____ WL days (8) 00 None (9)
_____ SL days 00 None (9)	7.	_____ SL days 00 None (9)	_____ SL days 00 None (9)	7.	_____ SL days 00 None (9)	_____ SL days 00 None (9)
_____ Days 00 None	8.	_____ Days 00 None	_____ Days 00 None	8.	_____ Days 00 None	_____ Days 00 None
1 Y 2 N (10) _____ Days 00 None	9a.	1 Y 2 N (10) _____ Days 00 None	1 Y 2 N (10) _____ Days 00 None	9a.	1 Y 2 N (10) _____ Days 00 None	1 Y 2 N (10) _____ Days 00 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.

<p>11a. During the past 2 weeks, did anyone in the family, that is you, your —, etc., have any (other) accidents or injuries? Y N (12)</p> <hr/> <p>b. Who was this? — Mark "Accident or injury" box in person's column.</p> <p>c. What was the injury?</p> <p>d. Did anyone have any other accidents or injuries during that period? Y (Reask 11b and c) N If "Accident or injury," ask:</p> <p>e. As a result of the accident, did — see a doctor or did he cut down on the things he usually does?</p>		<p>11b. <input type="checkbox"/> Accident or injury</p> <p>Injury</p> <p>c.</p> <p>e. Y (Enter Injury in Item C) N</p>
<p>12a. During the past 2 weeks, did anyone in the family go to the dentist? Y N (13)</p> <hr/> <p>b. Who was this? — Mark "Dental visit" box in person's column.</p> <p>c. During the past 2 weeks, did anyone else in the family go to a dentist? Y (Reask 12b and c) N If "Dental visit," ask:</p> <p>d. During the past 2 weeks, how many times did — go to a dentist?</p>		<p>12b. <input type="checkbox"/> Dental visit</p> <p>d. _____ No. of dental visits (NP)</p>
<p>Do not ask for children 1 yr. old and under.</p> <p>Mark box or ask:</p> <p>13. ABOUT how long has it been since — LAST went to a dentist?</p>	13.	<p><input type="checkbox"/> 2-week dental visit</p> <hr/> <p>2 <input type="checkbox"/> Past 2 weeks not reported (12)</p> <p>3 <input type="checkbox"/> 2 weeks—6 months</p> <p>4 <input type="checkbox"/> Over 6—12 months</p> <p>5 <input type="checkbox"/> 1 year</p> <p>6 <input type="checkbox"/> 2—4 years</p> <p>7 <input type="checkbox"/> 5+ years</p> <p>8 <input type="checkbox"/> Never/age 1 or under</p>
<p>FOOTNOTES</p>		

<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/age 1 or under		8 <input type="checkbox"/> Never/age 1 or under	8 <input type="checkbox"/> Never/age 1 or under		8 <input type="checkbox"/> Never/age 1 or under	8 <input type="checkbox"/> Never/age 1 or under
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>	14.	00 <input type="checkbox"/> None _____ Number of visits } NP
(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>b. Who was this? - Mark "Doctor visit" box in person's column.</p>	15b.	<input type="checkbox"/> Doctor visit
<p>c. Anyone else? _____ 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>	d.	_____ Number of visits (NP)
<p>16a. During that period, did anyone in the family get any medical advice from a doctor over the telephone? _____ Y N (17)</p>		
<p>b. Who was the phone call about? - Mark "Phone call" box in person's column.</p>	16b.	<input type="checkbox"/> Phone call
<p>c. Any calls about anyone else? _____ 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>	d.	_____ Number of calls (NP)
<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>	17a.	<input type="checkbox"/> Condition (Item C THEN 17d) <input type="checkbox"/> Pregnancy (17e) <input type="checkbox"/> No condition
<p>b. Did --- see or talk to a doctor about any specific condition?</p>	b.	Y N (NP)
<p>c. What condition?</p>	c.	Enter condition in item C Ask 17d
<p>d. During that period, did --- see or talk to a doctor about any other condition?</p>	d.	Y (17c) N (NP)
<p>e. During the past 2 weeks was --- sick because of her pregnancy?</p>	e.	Y N (17d)
<p>f. What was the matter?</p>	f.	Enter condition in item C (17d)
<hr/>		
<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>	18a.	000 <input type="checkbox"/> Only when in hospital 000 <input type="checkbox"/> None _____ Number of visits
<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>	b.	<input type="checkbox"/> 2-week DV
		<input type="checkbox"/> Past 2 weeks not reported (14 and 17)
		<input type="checkbox"/> 2 wks.-6 mos.
		<input type="checkbox"/> Over 6-12 mos.
		<input type="checkbox"/> 1 year
		<input type="checkbox"/> 2-4 years
		<input type="checkbox"/> 5+ years
		<input type="checkbox"/> Never

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 (21) 0 <input type="checkbox"/> Under 1 (22)
21a. Is -- able to take part at all in ordinary play with other children?	21a.	Y	1 N (28)
b. Is he limited in the kind of play he can do because of his health?	b.	2 Y (28)	N
c. Is he limited in the amount of play because of his health?	c.	2 Y (28)	N (27)
22a. Is -- limited in any way because of his health?	22a.	1 Y	5 N (NP)
b. In what way is he limited? Record limitation, not condition.	b.	_____ (28)	
23a. Does -- health now keep him from working?	23a.	1 Y (28)	N
b. Is he limited in the kind of work he could do because of his health?	b.	2 Y (28)	N
c. Is he limited in the amount of work he could do because of his health?	c.	2 Y (28)	N
d. Is he limited in the kind or amount of other activities because of his health?	d.	3 Y (28)	N (27)
24a. Does -- NOW have a job?	24a.	Y (24c)	N
b. In terms of health, is -- NOW able to (work - keep house) at all?	b.	Y	1 N (28)
c. Is he limited in the kind of (work - housework) he can do because of his health?	c.	2 Y (28)	N
d. Is he limited in the amount of (work - housework) he can do because of his health?	d.	2 Y (28)	N
e. Is he limited in the kind or amount of other activities because of his health?	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?	26a.	2 Y (28)	N
b. Is he (would he be) limited in school attendance because of his health?	b.	2 Y (28)	N
c. Is he limited in the kind or amount of other activities because of his health?	c.	3 Y (28)	N
27a. Is -- limited in ANY WAY because of a disability or health?	27a.	4 Y	5 N (NP)
b. In what way is he limited? Record limitation, not condition.	b.	_____	
28a. About how long has he { been limited in -- been unable to -- had to go to a certain type of school? }	28a.	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 28c	
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 28b 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	

