

SP <input type="checkbox"/>		H <input type="checkbox"/>		SP <input type="checkbox"/>		H <input type="checkbox"/>		SP <input type="checkbox"/>		H <input type="checkbox"/>		SP <input type="checkbox"/>		H <input type="checkbox"/>					
First name 2			AGE	First name 3			AGE	First name 4			AGE	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	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	3.	Month	Date	Year	3.	Month	Date	Year	3.	Month	Date	Year	3.
BED DAYS			DV	BED DAYS			DV	BED DAYS			DV	BED DAYS			DV	BED DAYS			DV
<input type="checkbox"/> None (NP)			<input type="checkbox"/> None (NP)	<input type="checkbox"/> None (NP)			<input type="checkbox"/> None (NP)	<input type="checkbox"/> None (NP)			<input type="checkbox"/> None (NP)	<input type="checkbox"/> None (NP)			<input type="checkbox"/> None (NP)	<input type="checkbox"/> None (NP)			<input type="checkbox"/> None (NP)
___ (NP)			___ (NP)	___ (NP)			___ (NP)	___ (NP)			___ (NP)	___ (NP)			___ (NP)	___ (NP)			___ (NP)
Q. No.	Condition			Q. No.	Condition			Q. No.	Condition			Q. No.	Condition			Q. No.	Condition		
0 <input type="checkbox"/> Under 17			4.	0 <input type="checkbox"/> Under 17			4.	0 <input type="checkbox"/> Under 17			4.	0 <input type="checkbox"/> Under 17			4.	0 <input type="checkbox"/> Under 17			4.
1 <input type="checkbox"/> Married - spouse present				1 <input type="checkbox"/> Married - spouse present				1 <input type="checkbox"/> Married - spouse present				1 <input type="checkbox"/> Married - spouse present				1 <input type="checkbox"/> Married - spouse present			
6 <input type="checkbox"/> Married - spouse absent				6 <input type="checkbox"/> Married - spouse absent				6 <input type="checkbox"/> Married - spouse absent				6 <input type="checkbox"/> Married - spouse absent				6 <input type="checkbox"/> Married - spouse absent			
2 <input type="checkbox"/> Widowed				2 <input type="checkbox"/> Widowed				2 <input type="checkbox"/> Widowed				2 <input type="checkbox"/> Widowed				2 <input type="checkbox"/> Widowed			
4 <input type="checkbox"/> Divorced				4 <input type="checkbox"/> Divorced				4 <input type="checkbox"/> Divorced				4 <input type="checkbox"/> Divorced				4 <input type="checkbox"/> Divorced			
5 <input type="checkbox"/> Separated				5 <input type="checkbox"/> Separated				5 <input type="checkbox"/> Separated				5 <input type="checkbox"/> Separated				5 <input type="checkbox"/> Separated			
3 <input type="checkbox"/> Never married				3 <input type="checkbox"/> Never married				3 <input type="checkbox"/> Never married				3 <input type="checkbox"/> Never married				3 <input type="checkbox"/> Never married			
0 <input type="checkbox"/> Under 17			H	0 <input type="checkbox"/> Under 17			H	0 <input type="checkbox"/> Under 17			H	0 <input type="checkbox"/> Under 17			H	0 <input type="checkbox"/> Under 17			H
1 <input type="checkbox"/> At home				1 <input type="checkbox"/> At home				1 <input type="checkbox"/> At home				1 <input type="checkbox"/> At home				1 <input type="checkbox"/> At home			
2 <input type="checkbox"/> Not at home				2 <input type="checkbox"/> Not at home				2 <input type="checkbox"/> Not at home				2 <input type="checkbox"/> Not at home				2 <input type="checkbox"/> Not at home			
Y (5b)			5a.	Y (5b)			5a.	Y (5b)			5a.	Y (5b)			5a.	Y (5b)			5a.
00 N } If age: 17+ (6) 6-16 (7) Under 6 (9)				00 N } If age: 17+ (6) 6-16 (7) Under 6 (9)				00 N } If age: 17+ (6) 6-16 (7) Under 6 (9)				00 N } If age: 17+ (6) 6-16 (7) Under 6 (9)				00 N } If age: 17+ (6) 6-16 (7) Under 6 (9)			
___ Days			b.	___ Days			b.	___ Days			b.	___ Days			b.	___ Days			b.
___ WL days (8)			6.	___ WL days (8)			6.	___ WL days (8)			6.	___ WL days (8)			6.	___ WL days (8)			6.
00 <input type="checkbox"/> None (9)				00 <input type="checkbox"/> None (9)				00 <input type="checkbox"/> None (9)				00 <input type="checkbox"/> None (9)				00 <input type="checkbox"/> None (9)			
___ SL days			7.	___ SL days			7.	___ SL days			7.	___ SL days			7.	___ SL days			7.
00 <input type="checkbox"/> None (9)				00 <input type="checkbox"/> None (9)				00 <input type="checkbox"/> None (9)				00 <input type="checkbox"/> None (9)				00 <input type="checkbox"/> None (9)			
___ Days			8.	___ Days			8.	___ Days			8.	___ Days			8.	___ Days			8.
00 <input type="checkbox"/> None				00 <input type="checkbox"/> None				00 <input type="checkbox"/> None				00 <input type="checkbox"/> None				00 <input type="checkbox"/> None			
1 Y			9a.	1 Y			9a.	1 Y			9a.	1 Y			9a.	1 Y			9a.
2 N (10)				2 N (10)				2 N (10)				2 N (10)				2 N (10)			
___ Days			b.	___ Days			b.	___ Days			b.	___ Days			b.	___ Days			b.
00 <input type="checkbox"/> None				00 <input type="checkbox"/> None				00 <input type="checkbox"/> None				00 <input type="checkbox"/> None				00 <input type="checkbox"/> None			
Enter condition in item C Ask 10b			10a.	Enter condition in item C Ask 10b			10a.	Enter condition in item C Ask 10b			10a.	Enter condition in item C Ask 10b			10a.	Enter condition in item C Ask 10b			10a.
Y			b.	Y			b.	Y			b.	Y			b.	Y			b.
N (NP)				N (NP)				N (NP)				N (NP)				N (NP)			
Enter condition in item C (10b)			c.	Enter condition in item C (10b)			c.	Enter condition in item C (10b)			c.	Enter condition in item C (10b)			c.	Enter condition in item C (10b)			c.

