

A. HOUSEHOLD COMPOSITION PAGE		1																																																																																								
<p>1a. What are the names of all persons living or staying here? Start with the name of the person or one of the persons who owns or rents this home. Enter name in REFERENCE PERSON column.</p> <p>b. What are the names of all other persons living or staying here? Enter names in columns.</p> <p>c. I have listed (read names). Have I missed:                      - any babies or small children?                      - any lodgers, boarders, or persons you employ who live here?                      - anyone who USUALLY lives here but is now away from home traveling or in a hospital?                      - anyone else staying here?</p> <p>d. Do all of the persons you have named usually live here? <input type="checkbox"/> Yes (2)  <input type="checkbox"/> No (APPLY HOUSEHOLD MEMBERSHIP RULES. Delete nonhousehold members by an "X" from 1-C2 and enter reason.)</p> <p>Probe if necessary:                      Does -- usually live somewhere else?</p> <p>Ask for all persons beginning with column 2:</p>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">1. First name</td> <td style="width: 20%;">Mid. Init.</td> <td style="width: 20%;">Age</td> <td style="width: 30%;"></td> </tr> <tr> <td>Last name</td> <td></td> <td>Sex</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1 M</td> <td></td> </tr> <tr> <td></td> <td></td> <td>2 F</td> <td></td> </tr> <tr> <td colspan="4">2. Relationship REFERENCE PERSON</td> </tr> <tr> <td colspan="4">3. Date of Birth</td> </tr> <tr> <td>Month</td> <td>Date</td> <td>Year</td> <td></td> </tr> <tr> <td colspan="4">C1</td> </tr> <tr> <td>HOSP</td> <td>WORK</td> <td>RD</td> <td>2-WK, DV</td> </tr> <tr> <td>00 None</td> <td>1 Wa</td> <td>Yes</td> <td>00 None</td> </tr> <tr> <td>Number</td> <td>2 Wb</td> <td>No</td> <td>Number</td> </tr> <tr> <td colspan="4">C2</td> </tr> <tr> <td>LA</td> <td>RA</td> <td>DV</td> <td>INJ CL LTR HS COND</td> </tr> <tr> <td colspan="4"> </td> </tr> <tr> <td>LA</td> <td>RA</td> <td>DV</td> <td>INJ CL LTR HS COND</td> </tr> <tr> <td colspan="4"> </td> </tr> <tr> <td>LA</td> <td>RA</td> <td>DV</td> <td>INJ CL LTR HS COND</td> </tr> <tr> <td colspan="4"> </td> </tr> <tr> <td>LA</td> <td>RA</td> <td>DV</td> <td>INJ CL LTR HS COND</td> </tr> <tr> <td colspan="4"> </td> </tr> <tr> <td>LA</td> <td>RA</td> <td>DV</td> <td>INJ CL LTR HS COND</td> </tr> <tr> <td colspan="4"> </td> </tr> </table>	1. First name	Mid. Init.	Age		Last name		Sex				1 M				2 F		2. Relationship REFERENCE PERSON				3. Date of Birth				Month	Date	Year		C1				HOSP	WORK	RD	2-WK, DV	00 None	1 Wa	Yes	00 None	Number	2 Wb	No	Number	C2				LA	RA	DV	INJ CL LTR HS COND					LA	RA	DV	INJ CL LTR HS COND					LA	RA	DV	INJ CL LTR HS COND					LA	RA	DV	INJ CL LTR HS COND					LA	RA	DV	INJ CL LTR HS COND				
1. First name	Mid. Init.	Age																																																																																								
Last name		Sex																																																																																								
		1 M																																																																																								
		2 F																																																																																								
2. Relationship REFERENCE PERSON																																																																																										
3. Date of Birth																																																																																										
Month	Date	Year																																																																																								
C1																																																																																										
HOSP	WORK	RD	2-WK, DV																																																																																							
00 None	1 Wa	Yes	00 None																																																																																							
Number	2 Wb	No	Number																																																																																							
C2																																																																																										
LA	RA	DV	INJ CL LTR HS COND																																																																																							
LA	RA	DV	INJ CL LTR HS COND																																																																																							
LA	RA	DV	INJ CL LTR HS COND																																																																																							
LA	RA	DV	INJ CL LTR HS COND																																																																																							
LA	RA	DV	INJ CL LTR HS COND																																																																																							
<p>2. What is -- relationship to (reference person)?</p> <p>3. What is -- date of birth? (Enter date and age and mark sex.)</p>		<p>C1</p> <p>C2</p>																																																																																								
REFERENCE PERIODS																																																																																										
A1	2-WEEK PERIOD																																																																																									
	12-MONTH DATE																																																																																									
	13-MONTH HOSPITAL DATE																																																																																									
A2	ASK CONDITION LIST																																																																																									
A3	Refer to ages of all related HH members.	<p>A3</p> <p><input type="checkbox"/> All persons 65 and over (5)</p> <p><input type="checkbox"/> Other (4)</p>																																																																																								
<p>4a. Are any of the persons in this family now on full-time active duty with the armed forces?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (5)</p> <p>b. Who is this? Delete column number(s) _____ by an "X" from 1-C2.</p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 4b and c) <input type="checkbox"/> No</p> <p>Ask for each person in armed forces:</p> <p>d. Where does -- usually live and sleep, here or somewhere else? Mark box in person's column.</p> <p>4d. <input type="checkbox"/> Living at home  <input type="checkbox"/> Not living at home</p>		<p>4d.</p> <p><input type="checkbox"/> Living at home</p> <p><input type="checkbox"/> Not living at home</p>																																																																																								
<p>If related persons 17 and over are listed in addition to the respondent and are not present, say:</p> <p>5. We would like to have all adult family members who are at home take part in the interview. Are (names of persons 17 and over) at home now? If "Yes," ask: Could they join us? (Allow time)</p> <p>Read to respondent(s):                      This survey is being conducted to collect information on the nation's health. I will ask about hospitalizations, disability, visits to doctors, illness in the family, and other health related items.</p>																																																																																										
HOSPITAL PROBE																																																																																										
<p>6a. Since (13-month hospital date) a year ago, was -- a patient in a hospital OVERNIGHT?</p> <p>b. How many different times did -- stay in any hospital overnight or longer since (13-month hospital date) a year ago?</p>		<p>6a.</p> <p>1 Yes</p> <p>2 No (Mark "HOSP" box, THEN NP)</p> <p>b.</p> <p>Number of times } (Make entry in "HOSP" box, THEN NP)</p>																																																																																								
<p>Ask for each child under one:</p> <p>7a. Was -- born in a hospital?</p> <p>Ask for mother and child:</p> <p>b. Have you included this hospitalization in the number you gave me for --?</p>		<p>7a.</p> <p>1 Yes</p> <p>2 No (NP)</p> <p>b.</p> <p><input type="checkbox"/> Yes (NP)</p> <p><input type="checkbox"/> No (Correct 6 and "HOSP" box)</p>																																																																																								
FOOTNOTES																																																																																										