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)	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)	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)	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)	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)
0 <input type="checkbox"/> 1-5 years (27) 0 <input type="checkbox"/> Under 1 (22)		0 <input type="checkbox"/> 1-5 years (27) 0 <input type="checkbox"/> Under 1 (22)	0 <input type="checkbox"/> 1-5 years (27) 0 <input type="checkbox"/> Under 1 (22)		0 <input type="checkbox"/> 1-5 years (27) 0 <input type="checkbox"/> Under 1 (22)	0 <input type="checkbox"/> 1-5 years (27) 0 <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 1 ____ Mos. 2 ____ Yrs. Enter condition in item C Ask 28c <input type="checkbox"/> Old age only (NP)	28a.	000 <input type="checkbox"/> Less than 1 month 1 ____ Mos. 2 ____ Yrs. Enter condition in item C Ask 28c <input type="checkbox"/> Old age only (NP)	000 <input type="checkbox"/> Less than 1 month 1 ____ Mos. 2 ____ Yrs. Enter condition in item C Ask 28c <input type="checkbox"/> Old age only (NP)	28a.	000 <input type="checkbox"/> Less than 1 month 1 ____ Mos. 2 ____ Yrs. Enter condition in item C Ask 28c <input type="checkbox"/> Old age only (NP)	000 <input type="checkbox"/> Less than 1 month 1 ____ Mos. 2 ____ Yrs. Enter condition in item C Ask 28c <input type="checkbox"/> Old age only (NP)
Y (Reask 28b and c) N	b.	Y (Reask 28b and c) N	Y (Reask 28b and c) N	b.	Y (Reask 28b and c) N	Y (Reask 28b and c) N
<input type="checkbox"/> Only 1 condition	c.	<input type="checkbox"/> Only 1 condition	<input type="checkbox"/> Only 1 condition	c.	<input type="checkbox"/> Only 1 condition	<input type="checkbox"/> Only 1 condition
_____ Enter main condition	d.	_____ Enter main condition	_____ Enter main condition	d.	_____ 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. -----	30b.	Y
c. During that period, how many times was -- in a nursing home or similar place? -----	c.	____ Times (Item C)
Ask for each child 1 year old or under if date of birth is on or after reference date.		
31a. Was -- born in a hospital? -----	31a.	Y N (NP)
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. -----		
b. Is this hospitalization included in the number you gave me for --? -----	b.	Y N
If "No," correct entries in 29 and item C for mother and/or baby. -----		
FOOTNOTES		

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

FOOTNOTES

1	<p>32a. DURING THE PAST 12 MONTHS, did anyone in the family (you, your --, etc.) have --</p> <p>If "Yes," ask 32b and c.</p> <p>b. Who was this? Enter name of condition and letter of line where reported in appropriate person's column in item C.</p> <p>c. During the past 12 months, did anyone else have . . . ?</p> <p>Conditions affecting the digestive system.</p> <p>Make no entry in item C for cold, flu, or gripe even if reported in question 32.</p>	<p>A. Gallstones?</p> <p>B. Any other <i>gallbladder</i> trouble?</p> <p>C. Cirrhosis of the liver?</p> <p>D. Fatty liver?</p> <p>E. Hepatitis?</p> <p>F. Yellow jaundice?</p> <p>G. Any other <i>liver</i> trouble?</p> <p>H. Diabetes?</p>	<p>I. Any disease of the <i>pancreas</i>?</p> <p>J. Ulcer?</p> <p>K. Hernia or rupture?</p> <p>L. A disease of the <i>esophagus</i>?</p> <p>M. Gastritis?</p> <p>N. FREQUENT indigestion?</p> <p>O. Any other <i>stomach</i> trouble?</p> <p>P. Enteritis?</p>
2	<p>32a. Does anyone in the family (you, your --, etc.) NOW have --</p> <p>If "Yes," ask 32b and c.</p> <p>b. Who is this? Enter name of condition and letter of line where reported in appropriate person's column in item C.</p> <p>c. Does anyone else have . . . ?</p> <p>32d. DURING THE PAST 12 MONTHS, did anyone in the family (you, your --, etc.) have -- If "Yes," ask 32e and f.</p> <p>e. Who was this? Enter name of condition and letter of line where reported in appropriate person's column in item C.</p> <p>f. During the past 12 months, did anyone else have . . . ?</p> <p>Conditions C–N and V are conditions affecting the bone and muscle.</p>	<p>A. Permanent stiffness or any deformity of the foot, leg, fingers, arm or back? (Permanent stiffness – joints will not move at all)</p> <p>B. Paralysis of any kind?</p> <p>C. Arthritis of any kind or Rheumatism?</p> <p>D. Gout?</p> <p>E. Lumbago?</p> <p>F. Osteomyelitis? (os-tee-oh-my-uh-lite-iss)</p> <p>G. A bone cyst or bone spur?</p> <p>H. Any other disease of the bone or cartilage?</p>	<p>I. Trick knee?</p> <p>J. A slipped or ruptured disc?</p> <p>K. Curvature of the spine?</p> <p>L. REPEATED trouble with neck, back, or spine?</p> <p>M. Bursitis or Synovitis? (sin-uh-vite-iss)</p> <p>N. Any disease of the muscles or tendons?</p>
3	<p>32a. DURING THE PAST 12 MONTHS, did anyone in the family (you, your --, etc.) have --</p> <p>If "Yes," ask 32b and c.</p> <p>b. Who was this? Enter name of condition and letter of line where reported in appropriate person's column in item C.</p> <p>c. During the past 12 months, did anyone else have . . . ?</p>	<p>A. Goiter or other thyroid trouble?</p> <p>B. Diabetes?</p> <p>C. Cystic fibrosis?</p> <p>D. Anemia?</p> <p>E. Epilepsy?</p> <p>F. Multiple sclerosis?</p> <p>G. Migraine?</p>	<p>} Glandular disorders</p> <p>Blood disorder</p> <p>} Conditions affecting the nervous system</p>

1	<p>32a. DURING THE PAST 12 MONTHS, did anyone in the family have - If "Yes," ask 32b and c.</p> <p>b. Who was this? Enter in item C.</p> <p>c. During the past 12 months, did anyone else have . . . ?</p> <p>Conditions affecting the digestive system.</p> <p>Make no entry in item C for cold, flu, or grippe even if reported in question 32.</p>	Q. Diverticulitis?	<p>W. Cancer of the stomach, colon or rectum?</p> <p>X. During the past 12 months, did anyone in the family have any other condition of the digestive system? If "Yes," ask: Who was this? - What was the condition? (Enter in item C)</p>
		R. Colitis?	
		S. Spastic colon?	
		T. FREQUENT constipation?	
		U. Any other bowel trouble?	
		V. Any other intestinal trouble?	
2	<p>32d. DURING THE PAST 12 MONTHS, did anyone in the family have - If "Yes," ask 32e and f.</p> <p>e. Who was this? Enter in item C.</p> <p>f. During the past 12 months, did anyone else have . . . ?</p> <p>Conditions O-U and W-Z are conditions affecting the skin.</p>	O. A tumor, cyst or growth of the skin?	U. Dermatitis or any other skin trouble?
		P. Eczema or psoriasis? (so-rye-uh-sis)	V. TROUBLE with fallen arches, flatfeet or clubfoot?
		Q. TROUBLE with dry or itching skin?	W. TROUBLE with ingrown toenails or fingernails?
		R. TROUBLE with acne?	X. TROUBLE with bunions, corns, or calluses?
		S. A skin ulcer?	Y. A disease of the hair or scalp?
		T. Any kind of skin allergy?	Z. Any disease of the lymph or sweat glands?
3	<p>32a. DURING THE PAST 12 MONTHS, did anyone in the family have - If "Yes," ask 32b and c.</p> <p>b. Who was this? Enter in item C.</p> <p>c. During the past 12 months, did anyone else have . . . ?</p>	H. Neuralgia or neuritis?	} Conditions affecting the nervous system
		I. Sciatica?	
		J. Nephritis?	
		K. Kidney stones?	} Genito-urinary conditions
		L. Any other kidney trouble?	
		M. Bladder trouble?	
		N. Prostate trouble?	
O. Disease of the uterus or ovary?			
P. Any other female trouble?			