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>	
<p>b. Who was this? – Mark "Accident or injury" box in person's column.</p>	<p>11b. <input type="checkbox"/> Accident or injury</p>
<p>c. What was the injury?</p>	<p>c. Injury</p>
<p>d. Did anyone have any other accidents or injuries during that period? Y (Reask 11b and c) N</p>	
<p>If "Accident or injury," ask: e. As a result of the accident, did -- see a doctor or did he cut down on the things he usually does?</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>	
<p>b. Who was this? – Mark "Dental visit" box in person's column.</p>	<p>12b. <input type="checkbox"/> Dental visit</p>
<p>c. During the past 2 weeks, did anyone else in the family go to a dentist? Y (Reask 12b and c) N</p>	
<p>If "Dental visit," ask: d. During the past 2 weeks, how many times did -- go to a dentist?</p>	<p>d. _____ No. of dental visits (NP)</p>
<p>Do not ask for children 1 yr. old and under.</p> <p>Mark box or ask: 13. ABOUT how long has it been since -- LAST went to a dentist?</p>	<p>13. 1 <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–6months</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>	

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.	14. 00 <input type="checkbox"/> None _____ Number of visits } NP
(Besides those visits)	
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?	Y N (16)
b. Who was this? - Mark "Doctor visit" box in person's column.	15b. <input type="checkbox"/> Doctor visit
c. Anyone else?	Y (Reask 15b and c) N
If "Doctor visit," ask:	
d. How many times did -- visit the doctor during that period?	d. _____ Number of visits (NP)
16a. During that period, did anyone in the family get any medical advice from a doctor over the telephone?	Y N (17)
b. Who was the phone call about? - Mark "Phone call" box in person's column.	16b. <input type="checkbox"/> Phone call
c. Any calls about anyone else?	Y (Reask 16b and c) N
If "Phone call," ask:	
d. How many telephone calls were made to get medical advice about -- ?	d. _____ Number of calls (NP)
Fill item C, (DV), from 14-16 for all persons. Ask 17a for each person with visits in DV box.	
17a. For what condition did -- see or talk to a doctor during the past 2 weeks?	17a. <input type="checkbox"/> Condition (Item C THEN 17d) <input type="checkbox"/> Pregnancy (17e) <input type="checkbox"/> No condition
b. Did -- see or talk to a doctor about any specific condition?	b. Y N (NP)
c. What condition?	c. Enter condition in item C Ask 17d
d. During that period, did -- see or talk to a doctor about any other condition?	d. Y (17c) N (NP)
e. During the past 2 weeks was -- sick because of her pregnancy?	e. Y N (17d)
f. What was the matter?	f. Enter condition in item C (17d)
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.)	18a. 000 <input type="checkbox"/> Only when in hospital 000 <input type="checkbox"/> None _____ Number of visits
b. ABOUT how long has it been since -- LAST saw or talked to a medical doctor? Include doctors seen while a patient in a hospital.	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