B. LIMITATION OF ACTIVITIES PAGE

<b>B1</b>	Refer to age.	<b>B1</b>	1 <input type="checkbox"/> 18-69 (1) 2 <input type="checkbox"/> Other (NP)
1. What was -- doing MOST OF THE PAST 12 MONTHS; working at a job or business, keeping house, going to school, or something else? Priority if 2 or more activities reported: (1) Spent the most time doing; (2) Considers the most important.	1.	1 <input type="checkbox"/> Working (2) 2 <input type="checkbox"/> Keeping house (3) 3 <input type="checkbox"/> Going to school (5) 4 <input type="checkbox"/> Something else (5)	
2a. Does any impairment or health problem NOW keep -- from working at a job or business?	2a.	1 <input type="checkbox"/> Yes (7) <input type="checkbox"/> No	
b. Is -- limited in the kind OR amount of work -- can do because of any impairment or health problem?	b.	2 <input type="checkbox"/> Yes (7) 3 <input type="checkbox"/> No (6)	
3a. Does any impairment or health problem NOW keep -- from doing any housework at all?	3a.	4 <input type="checkbox"/> Yes (4) <input type="checkbox"/> No	
b. Is -- limited in the kind OR amount of housework -- can do because of any impairment or health problem?	b.	5 <input type="checkbox"/> Yes (4) 6 <input type="checkbox"/> No (5)	
4a. What (other) condition causes this? Ask if injury or operation: When did [the (injury) occur?/--have the operation?] Ask if operation over 3 months ago: For what condition did -- have the operation? If pregnancy/delivery or 0-3 months injury or operation - Reask question 3 where limitation reported, saying: Except for -- (condition), ...? OR reask 4b/c.	4a.	(Enter condition in C2, THEN 4b) 1 <input type="checkbox"/> Old age (Mark "Old age" box, THEN 4c)	
b. Besides (condition) is there any other condition that causes this limitation?	b.	<input type="checkbox"/> Yes (Reask 4a and b) <input type="checkbox"/> No (4d)	
c. Is this limitation caused by any (other) specific condition?	c.	<input type="checkbox"/> Yes (Reask 4a and b) <input type="checkbox"/> No	
d. Which of these conditions would you say is the MAIN cause of this limitation?  Mark box if only one condition.	d.	<input type="checkbox"/> Only 1 condition  Main cause	
5a. Does any impairment or health problem keep -- from working at a job or business?	5a.	1 <input type="checkbox"/> Yes (7) <input type="checkbox"/> No	
b. Is -- limited in the kind OR amount of work -- could do because of any impairment or health problem?	b.	2 <input type="checkbox"/> Yes (7) 3 <input type="checkbox"/> No	
<b>B2</b>	Refer to questions 3a and 3b.	<b>B2</b>	1 <input type="checkbox"/> "Yes" in 3a or 3b (NP) 2 <input type="checkbox"/> Other (6)
6a. Is -- limited in ANY WAY in any activities because of an impairment or health problem?	6a.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (NP)	
b. In what way is -- limited? Record limitation, not condition.	b.	Limitation	
7a. What (other) condition causes this? Ask if injury or operation: When did [the (injury) occur?/--have the operation?] Ask if operation over 3 months ago: For what condition did -- have the operation? If pregnancy/delivery or 0-3 months injury or operation - Reask question 2, 5, or 6 where limitation reported, saying: Except for -- (condition), ...? OR reask 7b/c.	7a.	(Enter condition in C2, THEN 7b) 1 <input type="checkbox"/> Old age (Mark "Old age" box, THEN 7c)	
b. Besides (condition) is there any other condition that causes this limitation?	b.	<input type="checkbox"/> Yes (Reask 7a and b) <input type="checkbox"/> No (7d)	
c. Is this limitation caused by any (other) specific condition?	c.	<input type="checkbox"/> Yes (Reask 7a and b) <input type="checkbox"/> No	
d. Which of these conditions would you say is the MAIN cause of this limitation?  Mark box if only one condition.	d.	<input type="checkbox"/> Only 1 condition  Main cause	

FORM HIS-1 (1985) 170-1-841

B. LIMITATION OF ACTIVITIES PAGE, Continued

<b>B3</b>	Refer to age.	<b>B3</b>	0 <input type="checkbox"/> Under 5 (10) 2 <input type="checkbox"/> 18-69 (NP) 1 <input type="checkbox"/> 5-17 (11) 3 <input type="checkbox"/> 70 and over (8)
8.	What was -- doing MOST OF THE PAST 12 MONTHS; working at a job or business, keeping house, going to school, or something else? <i>Priority if 2 or more activities reported: (1) Spent the most time doing. (2) Considers the most important.</i>	8.	1 <input type="checkbox"/> Working 2 <input type="checkbox"/> Keeping house 3 <input type="checkbox"/> Going to school 4 <input type="checkbox"/> Something else
9a.	Because of any impairment or health problem, does -- need the help of other persons with -- personal care needs, such as eating, bathing, dressing, or getting around this home?	9a.	1 <input type="checkbox"/> Yes (13) <input type="checkbox"/> No
	b. Because of any impairment or health problem, does -- need the help of other persons in handling -- routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?	b.	2 <input type="checkbox"/> Yes (13) 3 <input type="checkbox"/> No (12)
10a.	Is -- able to take part AT ALL in the usual kinds of play activities done by most children -- age?	10a.	<input type="checkbox"/> Yes 0 <input type="checkbox"/> No (13)
b.	Is -- limited in the kind OR amount of play activities -- can do because of any impairment or health problem?	b.	1 <input type="checkbox"/> Yes (13) 2 <input type="checkbox"/> No (12)
11a.	Does any impairment or health problem NOW keep -- from attending school?	11a.	1 <input type="checkbox"/> Yes (13) <input type="checkbox"/> No
b.	Does -- attend a special school or special classes because of any impairment or health problem?	b.	2 <input type="checkbox"/> Yes (13) <input type="checkbox"/> No
c.	Does -- need to attend a special school or special classes because of any impairment or health problem?	c.	3 <input type="checkbox"/> Yes (13) <input type="checkbox"/> No
d.	Is -- limited in school attendance because of -- health?	d.	4 <input type="checkbox"/> Yes (13) 5 <input type="checkbox"/> No
12a.	Is -- limited in ANY WAY in any activities because of an impairment or health problem?	12a.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (NP)
b.	In what way is -- limited? Record limitation, not condition.	b.	_____ Limitation
13a.	What (other) condition causes this? Ask if injury or operation: When did [the (injury) occur?/--have the operation?] Ask if operation over 3 months ago: For what condition did -- have the operation? If pregnancy/delivery or 0-3 months injury or operation -- Reask question where limitation reported, saying: Except for -- (condition), . . . ? OR reask 13b/c.	13a.	(Enter condition in C2, THEN 13b)
b.	Besides (condition) is there any other condition that causes this limitation?	b.	<input type="checkbox"/> Yes (Reask 13a and b) <input type="checkbox"/> No (13d)
c.	Is this limitation caused by any (other) specific condition?	c.	<input type="checkbox"/> Yes (Reask 13a and b) <input type="checkbox"/> No
d.	Which of these conditions would you say is the MAIN cause of this limitation? <i>Mark box if only one condition.</i>	d.	<input type="checkbox"/> Only 1 condition _____ Main cause
FOOTNOTES			

FORM HIS 1 (1985) (10-1-84)