4	<p>32a. Does anyone in the family (you, your --, etc.) NOW have -- If "Yes," ask 32b and c.</p> <p>b. Who is this? -- Enter name of condition and letter of line where reported in appropriate person's column in item C.</p> <p>c. Does anyone else have . . . ?</p> <p>A--L are conditions affecting hearing vision speech</p>	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?
5	<p>32a. Has anyone in the family (you, your --, etc.) EVER had -- If "Yes," ask 32b and c.</p> <p>b. Who was this? -- Enter name of condition and letter of line where reported in appropriate person's column in item C.</p> <p>c. Has anyone else ever had. . . ? Conditions affecting the heart and circulatory system.</p>	A. Rheumatic fever?	G. Stroke or a cerebrovascular accident?
		B. Rheumatic heart disease?	H. Hemorrhage of the brain?
		C. Hardening of the arteries or arteriosclerosis?	I. Angina pectoris?
		D. Congenital heart disease?	J. Myocardial infarction?
		E. Coronary heart disease?	K. Any other heart attack?
		F. High blood pressure?	
6	<p>32a. DURING THE PAST 12 MONTHS, did anyone in the family (you, your --, etc.) have -- If "Yes," ask 32b and c.</p> <p>b. Who was this? -- Enter name of condition and letter of line where reported in appropriate person's column in item C.</p> <p>c. During the past 12 months did anyone else have . . . ? Conditions affecting the respiratory system.</p>	A. Bronchitis?	F. Sinus trouble?
		B. Bronchiectasis? (brong ke-ek tah-sis)	G. Deflected or deviated nasal septum?
		C. Asthma?	H. *Tonsillitis or enlargement of the tonsils or adenoids?
		D. Hay fever?	I. *Laryngitis?
		E. Nasal polyp?	
		<p>*If reported in question 32 only, ask:</p> <p>1. How many times did -- have . . . in the past 12 months? -- If 2+ enter in item C. If only 1 time, ask:</p> <p>2. How long did it last? -- If 1 month or longer, enter in item C. If less than 1 month, do not record.</p> <p>If tonsils or adenoids removed during the past 12 months, enter condition causing removal in item C. Make no entry in item C for cold; flu; red, sore, or strep throat; or "virus" reported in answer to question 32.</p>	

4	<p>32a. Does anyone in the family NOW have – If "Yes," ask 32b and c.</p> <p>b. Who is this? Enter in item C.</p> <p>c. Does anyone else have . . . ? Conditions O–W are impairments. Conditions Y and Z affect the nervous system.</p>	<p>O. Palsy or cerebral palsy?</p> <hr/> <p>P. Paralysis of any kind?</p> <hr/> <p>Q. Curvature of the spine?</p> <hr/> <p>R. REPEATED trouble with back or spine?</p> <hr/> <p>S. Any TROUBLE with fallen arches or flatfeet?</p> <hr/> <p>T. A clubfoot?</p>	<p>U. PERMANENT stiffness or any deformity of the back, foot, or leg? (Permanent stiffness – joints will not move at all)</p> <hr/> <p>V. PERMANENT stiffness or any deformity of the fingers, hand, or arm?</p> <hr/> <p>W. Mental retardation?</p> <hr/> <p>X. Any condition caused by an old accident or injury? If "Yes," ask: What is the condition?</p> <hr/> <p>Y. Epilepsy?</p> <hr/> <p>Z. REPEATED convulsions, seizures, or blackouts?</p>	
5	<p>32a. DURING THE PAST 12 MONTHS, did anyone in the family (you, your —, etc.) have – If "Yes," ask 32b and c.</p> <p>b. Who was this? Enter in item C.</p> <p>c. During the past 12 months did anyone else have . . . ? Conditions affecting the heart and circulatory system.</p>	<p>L. Damaged heart valves?</p> <hr/> <p>M. Tachycardia or rapid heart?</p> <hr/> <p>N. Heart murmur?</p> <hr/> <p>O. Any other heart trouble?</p> <hr/> <p>P. Aneurysm?</p> <hr/> <p>Q. Any blood clots?</p>	<p>R. Gangrene?</p> <hr/> <p>S. Varicose veins?</p> <hr/> <p>T. Hemorrhoids or piles?</p> <hr/> <p>U. Phlebitis or thrombophlebitis?</p> <hr/> <p>V. Any other condition affecting blood circulation?</p>	
6	<p>32a. DURING THE PAST 12 MONTHS, did anyone in the family have – If "Yes," ask 32b and c.</p> <p>b. Who was this? Enter in item C.</p> <p>c. During the past 12 months, did anyone else have . . . ? Make no entry in item C for cold; flu; red, sore, or strep throat; or "virus" reported in answer to question 32. Conditions affecting the respiratory system.</p>	<p>J. Tumor, cyst, or growth of the bronchial tube or lung?</p> <hr/> <p>K. Emphysema?</p> <hr/> <p>L. Pleurisy?</p> <hr/> <p>M. Tuberculosis?</p> <hr/> <p>N. Abscess of the lung?</p>	<p>O. Tumor, cyst, or growth of the throat, larynx, or trachea?</p> <hr/> <p>P. Any work-related respiratory condition such as dust on the lungs, silicosis or pneu-mo-co-ni-o-sis?</p> <hr/> <p>Q. During the past 12 months did anyone in the family have any other respiratory, lung, or pulmonary condition? If "Yes," ask: Who was this? – What was the condition? (Enter in item C)</p>	

33. Compared to other persons --'s age, would you say that his health is excellent, good, fair, or poor?		33.	1 E 2 G 3 F 4 P
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
34. During the past 12 months (that is since _____ (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?)		34.	0 <input type="checkbox"/> None 1 <input type="checkbox"/> 1-7 2 <input type="checkbox"/> 8-30 3 <input type="checkbox"/> 31-180 (1-6 months) 4 <input type="checkbox"/> 181+ (6 months +)
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. If persons responded for self, show whether entirely or partly. For persons under 17, show who responded for them.	R	1 <input type="checkbox"/> Responded for self-entirely 2 <input type="checkbox"/> Responded for self-partly Person__was respondent
FOOTNOTES			

1 E 2 G 3 F 4 P	33,	1 E 2 G 3 F 4 P	1 E 2 G 3 F 4 P	33,	1 E 2 G 3 F 4 P	1 E 2 G 3 F 4 P
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
0 <input type="checkbox"/> None 1 <input type="checkbox"/> 1-7 2 <input type="checkbox"/> 8-30 3 <input type="checkbox"/> 31-180 (1-6 months) 4 <input type="checkbox"/> 181+ (6 months +)	34,	0 <input type="checkbox"/> None 1 <input type="checkbox"/> 1-7 2 <input type="checkbox"/> 8-30 3 <input type="checkbox"/> 31-180 (1-6 months) 4 <input type="checkbox"/> 181+ (6 months +)	0 <input type="checkbox"/> None 1 <input type="checkbox"/> 1-7 2 <input type="checkbox"/> 8-30 3 <input type="checkbox"/> 31-180 (1-6 months) 4 <input type="checkbox"/> 181+ (6 months +)	34,	0 <input type="checkbox"/> None 1 <input type="checkbox"/> 1-7 2 <input type="checkbox"/> 8-30 3 <input type="checkbox"/> 31-180 (1-6 months) 4 <input type="checkbox"/> 181+ (6 months +)	0 <input type="checkbox"/> None 1 <input type="checkbox"/> 1-7 2 <input type="checkbox"/> 8-30 3 <input type="checkbox"/> 31-180 (1-6 months) 4 <input type="checkbox"/> 181+ (6 months +)
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
FOOTNOTES						