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?		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
b. What (other) condition causes this limitation?		1 _____ Mos. 2 _____ Yrs.
If "old age" only, ask: Is this limitation caused by any specific condition?		b. Enter condition in item C Ask 28c
c. Is this limitation caused by any other condition?		<input type="checkbox"/> Old age only (NP)
Mark box or ask:		Y (Reask 28b and c) N
d. Which of these conditions would you say is the MAIN cause of his limitation?		<input type="checkbox"/> Only 1 condition
		d. _____ Enter main condition

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 grippe even if reported in question 32.</p>	A. Gallstones?	I. Any disease of the pancreas?
		B. Any other gallbladder trouble?	J. Ulcer?
		C. Cirrhosis of the liver?	K. Hernia or rupture?
		D. Fatty liver?	L. A disease of the esophagus?
		E. Hepatitis?	M. Gastritis?
		F. Yellow jaundice?	N. FREQUENT indigestion?
		G. Any other liver trouble?	O. Any other stomach trouble?
		H. Diabetes?	P. Enteritis?
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>	A. Permanent stiffness or any deformity of the foot, leg, fingers, arm or back? (Permanent stiffness - joints will not move at all)	
		B. Paralysis of any kind?	
	<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>	C. Arthritis of any kind or Rheumatism?	I. Trick knee?
		D. Gout?	J. A slipped or ruptured disc?
		E. Lumbago?	K. Curvature of the spine?
		F. Osteomyelitis? (os-tee-oh-my-uh-lite-iss)	L. REPEATED trouble with neck, back, or spine?
		G. A bone cyst or bone spur?	M. Bursitis or Synovitis? (sin-uh-vite-iss)
		H. Any other disease of the bone or cartilage?	N. Any disease of the muscles or tendons?
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>	A. Goiter or other thyroid trouble?	} Glandular disorders
		B. Diabetes?	
		C. Cystic fibrosis?	} Blood disorder
		D. Anemia?	
		E. Epilepsy?	} Conditions affecting the nervous system
		F. Multiple sclerosis?	
		G. Migraine?	