B. LIMITATION OF ACTIVITIES PAGE, Continued			
<b>B4</b>	Refer to age.	<b>B4</b>	0 Under 5 (NP)    2 60-69 (14) 1 5-59 (B5)    3 70 and over (NP)
<b>B5</b>	Refer to "Old age," and "LA" boxes. Mark first appropriate box.	<b>B5</b>	"Old age" box marked (14) Entry in "LA" box (14) Other (NP)
<b>14a.</b>	Because of any impairment or health problem, does -- need the help of other persons with -- personal care needs, such as eating, bathing, dressing, or getting around this home? <i>If under 18, skip to next person; otherwise ask:</i>	<b>14a.</b>	1 Yes (15)    2 No
<b>b.</b>	Because of any impairment or health problem, does -- need the help of other persons in handling -- routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?	<b>b.</b>	2 Yes    3 No (NP)
<b>15a.</b>	What (other) condition causes this? Ask if injury or operation: When did [the (injury) occur? / -- have the operation?] Ask if operation over 3 months ago: For what condition did -- have the operation? <i>If pregnancy/delivery or 0-3 months injury or operation --</i> Reask question 14 where limitation reported, saying: Except for -- (condition), ...? OR reask 15b/c.	<b>15a.</b>	(Enter condition in C2, THEN 15b) 1 Old age (Mark "Old age" box, THEN 15c)
<b>b.</b>	Besides (condition) is there any other condition that causes this limitation?	<b>b.</b>	1 Yes (Reask 15a and b) 2 No (15d)
<b>c.</b>	Is this limitation caused by any (other) specific condition?	<b>c.</b>	1 Yes (Reask 15a and b) 2 No
	Mark box if only one condition.	<b>d.</b>	Only 1 condition
	<b>d.</b> Which of these conditions would you say is the MAIN cause of this limitation?		_____ Main cause
FOOTNOTES			

FORM HHS 1 (1985) (10) 1 B41

D. RESTRICTED ACTIVITY PAGE PERSON 1	
<i>Hand calendar.</i> (The next questions refer to the 2 weeks outlined in red on that calendar, beginning Monday, (date) and ending this past Sunday (date).)	
<b>D1</b>	Refer to age. <input type="checkbox"/> Under 5 (4) <input type="checkbox"/> 5-17 (3) <input type="checkbox"/> 18 and over (1)
<b>1a. DURING THOSE 2 WEEKS, did -- work at any time at a job or business, not counting work around the house? (Include unpaid work in the family [farm/business].)</b> <input type="checkbox"/> Yes (Mark "Wa" box, THEN 2) <input type="checkbox"/> No	
<b>b. Even though -- did not work during those 2 weeks, did -- have a job or business?</b> <input type="checkbox"/> Yes (Mark "Wb" box, THEN 2) <input type="checkbox"/> No (4)	
<b>2a. During those 2 weeks, did -- miss any time from a job or business because of illness or injury?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (4)	
<b>b. During that 2-week period, how many days did -- miss more than half of the day from -- job or business because of illness or injury?</b> <input type="checkbox"/> None (4) <input style="width: 50px;" type="text"/> No. of work-loss days (4)	
<b>3a. During those 2 weeks, did -- miss any time from school because of illness or injury?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (4)	
<b>b. During that 2-week period, how many days did -- miss more than half of the day from school because of illness or injury?</b> <input type="checkbox"/> None <input style="width: 50px;" type="text"/> No. of school-loss days	
<b>4a. During those 2 weeks, did -- stay in bed because of illness or injury?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (6)	
<b>b. During that 2-week period, how many days did -- stay in bed more than half of the day because of illness or injury?</b> <input type="checkbox"/> None (6) <input style="width: 50px;" type="text"/> No. of bed days (D2)	
<b>D2</b>	Refer to 2b and 3b. <input type="checkbox"/> No days in 2b or 3b (6) <input type="checkbox"/> 1 or more days in 2b or 3b (5)
<b>5. On how many of the (number in 2b or 3b) days missed from [work/school] did -- stay in bed more than half of the day because of illness or injury?</b> <input type="checkbox"/> None <input style="width: 50px;" type="text"/> No. of days	
Refer to 2b, 3b, and 4b. <b>6a. (Not counting the day(s) [missed from work missed from school (and) in bed]),</b> Was there any (OTHER) time during those 2 weeks that -- cut down on the things -- usually does because of illness or injury? <input type="checkbox"/> Yes <input type="checkbox"/> No (D3)	
<b>b. (Again, not counting the day(s) [missed from work missed from school (and) in bed]),</b> During that period, how many (OTHER) days did -- cut down for more than half of the day because of illness or injury? <input type="checkbox"/> None <input style="width: 50px;" type="text"/> No. of cut-down days	
<b>D3</b>	Refer to 2-6. <input type="checkbox"/> No days in 2-6 (Mark "No" in RD, THEN NP) <input type="checkbox"/> 1 or more days in 2-6 (Mark "Yes" in RD, THEN 7)
Refer to 2b, 3b, 4b, and 6b. <b>7a. What (other) condition caused -- to [miss work miss school (or) stay in bed (or) cut down] during those 2 weeks?</b> (Enter condition in C2, THEN 7b)	
<b>b. Did any other condition cause -- to [miss work miss school (or) stay in bed (or) cut down] during that period?</b> <input type="checkbox"/> Yes (Reask 7a and b) <input type="checkbox"/> No	
FOOTNOTES	

FORM HIS-1 (1985) (10-1-84)

**G. HEALTH INDICATOR PAGE**

<p><b>1a.</b> During the 2-week period outlined in red on that calendar, has anyone in the family had an injury from an accident or other cause that you have not yet told me about?  <input type="checkbox"/> Yes <span style="margin-left: 150px;"><input type="checkbox"/> No (2)</span></p> <p><b>b.</b> Who was this? Mark "Injury" box in person's column.</p> <p><b>c.</b> What was -- injury?  Enter injury(ies) in person's column.</p> <p><b>d.</b> Did anyone have any other injuries during that period?  <input type="checkbox"/> Yes (Reask 1b, c, and d) <span style="margin-left: 100px;"><input type="checkbox"/> No</span></p> <p><i>Ask for each injury in 1c:</i>  <b>e.</b> As a result of the (injury in 1c) did [---/anyone] see or talk to a medical doctor or assistant (about ---) or did --- cut down on --- usual activities for more than half of a day?</p>		<p><b>1b.</b> <input type="checkbox"/> Injury</p> <p><b>c.</b> _____  <span style="margin-left: 100px;">Injury</span></p> <p><b>e.</b> <input type="checkbox"/> Yes (Enter injury in C2, THEN 1e for next injury)  <input type="checkbox"/> No (1e for next injury)</p>
<p><b>2.</b> During the past 12 months, (that is, since (12-month date) a year ago) ABOUT how many days did illness or injury keep --- in bed more than half of the day? (Include days while an overnight patient in a hospital.)</p>	<p><b>2.</b> 000 <input type="checkbox"/> None  _____ No. of days</p>	
<p><b>3a.</b> During the past 12 months, ABOUT how many times did [---/anyone] see or talk to a medical doctor or assistant (about ---)? (Do not count doctors seen while an overnight patient in a hospital.) (Include the (number in 2-WK DV box) visit(s) you already told me about.)</p> <p><b>b.</b> About how long has it been since [---/anyone] last saw or talked to a medical doctor or assistant (about ---)? Include doctors seen while a patient in a hospital.</p>	<p><b>3a.</b> 000 <input type="checkbox"/> None (3b)  000 <input type="checkbox"/> Only when overnight patient in hospital } (NP)  _____ No. of visits</p> <p><b>b.</b> 1 <input type="checkbox"/> Interview week (Reask 3b)  2 <input type="checkbox"/> Less than 1 yr. (Reask 3a)  3 <input type="checkbox"/> 1 yr., less than 2 yrs.  4 <input type="checkbox"/> 2 yrs., less than 5 yrs.  5 <input type="checkbox"/> 5 yrs. or more  0 <input type="checkbox"/> Never</p>	
<p><b>4.</b> Would you say -- health in general is excellent, very good, good, fair, or poor?</p>	<p><b>4.</b> 1 <input type="checkbox"/> Excellent    4 <input type="checkbox"/> Fair  2 <input type="checkbox"/> Very good    5 <input type="checkbox"/> Poor  3 <input type="checkbox"/> Good</p>	
<p><i>Mark box if under 18.</i>  <b>5a.</b> About how tall is -- without shoes?</p> <p><b>b.</b> About how much does -- weigh without shoes?</p>	<p><b>5a.</b> <input type="checkbox"/> Under 18 (NP)  _____ Feet _____ Inches</p> <p><b>b.</b> _____ Pounds</p>	
<p>FOOTNOTES</p>		