USUAL SOURCE OF CARE		
1. Is there a particular clinic, health center, doctor's office or other place that -- usually goes to if he is sick or needs advice about his health?	1.	1 Y 2 N (7)
2. What kind of place is it -- a clinic, a health center, a hospital, a doctor's office, or some other place? IF HOSPITAL: Is this an outpatient clinic or the emergency room? IF CLINIC: Is this a hospital outpatient clinic, a company clinic, or some other kind of clinic?	2.	1 <input type="checkbox"/> Doctor's office (group practice or doctor's clinic) 2 <input type="checkbox"/> Hospital outpatient clinic 3 <input type="checkbox"/> Home 4 <input type="checkbox"/> Hospital emergency room 5 <input type="checkbox"/> Company or industry clinic 6 <input type="checkbox"/> Health center 7 <input type="checkbox"/> Other (Specify) <u>7</u>
3. Is there ONE particular doctor -- usually sees at (place in 2)? If "Home" in 2, go to 6; otherwise ask:	3.	1 Y 2 N
4. In what city (town), county and State is the (place in 2) located?	4.	City _____ County _____ State _____
5. About how long does it usually take -- to get to the (place in 2)?	5.	_____ Minutes
6. The LAST time -- saw a doctor was it at the SAME (place in 2) or some other place?	6.	1 <input type="checkbox"/> Same place (NP) 2 <input type="checkbox"/> Other place (B)
Hand Card P 7. Many people do not have a particular place they usually go when they are sick or need advice about their health. Could you please give me the number of the statement which is the MAIN reason -- does not have a particular place he usually goes? 1 -- Have two or more usual doctors or places depending on what is wrong. 2 -- Haven't needed a doctor. 3 -- Previous doctor no longer available. 4 -- Haven't been able to find the right doctor. 5 -- Recently moved to area. 6 -- Other reason -- Please specify	7.	1 2 3 4 5 6 (Specify) <u>7</u> _____ _____
Mark box or ask: 8. The LAST time -- saw a doctor was it at a clinic, a health center, a hospital, a doctor's office, or some other place? IF HOSPITAL: Is this an outpatient clinic or the emergency room? IF CLINIC: Is this a hospital outpatient clinic, a company clinic, or some other kind of clinic?	8.	<input type="checkbox"/> 2 week DV in CI (NP) 1 <input type="checkbox"/> Doctor's office (group practice or doctor's clinic) 2 <input type="checkbox"/> Hospital outpatient clinic 3 <input type="checkbox"/> Home 4 <input type="checkbox"/> Hospital emergency room 5 <input type="checkbox"/> Company or industry clinic 6 <input type="checkbox"/> Health center 7 <input type="checkbox"/> Other (Specify) <u>7</u>

1 Y 2 N (7)		1. 1 Y 2 N (7)		1 Y 2 N (7)		1. 1 Y 2 N (7)		1 Y 2 N (7)					
1 <input type="checkbox"/> Doctor's office (group practice or doctor's clinic) 2 <input type="checkbox"/> Hospital outpatient clinic 3 <input type="checkbox"/> Home 4 <input type="checkbox"/> Hospital emergency room 5 <input type="checkbox"/> Company or industry clinic 6 <input type="checkbox"/> Health center 7 <input type="checkbox"/> Other (Specify) <u> </u>		2.		1 <input type="checkbox"/> Doctor's office (group practice or doctor's clinic) 2 <input type="checkbox"/> Hospital outpatient clinic 3 <input type="checkbox"/> Home 4 <input type="checkbox"/> Hospital emergency room 5 <input type="checkbox"/> Company or industry clinic 6 <input type="checkbox"/> Health center 7 <input type="checkbox"/> Other (Specify) <u> </u>		1 <input type="checkbox"/> Doctor's office (group practice or doctor's clinic) 2 <input type="checkbox"/> Hospital outpatient clinic 3 <input type="checkbox"/> Home 4 <input type="checkbox"/> Hospital emergency room 5 <input type="checkbox"/> Company or industry clinic 6 <input type="checkbox"/> Health center 7 <input type="checkbox"/> Other (Specify) <u> </u>		2.		1 <input type="checkbox"/> Doctor's office (group practice or doctor's clinic) 2 <input type="checkbox"/> Hospital outpatient clinic 3 <input type="checkbox"/> Home 4 <input type="checkbox"/> Hospital emergency room 5 <input type="checkbox"/> Company or industry clinic 6 <input type="checkbox"/> Health center 7 <input type="checkbox"/> Other (Specify) <u> </u>		1 <input type="checkbox"/> Doctor's office (group practice or doctor's clinic) 2 <input type="checkbox"/> Hospital outpatient clinic 3 <input type="checkbox"/> Home 4 <input type="checkbox"/> Hospital emergency room 5 <input type="checkbox"/> Company or industry clinic 6 <input type="checkbox"/> Health center 7 <input type="checkbox"/> Other (Specify) <u> </u>	
1 Y 2 N		3. 1 Y 2 N		1 Y 2 N		3. 1 Y 2 N		1 Y 2 N					
City _____ County _____ State _____		4. City _____ County _____ State _____		City _____ County _____ State _____		4. City _____ County _____ State _____		City _____ County _____ State _____					
_____ Minutes		5. _____ Minutes		_____ Minutes		5. _____ Minutes		_____ Minutes					
1 <input type="checkbox"/> Same place (NP) 2 <input type="checkbox"/> Other place (B)		6. 1 <input type="checkbox"/> Same place (NP) 2 <input type="checkbox"/> Other place (B)		1 <input type="checkbox"/> Same place (NP) 2 <input type="checkbox"/> Other place (B)		6. 1 <input type="checkbox"/> Same place (NP) 2 <input type="checkbox"/> Other place (B)		1 <input type="checkbox"/> Same place (NP) 2 <input type="checkbox"/> Other place (B)					
1 2 3 4 5 6 (Specify) <u> </u>		7. 1 2 3 4 5 6 (Specify) <u> </u>		1 2 3 4 5 6 (Specify) <u> </u>		7. 1 2 3 4 5 6 (Specify) <u> </u>		1 2 3 4 5 6 (Specify) <u> </u>					
<input type="checkbox"/> 2 week DV in CI (NP) 1 <input type="checkbox"/> Doctor's office (group practice or doctor's clinic) 2 <input type="checkbox"/> Hospital outpatient clinic 3 <input type="checkbox"/> Home 4 <input type="checkbox"/> Hospital emergency room 5 <input type="checkbox"/> Company or industry clinic 6 <input type="checkbox"/> Health center 7 <input type="checkbox"/> Other (Specify) <u> </u>		8. <input type="checkbox"/> 2 week DV in CI (NP) 1 <input type="checkbox"/> Doctor's office (group practice or doctor's clinic) 2 <input type="checkbox"/> Hospital outpatient clinic 3 <input type="checkbox"/> Home 4 <input type="checkbox"/> Hospital emergency room 5 <input type="checkbox"/> Company or industry clinic 6 <input type="checkbox"/> Health center 7 <input type="checkbox"/> Other (Specify) <u> </u>		<input type="checkbox"/> 2 week DV in CI (NP) 1 <input type="checkbox"/> Doctor's office (group practice or doctor's clinic) 2 <input type="checkbox"/> Hospital outpatient clinic 3 <input type="checkbox"/> Home 4 <input type="checkbox"/> Hospital emergency room 5 <input type="checkbox"/> Company or industry clinic 6 <input type="checkbox"/> Health center 7 <input type="checkbox"/> Other (Specify) <u> </u>		8. <input type="checkbox"/> 2 week DV in CI (NP) 1 <input type="checkbox"/> Doctor's office (group practice or doctor's clinic) 2 <input type="checkbox"/> Hospital outpatient clinic 3 <input type="checkbox"/> Home 4 <input type="checkbox"/> Hospital emergency room 5 <input type="checkbox"/> Company or industry clinic 6 <input type="checkbox"/> Health center 7 <input type="checkbox"/> Other (Specify) <u> </u>		<input type="checkbox"/> 2 week DV in CI (NP) 1 <input type="checkbox"/> Doctor's (group practice or doctor's clinic) 2 <input type="checkbox"/> Hospital outpatient clinic 3 <input type="checkbox"/> Home 4 <input type="checkbox"/> Hospital emergency room 5 <input type="checkbox"/> Company or industry clinic 6 <input type="checkbox"/> Health center 7 <input type="checkbox"/> Other (Specify) <u> </u>					