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?	W. Cancer of the stomach, colon or rectum?
		R. Colitis?	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)
		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?	Genito-urinary conditions
		K. Kidney stones?	
		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 –</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>A–L are conditions affecting } hearing vision speech</p>	<p>A. Deafness in one or both ears?</p> <p>B. Any other trouble hearing with one or both ears?</p> <p>C. Tinnitus or ringing in the ears?</p> <p>D. Blindness in one or both eyes?</p> <p>E. Cataracts?</p> <p>F. Glaucoma?</p> <p>G. Color blindness?</p>	<p>H. A detached retina or any other condition of the retina?</p> <p>I. Any other trouble seeing with one or both eyes even when wearing glasses?</p> <p>J. A cleft palate or harelip?</p> <p>K. Stammering or stuttering?</p> <p>L. Any other speech defect?</p> <p>M. A missing finger, hand, or arm, toe, foot, or leg?</p> <p>N. A missing (breast), kidney or lung?</p>
5	<p>32a. Has anyone in the family (you, your --, etc.) EVER had –</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. Has anyone else ever had. . . ?</p> <p>Conditions affecting the heart and circulatory system.</p>	<p>A. Rheumatic fever?</p> <p>B. Rheumatic heart disease?</p> <p>C. Hardening of the arteries or arteriosclerosis?</p> <p>D. Congenital heart disease?</p> <p>E. Coronary heart disease?</p> <p>F. High blood pressure?</p>	<p>G. Stroke or a cerebrovascular accident?</p> <p>H. Hemorrhage of the brain?</p> <p>I. Angina pectoris?</p> <p>J. Myocardial infarction?</p> <p>K. Any other heart attack?</p>
6	<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 respiratory system.</p>	<p>A. Bronchitis?</p> <p>B. Bronchiectasis? (brong ke-ek tah-sis)</p> <p>C. Asthma?</p> <p>D. Hay fever?</p> <p>E. Nasal polyp?</p> <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.</p> <p>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.</p> <p>Make no entry in item C for cold; flu; red, sore, or strep throat; or "virus" reported in answer to question 32.</p>	<p>F. Sinus trouble?</p> <p>G. Deflected or deviated nasal septum?</p> <p>H. *Tonsillitis or enlargement of the tonsils or adenoids?</p> <p>I. *Laryngitis?</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>	O. Palsy or cerebral palsy?	U. PERMANENT stiffness or any deformity of the back, foot, or leg? (Permanent stiffness - joints will not move at all)
		P. Paralysis of any kind?	V. PERMANENT stiffness or any deformity of the fingers, hand, or arm?
		Q. Curvature of the spine?	W. Mental retardation?
		R. REPEATED trouble with back or spine?	X. Any condition caused by an old accident or injury? If "Yes," ask: What is the condition?
		S. Any TROUBLE with fallen arches or flatfeet?	Y. Epilepsy?
		T. A clubfoot?	Z. REPEATED convulsions, seizures, or blackouts?
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>	L. Damaged heart valves?	R. Gangrene?
		M. Tachycardia or rapid heart?	S. Varicose veins?
		N. Heart murmur?	T. Hemorrhoids or piles?
		O. Any other heart trouble?	U. Phlebitis or thrombophlebitis?
		P. Aneurysm?	V. Any other condition affecting blood circulation?
		Q. Any blood clots?	
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>	J. Tumor, cyst, or growth of the bronchial tube or lung?	O. Tumor, cyst, or growth of the throat, larynx, or trachea?
		K. Emphysema?	P. Any work-related respiratory condition such as dust on the lungs, silicosis or pneu-mo-co-ni-o-sis?
		L. Pleurisy?	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)
		M. Tuberculosis?	
		N. Abscess of the lung?	

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			

<p>Mark box or ask:</p> <p>1a. About how tall is --- without shoes?</p> <p>b. About how much does --- weigh without shoes?</p>	<p><input type="checkbox"/> Under 17 (NP)</p> <p>1a. _____ Feet _____ Inches</p> <p>b. _____ Pounds</p>
<p>Mark box or ask:</p> <p>2a. What is the highest grade or year --- attended in school?</p> <p>b. Did --- finish the --- grade (year)?</p>	<p><input type="checkbox"/> Under 17 (NP)</p> <p>2a. 00 <input type="checkbox"/> None (3)</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>b. 1 Y 2 N</p>
<p>3a. Did --- EVER serve on active duty in the Armed Forces of the United States?</p> <p>b. When did --- serve?</p> <p>Circle code in descending order of priority. Thus, if person served in Vietnam and in Korea, circle VN.</p> <p>Vietnam Era (Aug. '64-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</p> <p>c. Was --- EVER an active member of a National Guard or military reserve unit?</p> <p>d. Was ALL of ---'s active duty service related to National Guard or military reserve training?</p>	<p>3a. 1 Y 2 N (NP) 9 DK (NP)</p> <p>b. 1 VN 5 PVN 2 KW 6 OS 3 WWII 9 DK 4 WWI</p> <p>c. 1 Y 2 N (NP) 9 DK (NP)</p> <p>d. 1 Y 2 N 9 DK</p>
<p>Hand Card R - Mark box or ask:</p> <p>4a. Please give me the number of the group or groups which describes ---'s racial background.</p> <p>Circle all that apply.</p> <p>1 - Aleut, Eskimo or American Indian 2 - Asian or Pacific Islander 3 - Black 4 - White 5 - Another group not listed - Please specify</p> <p>If multiple entries ask:</p> <p>b. Which of those groups, that is, (entries in 4a) would you say BEST describes ---'s racial background?</p>	<p><input type="checkbox"/> Under 17 (NP)</p> <p>4a. 1 2 3 4 5 - Specify <input checked="" type="checkbox"/></p> <p>_____</p> <p>_____</p> <p>b. 1 2 3 4 5 - Specify <input checked="" type="checkbox"/></p> <p>_____</p>
<p>Hand Card O - Mark box or ask:</p> <p>5a. Are any of those groups ---'s national origin or ancestry? (Where did ---'s ancestors come from?)</p> <p>b. Please give me the number of the group.</p> <p>Circle all that apply.</p> <p>1 - Puerto Rican 4 - Mexicano 7 - Other Latin American 2 - Cuban 5 - Mexican-American 8 - Other Spanish 3 - Mexican 6 - Chicano</p>	<p><input type="checkbox"/> Under 17 (NP)</p> <p>5a. 1 Y 2 N (NP)</p> <p>b. 1 2 3 4 5 6 7 8</p>