H. CONDITION LISTS 1 AND 2

Read to respondent(s) and ask list specified in A2.  
 Now I am going to read a list of medical conditions. Tell me if anyone in the family has any of these conditions, even if you have mentioned them before.

<b>1</b>	1a. Does anyone in the family (read names) NOW have – If "Yes," ask 1b and c. b. Who is this? c. Does anyone else NOW have – Enter condition and letter in appropriate person's column.		<b>2</b>	2a. Does anyone in the family (read names) NOW have – If "Yes," ask 2b and c. b. Who is this? c. Does anyone else NOW have – Enter condition and letter in appropriate person's column.	
	A. PERMANENT stiffness or any deformity of the foot, leg, fingers, arm, or back? (Permanent stiffness – joints will not move at all.)			A–L are conditions affecting <span style="border-left: 1px solid black; border-right: 1px solid black; padding: 0 5px;">Hearing Vision Speech</span>	
	B. Paralysis of any kind?			M–AA are impairments.	
	1d. DURING THE PAST 12 MONTHS, did anyone in the family have – If "Yes," ask 1e and f. e. Who was this? f. DURING THE PAST 12 MONTHS, did anyone else have – Enter condition and letter in appropriate person's column. C–L are conditions affecting the bone and muscle. M–W are conditions affecting the skin.			Reask 2a	
C. Arthritis of any kind or rheumatism?	M. A tumor, cyst, or growth of the skin?	D. Gout?	N. Skin cancer?	A. Deafness in one or both ears?	O. A missing joint?
E. Lumbago?	O. Eczema or psoriasis? (ek'sa-ma) or (so-rye'uh-sis)	F. Sciatica?	P. TROUBLE with dry or itching skin?	B. Any other trouble hearing with one or both ears?	P. A missing breast, kidney, or lung?
G. A bone cyst or bone spur?	Q. TROUBLE with acne?	H. Any other disease of the bone or cartilage?	R. A skin ulcer?	C. Tinnitus or ringing in the ears?	Q. Palsy or cerebral palsy? (ser'a-bral)
I. A slipped or ruptured disc?	S. Any kind of skin allergy?	J. REPEATED trouble with neck, back, or spine?	T. Dermatitis or any other skin trouble?	D. Blindness in one or both eyes?	R. Paralysis of any kind?
K. Bursitis?	U. TROUBLE with ingrown toenails or fingernails?	L. Any disease of the muscles or tendons?	V. TROUBLE with bunions, corns, or calluses?	E. Cataracts?	S. Curvature of the spine?
	W. Any disease of the hair or scalp?			F. Glaucoma?	T. REPEATED trouble with neck, back, or spine?
				G. Color blindness?	U. Any TROUBLE with fallen arches or flatfeet?
				H. A detached retina or any other condition of the retina?	V. A clubfoot?
				I. Any other trouble seeing with one or both eyes EVEN when wearing glasses?	W. A trick knee?
				J. A cleft palate or harelip?	X. PERMANENT stiffness or any deformity of the foot, leg, or back? (Permanent stiffness – joints will not move at all.)
				K. Stammering or stuttering?	Y. PERMANENT stiffness or any deformity of the fingers, hand, or arm?
				L. Any other speech defect?	Z. Mental retardation?
				M. Loss of taste or smell which has lasted 3 months or more?	AA. Any condition caused by an accident or injury which happened more than 3 months ago? If "Yes," ask: What is the condition?
				N. A missing finger, hand, or arm; toe, foot, or leg?	

FORM HIS 1 (1985) 110 1 B41

H. CONDITION LISTS 3 AND 4

Read to respondent(s) and ask list specified in A2:  
 Now I am going to read a list of medical conditions. Tell me if anyone in the family has had any of these conditions, even if you have mentioned them before.

<b>3</b>	3a. DURING THE PAST 12 MONTHS, did anyone in the family (read names) have - If "Yes," ask 3b and c.		<b>4</b>	4a. DURING THE PAST 12 MONTHS, did anyone in the family (read names) have - If "Yes," ask 4b and c.	
	b. Who was this?			b. Who was this?	
	c. DURING THE PAST 12 MONTHS, did anyone else have - Enter condition and letter in appropriate person's column. Make no entry in item C2 for cold, flu; red, sore, or strep throat, or "virus" even if reported in this list. Conditions affecting the digestive system.			c. DURING THE PAST 12 MONTHS, did anyone else have - Enter condition and letter in appropriate person's column. A-B are conditions affecting the glandular system C is a blood condition D-I are conditions affecting the nervous system J-Y are conditions affecting the genito-urinary system	
	A. Gallstones?	Reask 3a N. Enteritis?		A. A goiter or other thyroid trouble?	Reask 4a N. Any other kidney trouble?
	B. Any other gallbladder trouble?	O. Diverticulitis? (Dye-ver-tic-yoo-lye'tis)		B. Diabetes?	O. Bladder trouble?
	C. Cirrhosis of the liver?	P. Colitis?		C. Anemia of any kind?	P. Any disease of the genital organs?
	D. Fatty liver?	Q. A spastic colon?		D. Epilepsy?	Q. A missing breast?
	E. Hepatitis?	R. FREQUENT constipation?		E. REPEATED seizures, convulsions, or blackouts?	R. Breast cancer?
	F. Yellow jaundice?	S. Any other bowel trouble?		F. Multiple sclerosis?	S. * Cancer of the prostate?
	G. Any other liver trouble?	T. Any other intestinal trouble?		G. Migraine?	T. * Any other prostate trouble?
	H. An ulcer?	U. Cancer of the stomach, intestines, colon or rectum?		H. FREQUENT headaches?	U. ** Trouble with menstruation?
	I. A hernia or rupture?	V. During the past 12 months, did anyone (else) in the family have any other condition of the digestive system?  If "Yes," ask: Who was this? - What was the condition? Enter in item C2, THEN reask V.		I. Neuralgia or neuritis?	V. ** A hysterectomy? If "Yes," ask:  For what condition did -- have a hysterectomy?
	J. Any disease of the esophagus?			J. Nephritis?	W. ** A tumor, cyst, or growth of the uterus or ovaries?
K. Gastritis?		K. Kidney stones?	X. ** Any other disease of the uterus or ovaries?		
L. FREQUENT indigestion?		L. REPEATED kidney infections?	Y. ** Any other female trouble?		
M. Any other stomach trouble?		M. A missing kidney?			