BLOOD DONOR		D	1 <input type="checkbox"/> 17-64 (1) 2 <input type="checkbox"/> Other (NP)																																																								
1a. During the past 12 months, has -- given or sold any blood to a blood bank, a hospital, the Red Cross, or anywhere else?		1a.	1 Y 2 N (2)																																																								
b. During the past 12 months, how many times has -- given or sold blood? Hand Card B For each time reported in 1b, ask:		b.	_____ Times																																																								
c. Which of the reasons listed on this card best describes why -- gave blood (the last time/the time before that, etc.)? Please give me the number of the reason. 1 - Sold blood. 2 - Replaced blood used by a relative or friend. 3 - Unpaid donation to a blood bank to assure free blood for this family in the future. 4 - Other unpaid blood donation which was NOT for replacement and did NOT assure free blood for this family in the future. 5 - Some other reason - Specify		c.	<table border="0" style="width: 100%;"> <tr> <td style="width: 5%; text-align: center;">(Last time)</td> <td style="width: 10%; text-align: center;">1</td> <td style="width: 15%; text-align: center;">2</td> <td style="width: 15%; text-align: center;">3</td> <td style="width: 15%; text-align: center;">4</td> <td style="width: 15%; text-align: center;">5</td> <td style="width: 10%; text-align: center;">7</td> </tr> <tr> <td></td> <td colspan="5" style="text-align: center;">_____</td> <td style="text-align: center;">(Specify)</td> </tr> <tr> <td></td> <td colspan="5" style="text-align: center;">1 2 3 4 5 7</td> <td></td> </tr> <tr> <td></td> <td colspan="5" style="text-align: center;">_____</td> <td style="text-align: center;">(Specify)</td> </tr> <tr> <td></td> <td colspan="5" style="text-align: center;">1 2 3 4 5 7</td> <td></td> </tr> <tr> <td></td> <td colspan="5" style="text-align: center;">_____</td> <td style="text-align: center;">(Specify)</td> </tr> <tr> <td></td> <td colspan="5" style="text-align: center;">1 2 3 4 5 7</td> <td></td> </tr> <tr> <td></td> <td colspan="5" style="text-align: center;">_____</td> <td style="text-align: center;">(Specify)</td> </tr> </table>	(Last time)	1	2	3	4	5	7		_____					(Specify)		1 2 3 4 5 7							_____					(Specify)		1 2 3 4 5 7							_____					(Specify)		1 2 3 4 5 7							_____					(Specify)
(Last time)	1	2	3	4	5	7																																																					
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	1 2 3 4 5 7																																																										
	_____					(Specify)																																																					
2a. Has -- EVER given or sold blood to a blood bank, a hospital, the Red Cross or anywhere else?		2a.	1 Y 2 N (4) 9 DK (4)																																																								
b. About how long has it been since -- LAST gave or sold blood? (Was it more than 5 years or less than 5 years?) (Was it more than 10 years or less than 10 years?)		b.	_____ Years 99 <input type="checkbox"/> DK																																																								
3. About how many times has -- EVER given or sold blood?		3.	_____ Times 99 <input type="checkbox"/> DK																																																								
4. Has -- EVER been asked in person, either face-to-face or over the telephone, to give or sell blood?		4.	1 Y 2 N 9 DK																																																								
R1 Q's 1-4	For persons aged 17-64, show who responded for (or was present during the asking of) Questions 1-4. If persons responded for self, show whether entirely or partly.		R1 1 <input type="checkbox"/> Responded for self-entirely 2 <input type="checkbox"/> Responded for self-partly Person _____ was respondent																																																								
FOOTNOTES																																																											

<input type="checkbox"/> 17-64 (1) <input type="checkbox"/> Other (NP)	D	<input type="checkbox"/> 17-64 (1) <input type="checkbox"/> Other (NP)	<input type="checkbox"/> 17-64 (1) <input type="checkbox"/> Other (NP)	D	<input type="checkbox"/> 17-64 (1) <input type="checkbox"/> Other (NP)	<input type="checkbox"/> 17-64 (1) <input type="checkbox"/> Other (NP)
1 Y 2 N (2)	1a.	1 Y 2 N (2)	1 Y 2 N (2)	1a.	1 Y 2 N (2)	1 Y 2 N (2)
_____ Times	b.	_____ Times	_____ Times	b.	_____ Times	_____ Times
(Last time) 1 2 3 4 5 $\overline{\text{P}}$ 1 _____ (Specify)	c.	(Last time) 1 2 3 4 5 $\overline{\text{P}}$ 1 _____ (Specify)	(Last time) 1 2 3 4 5 $\overline{\text{P}}$ 1 _____ (Specify)	c.	(Last time) 1 2 3 4 5 $\overline{\text{P}}$ 1 _____ (Specify)	(Last time) 1 2 3 4 5 $\overline{\text{P}}$ 1 _____ (Specify)
2 _____ (Specify)	2	2 _____ (Specify)	2 _____ (Specify)	2	2 _____ (Specify)	2 _____ (Specify)
3 _____ (Specify)	3	3 _____ (Specify)	3 _____ (Specify)	3	3 _____ (Specify)	3 _____ (Specify)
4 _____ (Specify)	4	4 _____ (Specify)	4 _____ (Specify)	4	4 _____ (Specify)	4 _____ (Specify)
1 Y 2 N (4) 9 DK (4)	2a.	1 Y 2 N (4) 9 DK (4)	1 Y 2 N (4) 9 DK (4)	2a.	1 Y 2 N (4) 9 DK (4)	1 Y 2 N (4) 9 DK (4)
_____ Years	b.	_____ Years	_____ Years	b.	_____ Years	_____ Years
99 <input type="checkbox"/> DK		99 <input type="checkbox"/> DK	99 <input type="checkbox"/> DK		99 <input type="checkbox"/> DK	99 <input type="checkbox"/> DK
_____ Times	3.	_____ Times	_____ Times	3.	_____ Times	_____ Times
99 <input type="checkbox"/> DK		99 <input type="checkbox"/> DK	99 <input type="checkbox"/> DK		99 <input type="checkbox"/> DK	99 <input type="checkbox"/> DK
1 Y 2 N 9 DK	4.	1 Y 2 N 9 DK	1 Y 2 N 9 DK	4.	1 Y 2 N 9 DK	1 Y 2 N 9 DK
1 <input type="checkbox"/> Responded for self-entirely 2 <input type="checkbox"/> Responded for self-partly Person ___ was respondent	R1	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	R1	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