Mark box or ask:			<input type="checkbox"/> Under 17 (NP)	
6a. Did --- work at any time last week or the week before -- not counting work around the house?		6a.	1 Y (7) 2 N	
b. Even though --- did not work during these 2 weeks, does --- have a job or business?		b.	1 Y 2 N	
c. Was --- looking for work or on layoff from a job?		c.	1 Y 2 N (7)	
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	
Mark for all persons. If "N" in 6a and in 6b, then question 7 applies to person's LAST job either full-time or part-time. Include military jobs.	7a. For whom did --- (last) work? Name of company, business, organization, or other employer	7a.	<input type="checkbox"/> Never worked (NP) 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 7a-d; if not clear ask:		e.	Class of worker
	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 farm, ask: Is the business incorporated? Yes I No (or farm) SE --- working WITHOUT PAY in family business or farm? WP			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
W1	Mark appropriate box.	W1	1 <input type="checkbox"/> Under 17 or Nev. W. (NP) 2 <input type="checkbox"/> Callback required (NP) 3 <input type="checkbox"/> Person is available	
(Earlier I was told that you (last) worked as a (occupation in 7c) for (employer in 7a).)				
8a. How long (did/have) you ever work(ed) as a (occupation in 7c) for (employer in 7a)?		8a.	Number { 2 <input type="checkbox"/> Weeks 3 <input type="checkbox"/> Months 4 <input type="checkbox"/> Years	
b. Have you ever had a job, that is, a specific kind of work for one employer, at which you worked for more than (time in 8a)? Include military jobs.		b.	1 Y 2 N (NP)	
Of all the jobs you have ever had, including military jobs, I'd like to know about the one at which you worked longest.				
9a. For whom did you work? Name of company, business, organization, or other employer		9a.	Employer	
b. What kind of business or industry was this? For example, TV and radio manufacturing, retail shoe store, State Labor Dept., farm		b.	Industry	
c. What kind of work were you doing? For example, electrical engineer, stock clerk, typist, farmer		c.	Occupation	
d. What were your 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 9a-d; if not clear, ask:				
e. Were you 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 farm, ask: Is the business incorporated? Yes I No (or farm) SE --- working WITHOUT PAY in family business or farm? WP			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	
f. How long (did/have) you ever work(ed) as a (occupation in 9c) for (employer in 9a)?		f.	<input type="checkbox"/> Less than 1 year _____, Years	

<p>10a. 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 _____)?</p> <p>b. Who was this? Mark "Medicaid" box in person's column.</p> <p>c. Anyone else?</p>	<p>Y N (11)</p> <p>Y (Reask 10b and c) N</p>	<p>10b. 1 <input type="checkbox"/> Medicaid</p>
<p>11a. Does anyone in the family now have a Medicaid (or _____) card which looks like this? Show Medicaid card.</p> <p>b. Who is this? Mark "Card" box in person's column.</p> <p>c. Anyone else?</p> <p>If "Card," ask: d. May I please see ---'s (and ---) card(s)? Mark appropriate box(es) in person's column.</p>	<p>Y N (12)</p> <p>Y (Reask 11b and c) N</p>	<p>11b. 1 <input type="checkbox"/> Card</p> <p>d. <input type="checkbox"/> Medicaid card seen 1 <input type="checkbox"/> Current 2 <input type="checkbox"/> Expired 3 <input type="checkbox"/> No card seen 8 <input type="checkbox"/> Other card seen</p> <p>(Specify)</p>
<p>Hand Card I.</p> <p>12. 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>12. 00 <input type="checkbox"/> A 06 <input type="checkbox"/> G 01 <input type="checkbox"/> B 07 <input type="checkbox"/> H 02 <input type="checkbox"/> C 08 <input type="checkbox"/> I 03 <input type="checkbox"/> D 09 <input type="checkbox"/> J 04 <input type="checkbox"/> E 10 <input type="checkbox"/> K 05 <input type="checkbox"/> F</p>	
<p>13a. 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?</p>	<p>Y (Reask 13a and b) N</p>	<p>13a. <input type="checkbox"/> Income</p>
<p>If only one person with "Income" box marked, go to 15. If 2 or more persons with "Income" box marked, ask 14 for each.</p> <p>14. Which of those income groups represents ---'s income for the past 12 months?</p>	<p>14. 00 <input type="checkbox"/> A 06 <input type="checkbox"/> G 01 <input type="checkbox"/> B 07 <input type="checkbox"/> H 02 <input type="checkbox"/> C 08 <input type="checkbox"/> I 03 <input type="checkbox"/> D 09 <input type="checkbox"/> J 04 <input type="checkbox"/> E 10 <input type="checkbox"/> K 05 <input type="checkbox"/> F</p>	
<p>15a. Does anyone in this family receive assistance through the "Aid to Families with Dependent Children" Program, sometimes called "AFDC" or "ADC"?</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?</p>	<p>Y N (16)</p> <p>Y (Reask 15b and c) N</p>	<p>15b. 1 <input type="checkbox"/> AFDC</p>