FORM HS 1 (1986) 110 1 841

\* Ask only if males in family.  
 \*\* Ask only if females in family.

H. CONDITION LISTS 5 AND 6

Read to respondent(s) and ask list specified in A2.  
Now I am going to read a list of medical conditions. Tell me if anyone in the family has had any of these conditions, even if you have mentioned them before.

<p><b>5</b></p> <p>5a. Has anyone in the family (<u>read names</u>) EVER had – If "Yes," ask 5b and c.</p> <p>5b. Who was this?</p> <p>5c. Has anyone else EVER had – Enter condition and letter in appropriate person's column. Conditions affecting the heart and circulatory system.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 50%; padding: 2px;">A. Rheumatic fever?</td> <td style="width: 50%; padding: 2px;">G. A stroke or a cerebrovascular accident? (ser'a-bro vas ku-lar)</td> </tr> <tr> <td style="padding: 2px;">B. Rheumatic heart disease?</td> <td style="padding: 2px;">H. A hemorrhage of the brain?</td> </tr> <tr> <td style="padding: 2px;">C. Hardening of the arteries or arteriosclerosis?</td> <td style="padding: 2px;">I. Angina pectoris? (pek'to-ris)</td> </tr> <tr> <td style="padding: 2px;">D. Congenital heart disease?</td> <td style="padding: 2px;">J. A myocardial infarction?</td> </tr> <tr> <td style="padding: 2px;">E. Coronary heart disease?</td> <td style="padding: 2px;">K. Any other heart attack?</td> </tr> <tr> <td style="padding: 2px;">F. Hypertension, sometimes called high blood pressure?</td> <td style="padding: 2px;"></td> </tr> </table> <p>5d. DURING THE PAST 12 MONTHS, did anyone in the family have – If "Yes," ask 5e and f.</p> <p>5e. Who was this?</p> <p>5f. DURING THE PAST 12 MONTHS, did anyone else have – Enter condition and letter in appropriate person's column. Conditions affecting the heart and circulatory system.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 50%; padding: 2px;">L. Damaged heart valves?</td> <td style="width: 50%; padding: 2px;">Q. Any blood clots?</td> </tr> <tr> <td style="padding: 2px;">M. Tachycardia or rapid heart?</td> <td style="padding: 2px;">R. Varicose veins?</td> </tr> <tr> <td style="padding: 2px;">N. A heart murmur?</td> <td style="padding: 2px;">S. Hemorrhoids or piles?</td> </tr> <tr> <td style="padding: 2px;">O. Any other heart trouble?</td> <td style="padding: 2px;">T. Phlebitis or thrombophlebitis?</td> </tr> <tr> <td style="padding: 2px;">P. An aneurysm? (an yoo-rizm)</td> <td style="padding: 2px;">U. Any other condition affecting blood circulation?</td> </tr> </table>	A. Rheumatic fever?	G. A stroke or a cerebrovascular accident? (ser'a-bro vas ku-lar)	B. Rheumatic heart disease?	H. A hemorrhage of the brain?	C. Hardening of the arteries or arteriosclerosis?	I. Angina pectoris? (pek'to-ris)	D. Congenital heart disease?	J. A myocardial infarction?	E. Coronary heart disease?	K. Any other heart attack?	F. Hypertension, sometimes called high blood pressure?		L. Damaged heart valves?	Q. Any blood clots?	M. Tachycardia or rapid heart?	R. Varicose veins?	N. A heart murmur?	S. Hemorrhoids or piles?	O. Any other heart trouble?	T. Phlebitis or thrombophlebitis?	P. An aneurysm? (an yoo-rizm)	U. Any other condition affecting blood circulation?	<p><b>6</b></p> <p>6a. DURING THE PAST 12 MONTHS, did anyone in the family (<u>read names</u>) have – If "Yes," ask 6b and c.</p> <p>6b. Who was this?</p> <p>6c. DURING THE PAST 12 MONTHS, did anyone else have – Enter condition and letter in appropriate person's column. Make no entry in item C2 for cold; flu; red, sore, or strep throat, or "virus" even if reported in this list. Conditions affecting the respiratory system.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 50%; padding: 2px;">A. Bronchitis?</td> <td style="width: 50%; padding: 2px;">K. A missing lung? <i>Reask 6a.</i></td> </tr> <tr> <td style="padding: 2px;">B. Asthma?</td> <td style="padding: 2px;">L. Lung cancer?</td> </tr> <tr> <td style="padding: 2px;">C. Hay fever?</td> <td style="padding: 2px;">M. Emphysema?</td> </tr> <tr> <td style="padding: 2px;">D. Sinus trouble?</td> <td style="padding: 2px;">N. Pleurisy?</td> </tr> <tr> <td style="padding: 2px;">E. A nasal polyp?</td> <td style="padding: 2px;">O. Tuberculosis?</td> </tr> <tr> <td style="padding: 2px;">F. A deflected or deviated nasal septum?</td> <td style="padding: 2px;">P. Any other work-related respiratory condition, such as dust on the lungs, silicosis, asbestosis, or pneu-mo-co-ni-o-sis?</td> </tr> <tr> <td style="padding: 2px;">G. * Tonsillitis or enlargement of the tonsils or adenoids?</td> <td style="padding: 2px;">Q. During the past 12 months did anyone (else) in the family have any other respiratory, lung, or pulmonary condition? If "Yes," ask: Who was this? What was the condition? Enter in item C2, THEN reask Q.</td> </tr> <tr> <td style="padding: 2px;">H. * Laryngitis?</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">I. A tumor or growth of the throat, larynx, or trachea?</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">J. A tumor or growth of the bronchial tube or lung?</td> <td style="padding: 2px;"></td> </tr> </table> <p><i>*If reported in this list only, ask:</i></p> <p>1. How many times did -- have (<u>condition</u>) in the past 12 months? If 2 or more times, enter condition in item C2. If only 1 time, ask:</p> <p>2. How long did it last? If 1 month or longer, enter in item C2. If less than 1 month, do not record. If tonsils or adenoids were removed during past 12 months, enter the condition causing removal in item C2.</p>	A. Bronchitis?	K. A missing lung? <i>Reask 6a.</i>	B. Asthma?	L. Lung cancer?	C. Hay fever?	M. Emphysema?	D. Sinus trouble?	N. Pleurisy?	E. A nasal polyp?	O. Tuberculosis?	F. A deflected or deviated nasal septum?	P. Any other work-related respiratory condition, such as dust on the lungs, silicosis, asbestosis, or pneu-mo-co-ni-o-sis?	G. * Tonsillitis or enlargement of the tonsils or adenoids?	Q. During the past 12 months did anyone (else) in the family have any other respiratory, lung, or pulmonary condition? If "Yes," ask: Who was this? What was the condition? Enter in item C2, THEN reask Q.	H. * Laryngitis?		I. A tumor or growth of the throat, larynx, or trachea?		J. A tumor or growth of the bronchial tube or lung?	
A. Rheumatic fever?	G. A stroke or a cerebrovascular accident? (ser'a-bro vas ku-lar)																																										
B. Rheumatic heart disease?	H. A hemorrhage of the brain?																																										
C. Hardening of the arteries or arteriosclerosis?	I. Angina pectoris? (pek'to-ris)																																										
D. Congenital heart disease?	J. A myocardial infarction?																																										
E. Coronary heart disease?	K. Any other heart attack?																																										
F. Hypertension, sometimes called high blood pressure?																																											
L. Damaged heart valves?	Q. Any blood clots?																																										
M. Tachycardia or rapid heart?	R. Varicose veins?																																										
N. A heart murmur?	S. Hemorrhoids or piles?																																										
O. Any other heart trouble?	T. Phlebitis or thrombophlebitis?																																										
P. An aneurysm? (an yoo-rizm)	U. Any other condition affecting blood circulation?																																										
A. Bronchitis?	K. A missing lung? <i>Reask 6a.</i>																																										
B. Asthma?	L. Lung cancer?																																										
C. Hay fever?	M. Emphysema?																																										
D. Sinus trouble?	N. Pleurisy?																																										
E. A nasal polyp?	O. Tuberculosis?																																										
F. A deflected or deviated nasal septum?	P. Any other work-related respiratory condition, such as dust on the lungs, silicosis, asbestosis, or pneu-mo-co-ni-o-sis?																																										
G. * Tonsillitis or enlargement of the tonsils or adenoids?	Q. During the past 12 months did anyone (else) in the family have any other respiratory, lung, or pulmonary condition? If "Yes," ask: Who was this? What was the condition? Enter in item C2, THEN reask Q.																																										
H. * Laryngitis?																																											
I. A tumor or growth of the throat, larynx, or trachea?																																											
J. A tumor or growth of the bronchial tube or lung?																																											