FOOTNOTES

<p>Mark box or ask:</p> <p>1. Did -- ever serve in the Armed Forces of the United States?</p>	<p><input type="checkbox"/> Under 17 (NP)</p> <p>1. 1 Y 2 N (NP)</p>
<p>2a. In which branch or branches of the Armed Forces did --serve? Mark all that apply</p> <p>----- If only one entry in 2a, mark corresponding box; otherwise ask:</p> <p>b. In which did -- serve most recently?</p> <p>-----</p> <p>c. When did -- serve in the <u>(entry in 2b)</u> ?</p> <p>Circle code in descending order of priority. Thus if person served in Vietnam and in Korea, circle VN.</p> <p>-----</p> <p>d. In what year did -- leave the <u>(entry in 2b)</u>?</p> <p>-----</p> <p>e. How many total years did -- serve on active duty in the <u>(entries in 2a)</u>?</p> <p>-----</p> <p>f. Does -- have a service connected disability?</p>	<p>2a. 1 <input type="checkbox"/> Air Force 2 <input type="checkbox"/> Army 3 <input type="checkbox"/> Navy 4 <input type="checkbox"/> Marines 5 <input type="checkbox"/> Coast Guard</p> <p>b. 1 <input type="checkbox"/> Air Force 2 <input type="checkbox"/> Army 3 <input type="checkbox"/> Navy 4 <input type="checkbox"/> Marines 5 <input type="checkbox"/> Coast Guard</p> <p>c. Vietnam Era (Aug. '64 to April '75) VN Korean War (June '50-Jan. '55). KW World War II (Sept. '40-July '47) WW II World War I (April '17-Nov. '18) WW I Post Vietnam (May '75 to present) PVN Other Service (all other periods). OS</p> <p>1 VN 5 PVN 2 KW 6 OS 3 WW II 9 DK 4 WW I</p> <p>d. 19 _____ (Year)</p> <p>e. _____ Years</p> <p>f. 1 Y 2 N</p>
<p>3a. Does -- get retirement payments or a pension from the <u>(entry in 2b)</u> or the Veterans Administration?</p> <p>-----</p> <p>b. From which does -- get the retirement payments or the pension?</p>	<p>3a. Y 5 N (NP)</p> <p>b. 1 <input type="checkbox"/> Service 2 <input type="checkbox"/> VA</p>
<p>FOOTNOTES:</p>	

<input type="checkbox"/> Under 17 (NP) 1 Y 2 N (NP)		<input type="checkbox"/> Under 17 (NP) 1 Y 2 N (NP)		<input type="checkbox"/> Under 17 (NP) 1 Y 2 N (NP)		<input type="checkbox"/> Under 17 (NP) 1 Y 2 N (NP)		<input type="checkbox"/> Under 17 (NP) 1 Y 2 N (NP)	
1 <input type="checkbox"/> Air Force		2a.	1 <input type="checkbox"/> Air Force	1 <input type="checkbox"/> Air Force		2a.	1 <input type="checkbox"/> Air Force	1 <input type="checkbox"/> Air Force	
2 <input type="checkbox"/> Army			2 <input type="checkbox"/> Army	2 <input type="checkbox"/> Army			2 <input type="checkbox"/> Army	2 <input type="checkbox"/> Army	
3 <input type="checkbox"/> Navy			3 <input type="checkbox"/> Navy	3 <input type="checkbox"/> Navy			3 <input type="checkbox"/> Navy	3 <input type="checkbox"/> Navy	
4 <input type="checkbox"/> Marines			4 <input type="checkbox"/> Marines	4 <input type="checkbox"/> Marines			4 <input type="checkbox"/> Marines	4 <input type="checkbox"/> Marines	
5 <input type="checkbox"/> Coast Guard			5 <input type="checkbox"/> Coast Guard	5 <input type="checkbox"/> Coast Guard			5 <input type="checkbox"/> Coast Guard	5 <input type="checkbox"/> Coast Guard	

1 <input type="checkbox"/> Air Force		b.	1 <input type="checkbox"/> Air Force	1 <input type="checkbox"/> Air Force		b.	1 <input type="checkbox"/> Air Force	1 <input type="checkbox"/> Air Force	
2 <input type="checkbox"/> Army			2 <input type="checkbox"/> Army	2 <input type="checkbox"/> Army			2 <input type="checkbox"/> Army	2 <input type="checkbox"/> Army	
3 <input type="checkbox"/> Navy			3 <input type="checkbox"/> Navy	3 <input type="checkbox"/> Navy			3 <input type="checkbox"/> Navy	3 <input type="checkbox"/> Navy	
4 <input type="checkbox"/> Marines			4 <input type="checkbox"/> Marines	4 <input type="checkbox"/> Marines			4 <input type="checkbox"/> Marines	4 <input type="checkbox"/> Marines	
5 <input type="checkbox"/> Coast Guard			5 <input type="checkbox"/> Coast Guard	5 <input type="checkbox"/> Coast Guard			5 <input type="checkbox"/> Coast Guard	5 <input type="checkbox"/> Coast Guard	

1 VN 5 PVN		c.	1 VN 5 PVN	1 VN 5 PVN		c.	1 VN 5 PVN	1 VN 5 PVN	
2 KW 6 OS			2 KW 6 OS	2 KW 6 OS			2 KW 6 OS	2 KW 6 OS	
3 WW II 9 DK			3 WW II 9 DK	3 WW II 9 DK			3 WW II 9 DK	3 WW II 9 DK	
4 WW I			4 WW I	4 WW I			4 WW I	4 WW I	

19 _____		d.	19 _____	19 _____		d.	19 _____	19 _____	
(Year)			(Year)	(Year)			(Year)	(Year)	

_____ Years		e.	_____ Years	_____ Years		e.	_____ Years	_____ Years	

1 Y 2 N		f.	1 Y 2 N	1 Y 2 N		f.	1 Y 2 N	1 Y 2 N	

Y 5 N (NP)		3a.	Y 5 N (NP)	Y 5 N (NP)		3a.	Y 5 N (NP)	Y 5 N (NP)	
1 <input type="checkbox"/> Service 2 <input type="checkbox"/> VA		b.	1 <input type="checkbox"/> Service 2 <input type="checkbox"/> VA	1 <input type="checkbox"/> Service 2 <input type="checkbox"/> VA		b.	1 <input type="checkbox"/> Service 2 <input type="checkbox"/> VA	1 <input type="checkbox"/> Service 2 <input type="checkbox"/> VA	

FOOTNOTES

4a. Does anyone in this family receive assistance through the "Aid to Families with Dependent Children" Program, sometimes called "AFDC" or "ADC"?	Y N (5)		
b. Which (other) family members are included in the AFDC assistance payment? Mark "AFDC" box in person's column.		4b.	1 <input type="checkbox"/> AFDC
c. Are any other family members included in this program?	Y (Reask 4b and c) N		
5a. Does anyone in this family receive the "Supplemental Security Income" or "SSI" gold-colored check?	Y N (6)		
b. Who receives this check? Mark "SSI" box in person's column.		5b.	1 <input type="checkbox"/> SSI
c. Anyone else?	Y (Reask 5b and c) N		
6a. There is a national program called Medicaid which pays for health care for persons in need. (In this State it is also called _____.) During the past 12 months, has anyone in this family received health care which has been or will be paid for by Medicaid (or _____)?	Y N (7)		
b. Who was this? Mark "Medicaid" box in person's column.		6b.	1 <input type="checkbox"/> Medicaid
c. Anyone else?	Y (Reask 6b and c) N		
7a. Does anyone in the family now have a Medicaid (or _____) card which looks like this? Show Medicaid card.	Y N (8)		
b. Who is this? Mark "Card" box in person's column.		7b.	1 <input type="checkbox"/> Card
c. Anyone else?	Y (Reask 7b and c) N		
If "Card," ask: d. May I please see --'s (and --) card(s)? Mark appropriate box(es) in person's column.		d.	<input type="checkbox"/> Medicaid card seen <input checked="" type="checkbox"/> 1 <input type="checkbox"/> Current 2 <input type="checkbox"/> Expired 3 <input type="checkbox"/> No card seen 4 <input type="checkbox"/> Other card seen <input checked="" type="checkbox"/> _____ (Specify)
8a. During the past 12 months, has anyone in the family received health care provided or paid for by the Veterans Administration?	Y N (9)		
b. Who was this? Mark "VA" box in person's column.		8b.	1 <input type="checkbox"/> VA
c. Anyone else?	Y (Reask 8b and c) N		
FOOTNOTES			