16a. Does anyone in the family receive the "Supplemental Security Income" or "SSI" gold-colored check?	Y N (17)															
b. Who receives this check? Mark "SSI" box in person's column.	16b. 1 <input type="checkbox"/> SSI															
c. Anyone else?	Y (Reask 16b and c) N															
17a. Does anyone in the family receive any (other) income from Social Security?	Y N (19)															
b. Who is this? Mark "Social Security" box in person's column.	17b. 1 <input type="checkbox"/> Social Security															
c. Anyone else?	Y (Reask 17b and c) N															
People may receive Social Security benefits because of their own work experience or because they are dependents or survivors of someone who qualified, based on work experience. Ask for each person with "Social Security" marked in 17b:																
18. Does (person in 17b) receive Social Security payments because of --'s own work experience or because -- is a dependent or survivor of someone who worked?	18. 1 <input type="checkbox"/> Work experience 2 <input type="checkbox"/> Dependent or survivor															
19a. Including retirement payments received because of disability, does anyone in the family, (that is you, your --, etc.) receive any income from -- If "Yes," ask 19b and c <table border="0" style="margin-left: 20px;"> <tr> <td></td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> </tr> <tr> <td>(1) Railroad retirement?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>(2) Pension as a military retiree?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>(3) Government employee pension? (Federal, State, or local government)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>(4) Private employer or union pension?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		Y	N	(1) Railroad retirement?	<input type="checkbox"/>	<input type="checkbox"/>	(2) Pension as a military retiree?	<input type="checkbox"/>	<input type="checkbox"/>	(3) Government employee pension? (Federal, State, or local government)	<input type="checkbox"/>	<input type="checkbox"/>	(4) Private employer or union pension?	<input type="checkbox"/>	<input type="checkbox"/>	19b. 1 <input type="checkbox"/> Railroad 2 <input type="checkbox"/> Military 3 <input type="checkbox"/> Government employee 4 <input type="checkbox"/> Private or union
	Y	N														
(1) Railroad retirement?	<input type="checkbox"/>	<input type="checkbox"/>														
(2) Pension as a military retiree?	<input type="checkbox"/>	<input type="checkbox"/>														
(3) Government employee pension? (Federal, State, or local government)	<input type="checkbox"/>	<input type="checkbox"/>														
(4) Private employer or union pension?	<input type="checkbox"/>	<input type="checkbox"/>														
b. Who is this? Mark box in person's column.																
c. Anyone else?																
For each income reported in 19b, ask: 20. Does -- receive the (entry in 19b) because of --'s own work experience or because -- is a dependent or survivor of someone who worked?	20. <table border="1" style="margin-left: 20px;"> <thead> <tr> <th></th> <th>OWN</th> <th>SURV</th> </tr> </thead> <tbody> <tr> <td>RR</td> <td></td> <td></td> </tr> <tr> <td>Military</td> <td></td> <td></td> </tr> <tr> <td>Gov't</td> <td></td> <td></td> </tr> <tr> <td>Private</td> <td></td> <td></td> </tr> </tbody> </table>		OWN	SURV	RR			Military			Gov't			Private		
	OWN	SURV														
RR																
Military																
Gov't																
Private																
FOOTNOTES																

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
Goiter	Warts
Hardening of the arteries	Whooping cough
Hay fever	

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 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 N

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

CARD O

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

CARD R

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