FORM HS-1 (1985) 110-1 84

L. DEMOGRAPHIC BACKGROUND PAGE

L1	Refer to age.	L1 Under 5 (NP) 5-17 (2) 18 and over (1)												
<p>1a. Did -- EVER serve on active duty in the Armed Forces of the United States?</p> <p>b. When did -- serve?</p> <p>Mark box in descending order of priority. Thus, if person served in Vietnam and in Korea, mark VN.</p> <table border="0"> <tr> <td>Vietnam Era (Aug. '64 to April '75)</td> <td>VN</td> </tr> <tr> <td>Korean War (June '50 to Jan. '55)</td> <td>KW</td> </tr> <tr> <td>World War II (Sept. '40 to July '47)</td> <td>WWII</td> </tr> <tr> <td>World War I (April '17 to Nov. '18)</td> <td>WWI</td> </tr> <tr> <td>Post Vietnam (May '75 to present)</td> <td>PVN</td> </tr> <tr> <td>Other Service (all other periods)</td> <td>OS</td> </tr> </table> <p>c. Was -- EVER an active member of a National Guard or military reserve unit?</p> <p>d. Was ALL of -- active duty service related to National Guard or military reserve training?</p>		Vietnam Era (Aug. '64 to April '75)	VN	Korean War (June '50 to Jan. '55)	KW	World War II (Sept. '40 to July '47)	WWII	World War I (April '17 to Nov. '18)	WWI	Post Vietnam (May '75 to present)	PVN	Other Service (all other periods)	OS	<p>1a. 1 Yes 2 No (2)</p> <p>b. 1 VN 5 PVN 2 KW 8 OS 3 WWII 9 DK 4 WWI</p> <p>c. Yes 2 No (2) 7 DK (2)</p> <p>d. Yes 3 No 9 DK</p>
Vietnam Era (Aug. '64 to April '75)	VN													
Korean War (June '50 to Jan. '55)	KW													
World War II (Sept. '40 to July '47)	WWII													
World War I (April '17 to Nov. '18)	WWI													
Post Vietnam (May '75 to present)	PVN													
Other Service (all other periods)	OS													
<p>2a. What is the highest grade or year of regular school -- has ever attended?</p> <p>b. Did -- finish the (number in 2a) [grade/year]?</p>		<p>2a. 00 Never attended or kindergarten (NP) Elem: 1 2 3 4 5 6 7 8 High: 9 10 11 12 College: 1 2 3 4 5 6+</p> <p>b. 1 Yes 2 No</p>												
<p>Hand Card R. Ask first alternative for first person; ask second alternative for other persons.</p> <p>3a. What is the number of the group or groups which represents -- race? [What is -- race?]</p> <p>Circle all that apply</p> <table border="0"> <tr> <td>1 - Aleut, Eskimo, or American Indian</td> <td>4 - White</td> </tr> <tr> <td>2 - Asian or Pacific Islander</td> <td>5 - Another group not listed - Specify</td> </tr> <tr> <td>3 - Black</td> <td></td> </tr> </table> <p>Ask if multiple entries:</p> <p>b. Which of those groups; that is, (entries in 3a) would you say BEST represents -- race?</p> <p>c. Mark observed race of respondent(s) only.</p>		1 - Aleut, Eskimo, or American Indian	4 - White	2 - Asian or Pacific Islander	5 - Another group not listed - Specify	3 - Black		<p>3a. 1 2 3 4 5</p> <p>Specify</p> <p>b. 1 2 3 4 5</p> <p>Specify</p> <p>c. 1 W 2 B 3 O</p>						
1 - Aleut, Eskimo, or American Indian	4 - White													
2 - Asian or Pacific Islander	5 - Another group not listed - Specify													
3 - Black														
<p>Hand Card O.</p> <p>4a. Are any of those groups -- national origin or ancestry? (Where did -- ancestors come from?)</p> <p>b. Please give me the number of the group.</p> <p>Circle all that apply</p> <table border="0"> <tr> <td>1 - Puerto Rican</td> <td>5 - Chicano</td> </tr> <tr> <td>2 - Cuban</td> <td>6 - Other Latin American</td> </tr> <tr> <td>3 - Mexican/Mexicano</td> <td>7 - Other Spanish</td> </tr> <tr> <td>4 - Mexican American</td> <td></td> </tr> </table>		1 - Puerto Rican	5 - Chicano	2 - Cuban	6 - Other Latin American	3 - Mexican/Mexicano	7 - Other Spanish	4 - Mexican American		<p>4a. 1 Yes 2 No (NP)</p> <p>b. 1 2 3 4 5 6 7</p>				
1 - Puerto Rican	5 - Chicano													
2 - Cuban	6 - Other Latin American													
3 - Mexican/Mexicano	7 - Other Spanish													
4 - Mexican American														

FORM HIS 1 (1985) (10-1 84)