<input type="checkbox"/> AFDC	4b.	<input type="checkbox"/> AFDC	<input type="checkbox"/> AFDC	4b.	<input type="checkbox"/> AFDC	<input type="checkbox"/> AFDC
<input type="checkbox"/> SSI	5b.	<input type="checkbox"/> SSI	<input type="checkbox"/> SSI	5b.	<input type="checkbox"/> SSI	<input type="checkbox"/> SSI
<input type="checkbox"/> Medicaid	6b.	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Medicaid	6b.	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Medicaid
<input type="checkbox"/> Card	7b.	<input type="checkbox"/> Card	<input type="checkbox"/> Card	7b.	<input type="checkbox"/> Card	<input type="checkbox"/> Card
<input type="checkbox"/> Medicaid card seen <input checked="" type="checkbox"/> 1 <input type="checkbox"/> Current 2 <input type="checkbox"/> Expired 3 <input type="checkbox"/> No card seen 8 <input type="checkbox"/> Other card seen <input checked="" type="checkbox"/> _____ (Specify)	d.	<input type="checkbox"/> Medicaid card seen <input checked="" type="checkbox"/> 1 <input type="checkbox"/> Current 2 <input type="checkbox"/> Expired 3 <input type="checkbox"/> No card seen 8 <input type="checkbox"/> Other card seen <input checked="" type="checkbox"/> _____ (Specify)	<input type="checkbox"/> Medicaid card seen <input checked="" type="checkbox"/> 1 <input type="checkbox"/> Current 2 <input type="checkbox"/> Expired 3 <input type="checkbox"/> No card seen 8 <input type="checkbox"/> Other card seen <input checked="" type="checkbox"/> _____ (Specify)	d.	<input type="checkbox"/> Medicaid card seen <input checked="" type="checkbox"/> 1 <input type="checkbox"/> Current 2 <input type="checkbox"/> Expired 3 <input type="checkbox"/> No card seen 8 <input type="checkbox"/> Other card seen <input checked="" type="checkbox"/> _____ (Specify)	<input type="checkbox"/> Medicaid card seen <input checked="" type="checkbox"/> 1 <input type="checkbox"/> Current 2 <input type="checkbox"/> Expired 3 <input type="checkbox"/> No card seen 8 <input type="checkbox"/> Other card seen <input checked="" type="checkbox"/> _____ (Specify)
<input type="checkbox"/> VA	8b.	<input type="checkbox"/> VA	<input type="checkbox"/> VA	8b.	<input type="checkbox"/> VA	<input type="checkbox"/> VA
FOOTNOTES						

<p>Mark box or ask:</p> <p>9a. About how tall is -- without shoes?</p> <p>-----</p> <p>b. About how much does -- weigh without shoes?</p>	<p>9a.</p> <p>b.</p>	<p><input type="checkbox"/> Under 17 (NP)</p> <p>____ Feet ____ Inches</p> <p>____ Pounds</p>
<p>Mark box or ask:</p> <p>10a. What is the highest grade or year -- attended in school?</p> <p>-----</p> <p>b. Did -- finish the -- grade (year)?</p>	<p>10a.</p> <p>b.</p>	<p><input type="checkbox"/> Under 17 (NP)</p> <p>00 <input type="checkbox"/> None (NP)</p> <p>Elem: 1 2 3 4 5 6 7 8</p> <p>High: 9 10 11 12</p> <p>College: 1 2 3 4 5 6+</p> <p>1 Y 2 N</p>
<p>Hand Card R</p> <p>Mark box or ask:</p> <p>11a. Please give me the number of the group or groups which describes --'s racial background.</p> <p>Circle all that apply.</p> <p>1 - Alaskan Native or American Indian</p> <p>2 - Asian or Pacific Islander</p> <p>3 - Black</p> <p>4 - White</p> <p>5 - Another group not listed - Please specify.</p> <p>-----</p> <p>If multiple entries ask:</p> <p>b. Which of those groups, that is, (entries in 11a) would you say BEST describes --'s racial background?</p>	<p>11a.</p> <p>b.</p>	<p><input type="checkbox"/> Under 17 (NP)</p> <p>1 2 3 4 5 <input checked="" type="checkbox"/></p> <p>_____ (Specify)</p> <p>1 2 3 4 5 <input checked="" type="checkbox"/></p> <p>_____ (Specify)</p>
<p>Hand Card O</p> <p>Mark box or ask:</p> <p>12a. Are any of those groups --'s national origin or ancestry? (Where did --'s ancestors come from?)</p> <p>-----</p> <p>b. Please give me the number of the group.</p> <p>Circle all that apply.</p> <p>1 - Puerto Rican</p> <p>2 - Cuban</p> <p>3 - Mexican</p> <p>4 - Mexicano</p> <p>5 - Mexican-American</p> <p>6 - Chicano</p> <p>7 - Other Latin American</p> <p>8 - Other Spanish</p>	<p>12a.</p> <p>b.</p>	<p><input type="checkbox"/> Under 17 (NP)</p> <p>1 Y 2 N (NP)</p> <p>1 2 3 4 5 6 7 8</p>
<p>FOOTNOTES</p>		

<input type="checkbox"/> Under 17 (NP) _____ Feet _____ Inches _____ Pounds	9a.	<input type="checkbox"/> Under 17 (NP) _____ Feet _____ Inches _____ Pounds	<input type="checkbox"/> Under 17 (NP) _____ Feet _____ Inches _____ Pounds	9a.	<input type="checkbox"/> Under 17 (NP) _____ Feet _____ Inches _____ Pounds	<input type="checkbox"/> Under 17 (NP) _____ Feet _____ Inches _____ Pounds
<input type="checkbox"/> Under 17 (NP) <input type="checkbox"/> None (NP) 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	10a.	<input type="checkbox"/> Under 17 (NP) <input type="checkbox"/> None (NP) 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	<input type="checkbox"/> Under 17 (NP) <input type="checkbox"/> None (NP) 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	10a.	<input type="checkbox"/> Under 17 (NP) <input type="checkbox"/> None (NP) 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	<input type="checkbox"/> Under 17 (NP) <input type="checkbox"/> None (NP) 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
<input type="checkbox"/> Under 17 (NP) 1 2 3 4 5 7 _____ (Specify)	11a.	<input type="checkbox"/> Under 17 (NP) 1 2 3 4 5 7 _____ (Specify)	<input type="checkbox"/> Under 17 (NP) 1 2 3 4 5 7 _____ (Specify)	11a.	<input type="checkbox"/> Under 17 (NP) 1 2 3 4 5 7 _____ (Specify)	<input type="checkbox"/> Under 17 (NP) 1 2 3 4 5 7 _____ (Specify)
1 2 3 4 5 7 _____ (Specify)	b.	1 2 3 4 5 7 _____ (Specify)	1 2 3 4 5 7 _____ (Specify)	b.	1 2 3 4 5 7 _____ (Specify)	1 2 3 4 5 7 _____ (Specify)
<input type="checkbox"/> Under 17 (NP) 1 Y 2 N (NP)	12a.	<input type="checkbox"/> Under 17 (NP) 1 Y 2 N (NP)	<input type="checkbox"/> Under 17 (NP) 1 Y 2 N (NP)	12a.	<input type="checkbox"/> Under 17 (NP) 1 Y 2 N (NP)	<input type="checkbox"/> Under 17 (NP) 1 Y 2 N (NP)
1 2 3 4 5 6 7 8	b.	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	b.	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8
FOOTNOTES						

<p>Mark box or ask:</p> <p>13a. Did -- work at any time last week or the week before -- not counting work around the house?</p> <p>b. Even though -- did not work during these 2 weeks, does he have a job or business?</p> <p>c. Was he looking for work or on layoff from a job?</p> <p>d. Which -- looking for work or on layoff from a job?</p>		<p><input type="checkbox"/> Under 17 (NP)</p> <p>13a. 1 Y (14) 2 N</p> <p>b. 1 Y 2 N</p> <p>c. 1 Y 2 N (14)</p> <p>d. 1 <input type="checkbox"/> Looking 3 <input type="checkbox"/> Both 2 <input type="checkbox"/> Layoff</p>
<p>Ask for all persons with a "Yes" in 13a, b, or c.</p> <p>If "Yes" in 13c only, questions 14a through 14e apply to this person's LAST full-time civilian job.</p>	<p>14a. For whom did -- work? Name of company, business, organization, or other employer</p>	<p>14a. Employer</p>
	<p>b. What kind of business or industry is this? For example, TV and radio manufacturing, retail shoe store, State Labor Dept., farm</p>	<p>b. Industry</p>
	<p>c. What kind of work was -- doing? For example, electrical engineer, stock clerk, typist, farmer</p>	<p>c. Occupation</p>
	<p>d. What were --'s most important activities or duties? For example, types, keeps account books, files, sells cars, operates printing press, finishes concrete</p>	<p>d. Duties</p>
	<p>Complete from entries in 14a-d; if not clear, ask:</p> <p>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</p>	<p>Class of worker</p> <p>e. 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>
<p>Hand Card I</p> <p>15. 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>15. 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>16a. 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 16a and b) N</p>		<p>16a. <input type="checkbox"/> Income</p>
<p>If only one person with "Income" box marked, go to Household page. If 2 or more persons with "Income" box marked, ask 17 for each.</p> <p>17. Which of those income groups represents --'s income for the past 12 months?</p>		<p>17. 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>

First name (2)			AGE	10.	First name (3)			AGE	First name (4)			AGE	10.	First name (5)			AGE	First name (6)			AGE			
Last name			RACE 1 W 2 B 3 OT		Last name			RACE 1 W 2 B 3 OT		Last name			RACE 1 W 2 B 3 OT		Last name			RACE 1 W 2 B 3 OT		Last name			RACE 1 W 2 B 3 OT	
Relationship			SEX 1 M 2 F	2.	Relationship			SEX 1 M 2 F		Relationship			SEX 1 M 2 F		Relationship			SEX 1 M 2 F		Relationship			SEX 1 M 2 F	
Month	Date	Year		3.	Month	Date	Year			Month	Date	Year		3.	Month	Date	Year		Month	Date	Year			
BED DAYS			DV	HOSP.	BED DAYS			DV	HOSP.	BED DAYS			DV	HOSP.	BED DAYS			DV	HOSP.	BED DAYS			DV	HOSP.
None (NP)			None (NP)	None (NP)	None (NP)			None (NP)	None (NP)	None (NP)			None (NP)	None (NP)	None (NP)			None (NP)	None (NP)	None (NP)			None (NP)	None (NP)
Q. No.			Condition		Q. No.			Condition		Q. No.			Condition		Q. No.			Condition		Q. No.			Condition	
Under 17 (NP)			1 Y (14)	2 N	Under 17 (NP)			1 Y (14)	2 N	Under 17 (NP)			1 Y (14)	2 N	Under 17 (NP)			1 Y (14)	2 N	Under 17 (NP)			1 Y (14)	2 N
1 Y			2 N		1 Y			2 N		1 Y			2 N		1 Y			2 N		1 Y			2 N	
1 Y			2 N (14)		1 Y			2 N (14)		1 Y			2 N (14)		1 Y			2 N (14)		1 Y			2 N (14)	
1 Looking			3 Both	1 Looking			3 Both	1 Looking			3 Both	1 Looking			3 Both	1 Looking			3 Both	1 Looking			3 Both	
2 Layoff					2 Layoff					2 Layoff					2 Layoff					2 Layoff				
Employer					Employer					Employer					Employer					Employer				
Industry					Industry					Industry					Industry					Industry				
Occupation					Occupation					Occupation					Occupation					Occupation				
Duties					Duties					Duties					Duties					Duties				
Class of worker					Class of worker					Class of worker					Class of worker					Class of worker				
1 P			5 I		1 P			5 I		1 P			5 I		1 P			5 I		1 P			5 I	
2 F			6 SE		2 F			6 SE		2 F			6 SE		2 F			6 SE		2 F			6 SE	
3 S			7 WP		3 S			7 WP		3 S			7 WP		3 S			7 WP		3 S			7 WP	
4 L			8 NEV		4 L			8 NEV		4 L			8 NEV		4 L			8 NEV		4 L			8 NEV	
Income					Income					Income					Income					Income				
00 A			04 E	08 I	00 A			04 E	08 I	00 A			04 E	08 I	00 A			04 E	08 I	00 A			04 E	08 I
01 B			05 F	09 J	01 B			05 F	09 J	01 B			05 F	09 J	01 B			05 F	09 J	01 B			05 F	09 J
02 C			06 G	10 K	02 C			06 G	10 K	02 C			06 G	10 K	02 C			06 G	10 K	02 C			06 G	10 K
03 D			07 H		03 D			07 H		03 D			07 H		03 D			07 H		03 D			07 H	

CARD B

1. Sold blood.
2. Replaced blood used by a relative or friend.
3. Unpaid donation to a blood bank to assure free blood for this family in the future.
4. Other unpaid blood donation which was not for replacement and did not assure free blood for this family in the future.
5. Some other reason – Specify

CARD C

Conditions reported for which questions 3a–3e need not be asked:

Acne	Hemorrhoids or piles (any kind)
Appendicitis	Hernia (any type)
Arteriosclerosis	Kidney stones
Arthritis (any kind)	Laryngitis
Athlete's foot	Migraine (any kind)
Bronchitis (any kind)	Mumps
Bunions	Normal delivery
Bursitis	Phlebitis (Thrombophlebitis)
Calluses	Pneumonia
Chickenpox	Pregnancy
Cold	Sciatica
Corns	Sinus (any kind)
Croup	Strep (Streptococcus) throat
Diabetes (any type)	Tonsillitis
Epilepsy (any kind)	Ulcer (duodenal, stomach, peptic or gastric only)
Gallstones	Vasectomy
Golter	Warts
Hardening of the arteries	Whooping cough
Hay fever	

CARD E2

Show detail in question 3e, Condition page and/or question 6, Hospital page for these IMPAIRMENTS.

- Deafness
- Trouble hearing
- Other ear condition
- Blindness
- Trouble seeing
- Other eye condition
- Missing hand – all or part
- Missing arm – all or part
- Missing foot – all or part
- Missing leg – all or part
- Trouble, stiffness or any deformity of – foot, leg, fingers, arm, or back

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

CARD P

1. Care received through Medicaid or Welfare.
2. Unemployed, or reasons related to unemployment.
3. Can't obtain insurance because of poor health, illness, or age.
4. Too expensive, can't afford health insurance.
5. Dissatisfied with previous insurance.
6. Don't believe in insurance.
7. Have been healthy, not much sickness in the family, haven't needed health insurance.
8. Military dependent, (CHAMPUS), veterans' benefits.
9. Some other reason – Specify

1. Have two or more usual doctors or places, depending on what is wrong.
2. Haven't needed a doctor.
3. Previous doctor no longer available.
4. Haven't been able to find the right doctor.
5. Recently moved to area.
6. Other reason – Please specify.

CARD O

CARD R

1. Puerto Rican
2. Cuban
3. Mexican
4. Mexicano
5. Mexican–American
6. Chicano
7. Other Latin American
8. Other Spanish

1. Alaskan Native or American Indian
2. Asian or Pacific Islander
3. Black
4. White
5. Another group not listed – Specify.