L. DEMOGRAPHIC BACKGROUND PAGE, Continued

<p><b>L2</b></p>	<p>Refer to "Age" and "Wa/Wb" boxes in C1.</p>	<p><b>L2</b></p>	<p>0 <input type="checkbox"/> Under 18 (NP)                  1 <input type="checkbox"/> Wa box marked (6a)                  2 <input type="checkbox"/> Wb box marked (5e)                  3 <input type="checkbox"/> Neither box marked (5b)</p>												
<p>5a. Earlier you said that -- has a job or business but did not work last week or the week before. Was -- looking for work or on layoff from a job during those 2 weeks?</p> <hr/> <p>b. Earlier you said that -- didn't have a job or business last week or the week before. Was -- looking for work or on layoff from a job during those 2 weeks?</p> <hr/> <p>c. Which, looking for work or on layoff from a job?</p>		<p>5a.</p>	<p>1 <input type="checkbox"/> Yes (5c)      2 <input type="checkbox"/> No (6d)                  b. 1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> No (NP)                  c. 1 <input type="checkbox"/> Looking (6c)    3 <input type="checkbox"/> Both (6b)                  2 <input type="checkbox"/> Layoff (6b)</p>												
<p>6a. Earlier you said that -- worked last week or the week before. Ask 6b.</p> <hr/> <p>b. For whom did -- work? Enter name of company, business, organization, or other employer.</p> <hr/> <p>c. For whom did -- work at -- last full-time job or business lasting 2 consecutive weeks or more? Enter name of company, business, organization, or other employer or mark "NEV" or "AF" box in person's column.</p> <hr/> <p>d. What kind of business or industry is this? For example, TV and radio manufacturing, retail shoe store, State Labor Department, farm.</p> <hr/> <p>e. What kind of work was -- doing? For example, electrical engineer, stock clerk, typist, farmer. If "AF" in 6b/c, mark "AF" box in person's column without asking.</p> <hr/> <p>f. What were -- most important activities or duties at that job? For example, types, keeps account books, files, sells cars, operates printing press, finishes concrete.</p>		<p>6b. and c.</p>	<p>Employer                  NEV (6g)                  AF (6e)</p> <p>Industry</p> <p>Occupation                  AF (NP)</p> <p>Duties</p>												
<p>Complete from entries in 6b-f. If not clear, ask:</p> <p>g. Was --</p> <table border="0"> <tr> <td>An employee of a PRIVATE company, business or individual for wages, salary, or commission? . . . . . P</td> <td>Self-employed in OWN business, professional practice, or farm? . . . . . I</td> </tr> <tr> <td>A FEDERAL government employee? . . . . . F</td> <td>Ask Is the business incorporated? . . . . .</td> </tr> <tr> <td>A STATE government employee? . . . . . S</td> <td>Yes . . . . . I</td> </tr> <tr> <td>A LOCAL government employee? . . . . . L</td> <td>No . . . . . SE</td> </tr> <tr> <td></td> <td>Working WITHOUT PAY in family business or farm? . . . . . WP</td> </tr> <tr> <td></td> <td>NEVER WORKED or never worked at a full-time job lasting 2 weeks or more . . . . . NEV</td> </tr> </table>		An employee of a PRIVATE company, business or individual for wages, salary, or commission? . . . . . P	Self-employed in OWN business, professional practice, or farm? . . . . . I	A FEDERAL government employee? . . . . . F	Ask Is the business incorporated? . . . . .	A STATE government employee? . . . . . S	Yes . . . . . I	A LOCAL government employee? . . . . . L	No . . . . . SE		Working WITHOUT PAY in family business or farm? . . . . . WP		NEVER WORKED or never worked at a full-time job lasting 2 weeks or more . . . . . NEV	<p>g.</p>	<p>Class of worker</p> <p>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>
An employee of a PRIVATE company, business or individual for wages, salary, or commission? . . . . . P	Self-employed in OWN business, professional practice, or farm? . . . . . I														
A FEDERAL government employee? . . . . . F	Ask Is the business incorporated? . . . . .														
A STATE government employee? . . . . . S	Yes . . . . . I														
A LOCAL government employee? . . . . . L	No . . . . . SE														
	Working WITHOUT PAY in family business or farm? . . . . . WP														
	NEVER WORKED or never worked at a full-time job lasting 2 weeks or more . . . . . NEV														
<p>FOOTNOTES</p>															

FORM HS-1 (1985) 10 1 84

L. DEMOGRAPHIC BACKGROUND PAGE, Continued

<p>Mark box if under 14. If "Married" refer to household composition and mark accordingly.</p> <p>7. Is --- now married, widowed, divorced, separated, or has --- never been married?</p>		7.	<p>0 <input type="checkbox"/> Under 14</p> <p>1 <input type="checkbox"/> Married - spouse in HH</p> <p>2 <input type="checkbox"/> Married - spouse not in HH</p> <p>3 <input type="checkbox"/> Widowed</p> <p>4 <input type="checkbox"/> Divorced</p> <p>5 <input type="checkbox"/> Separated</p> <p>6 <input type="checkbox"/> Never married</p>																																																												
<p>8a. Was the total combined FAMILY income during the past 12 months - that is, yours, (read names, including Armed Forces members living at home) more or less than \$20,000? Include money from jobs, social security, retirement income, unemployment payments, public assistance, and so forth. Also include income from interest, dividends, net income from business, farm, or rent, and any other money income received.</p> <p>Read if necessary: Income is important in analyzing the health information we collect. For example, this information helps us to learn whether persons in one income group use certain types of medical care services or have certain conditions more or less often than those in another group.</p>		8a.	<p>1 <input type="checkbox"/> \$20,000 or more (Hand Card I)</p> <p>2 <input type="checkbox"/> Less than \$20,000 (Hand Card J)</p>																																																												
<p>Read parenthetical phrase if Armed Forces member living at home or if necessary.</p> <p>b. Of those income groups, which letter best represents the total combined FAMILY income during the past 12 months (that is, yours, (read names, including Armed Forces members living at home))? Include wages, salaries, and the other items we just talked about.</p> <p>Read if necessary: Income is important in analyzing the health information we collect. For example, this information helps us to learn whether persons in one income group use certain types of medical care services or have certain conditions more or less often than those in another group.</p>		b.	<table border="0"> <tr><td>00 <input type="checkbox"/></td><td>A</td><td>10 <input type="checkbox"/></td><td>K</td><td>20 <input type="checkbox"/></td><td>U</td></tr> <tr><td>01 <input type="checkbox"/></td><td>B</td><td>11 <input type="checkbox"/></td><td>L</td><td>21 <input type="checkbox"/></td><td>V</td></tr> <tr><td>02 <input type="checkbox"/></td><td>C</td><td>12 <input type="checkbox"/></td><td>M</td><td>22 <input type="checkbox"/></td><td>W</td></tr> <tr><td>03 <input type="checkbox"/></td><td>D</td><td>13 <input type="checkbox"/></td><td>N</td><td>23 <input type="checkbox"/></td><td>X</td></tr> <tr><td>04 <input type="checkbox"/></td><td>E</td><td>14 <input type="checkbox"/></td><td>O</td><td>24 <input type="checkbox"/></td><td>Y</td></tr> <tr><td>05 <input type="checkbox"/></td><td>F</td><td>15 <input type="checkbox"/></td><td>P</td><td>25 <input type="checkbox"/></td><td>Z</td></tr> <tr><td>06 <input type="checkbox"/></td><td>G</td><td>16 <input type="checkbox"/></td><td>Q</td><td>26 <input type="checkbox"/></td><td>ZZ</td></tr> <tr><td>07 <input type="checkbox"/></td><td>H</td><td>17 <input type="checkbox"/></td><td>R</td><td></td><td></td></tr> <tr><td>08 <input type="checkbox"/></td><td>I</td><td>18 <input type="checkbox"/></td><td>S</td><td></td><td></td></tr> <tr><td>09 <input type="checkbox"/></td><td>J</td><td>19 <input type="checkbox"/></td><td>T</td><td></td><td></td></tr> </table>	00 <input type="checkbox"/>	A	10 <input type="checkbox"/>	K	20 <input type="checkbox"/>	U	01 <input type="checkbox"/>	B	11 <input type="checkbox"/>	L	21 <input type="checkbox"/>	V	02 <input type="checkbox"/>	C	12 <input type="checkbox"/>	M	22 <input type="checkbox"/>	W	03 <input type="checkbox"/>	D	13 <input type="checkbox"/>	N	23 <input type="checkbox"/>	X	04 <input type="checkbox"/>	E	14 <input type="checkbox"/>	O	24 <input type="checkbox"/>	Y	05 <input type="checkbox"/>	F	15 <input type="checkbox"/>	P	25 <input type="checkbox"/>	Z	06 <input type="checkbox"/>	G	16 <input type="checkbox"/>	Q	26 <input type="checkbox"/>	ZZ	07 <input type="checkbox"/>	H	17 <input type="checkbox"/>	R			08 <input type="checkbox"/>	I	18 <input type="checkbox"/>	S			09 <input type="checkbox"/>	J	19 <input type="checkbox"/>	T		
00 <input type="checkbox"/>	A	10 <input type="checkbox"/>	K	20 <input type="checkbox"/>	U																																																										
01 <input type="checkbox"/>	B	11 <input type="checkbox"/>	L	21 <input type="checkbox"/>	V																																																										
02 <input type="checkbox"/>	C	12 <input type="checkbox"/>	M	22 <input type="checkbox"/>	W																																																										
03 <input type="checkbox"/>	D	13 <input type="checkbox"/>	N	23 <input type="checkbox"/>	X																																																										
04 <input type="checkbox"/>	E	14 <input type="checkbox"/>	O	24 <input type="checkbox"/>	Y																																																										
05 <input type="checkbox"/>	F	15 <input type="checkbox"/>	P	25 <input type="checkbox"/>	Z																																																										
06 <input type="checkbox"/>	G	16 <input type="checkbox"/>	Q	26 <input type="checkbox"/>	ZZ																																																										
07 <input type="checkbox"/>	H	17 <input type="checkbox"/>	R																																																												
08 <input type="checkbox"/>	I	18 <input type="checkbox"/>	S																																																												
09 <input type="checkbox"/>	J	19 <input type="checkbox"/>	T																																																												
R	a. Mark first appropriate box.	8a.	<p>0 <input type="checkbox"/> Under 17</p> <p>1 <input type="checkbox"/> Present for all questions</p> <p>2 <input type="checkbox"/> Present for some questions</p> <p>3 <input type="checkbox"/> Not present</p>																																																												
	b. Enter person number of respondent.	b.	<p>_____</p> <p>Person number(s) of respondent(s)</p>																																																												
L3	Enter person number of first parent listed or mark box.	L3	<p>_____</p> <p>Person number of parent</p> <p>00 <input type="checkbox"/> None in household</p>																																																												
L4	Enter person number of spouse or mark box.	L4	<p>_____</p> <p>Person number of spouse</p> <p>00 <input type="checkbox"/> None in household</p>																																																												
FOOTNOTES																																																															

FORM HIS 1 (1985) (10-1 84)

**L. DEMOGRAPHIC BACKGROUND PAGE, Continued**

RT61  
3-4

<p><b>L5</b></p>	<p>Refer to age. Complete a separate column for each nondeleted person aged 18 and over.</p>	<p><b>L5</b> PERSON NUMBER _____</p>
<p>Read to respondent(s) — In order to determine how health practices and conditions are related to how long people live, we would like to refer to statistical records maintained by the National Center for Health Statistics.</p>		
<p><b>L6</b></p>	<p>Enter date of birth from question 3 on Household Composition page.</p>	<p><b>L6</b> Date of birth _____                  5-11                  Month    Date    Year</p>
<p><b>L7</b></p>	<p>Print full name, including middle initial, from question 1 on Household Composition page.</p>	<p><b>9.</b> 99 <input type="checkbox"/> DK _____ State                  12-13                  01 <input type="checkbox"/> Puerto Rico    05 <input type="checkbox"/> Cuba                  02 <input type="checkbox"/> Virgin Islands    06 <input type="checkbox"/> Mexico                  03 <input type="checkbox"/> Guam    98 <input type="checkbox"/> All other countries                  04 <input type="checkbox"/> Canada</p> <p><b>L7</b> Last _____ 14-33                  First _____ 34-48                  Middle initial _____ 49</p>
<p><b>10.</b></p>	<p>Verify for males; ask for females.                  What is — father's LAST name?                  Verify spelling. DO NOT write "Same."</p>	<p>Father's LAST name _____ 50-69</p>
<p><b>11.</b></p>	<p>Read to respondent — We also need — Social Security Number. This information is voluntary and collected under the authority of the Public Health Service Act. There will be no effect on — benefits and no information will be given to any other government or nongovernment agency.                  Read if necessary — The Public Health Service Act is title 42, United States Code, section 242k.                  What is — Social Security Number?</p>	<p>99999999 <input type="checkbox"/> DK _____ 70-78                  Social Security Number                  Mark if number obtained from → 1 <input type="checkbox"/> Memory    79                  2 <input type="checkbox"/> Records</p>
<p><b>L8</b></p>	<p>Mark box to indicate how Social Security number was obtained.</p>	<p><b>L8</b> 1 <input type="checkbox"/> Self-personal                  2 <input type="checkbox"/> Self-telephone                  3 <input type="checkbox"/> Proxy-personal                  4 <input type="checkbox"/> Proxy-telephone _____ 80</p>
<p>FOOTNOTES</p>		

FORM HHS-1 (1968) (10-1-84)

**L. DEMOGRAPHIC BACKGROUND PAGE, Continued**

*Read to Hhld. respondent:* **The National Center for Health Statistics may wish to contact you again to obtain additional health related information. Please give me the name, address, and telephone number of a relative or friend who would know where you could be reached in case we have trouble reaching you. (Please give me the name of someone who is not currently living in the household.) Please print items 12-15.**

<b>12. Contact Person name</b>		3-4 5-24	25-39	40	<b>RT62</b> 97-106
Last	First	Middle initial			
<b>13a. Address (Number and street)</b>					<b>107</b>
<b>b. City</b>					<b>108-109</b>
66-65	State	86-87	ZIP Code	88-96	
<b>14. Area code/telephone number</b>					
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
1 <input type="checkbox"/> None 2 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK					
<b>15. Relationship to household respondent</b>					

FOOTNOTES

**CARD R**

- 1. Aleut, Eskimo, or American Indian**
- 2. Asian or Pacific Islander**
- 3. Black**
- 4. White**

FORMS 501 (1985) (10-2-84)

**CARD O**

- 1. Puerto Rican**
- 2. Cuban**
- 3. Mexican/Mexicano**
- 4. Mexican American**
- 5. Chicano**
- 6. Other Latin American**
- 7. Other Spanish**

Card R  
Card O

FORMS 501 (1985) (10-2-84)

**CARD I**

- U .... \$20,000 – \$24,999**
- V .... \$25,000 – \$29,999**
- W ... \$30,000 – \$34,999**
- X .... \$35,000 – \$39,999**
- Y .... \$40,000 – \$44,999**
- Z .... \$45,000 – \$49,999**
- ZZ... \$50,000 and over**

FORMS 501 (1985) (10-2-84)

**CARD J**

- A ..... Less than \$1,000 (including loss)**
- B ..... \$1,000 – \$1,999**
- C ..... \$2,000 – \$2,999**
- D ..... \$3,000 – \$3,999**
- E ..... \$4,000 – \$4,999**
- F ..... \$5,000 – \$5,999**
- G ..... \$6,000 – \$6,999**
- H ..... \$7,000 – \$7,999**
- I ..... \$8,000 – \$8,999**
- J ..... \$9,000 – \$9,999**
- K ..... \$10,000 – \$10,999**
- L ..... \$11,000 – \$11,999**
- M ..... \$12,000 – \$12,999**
- N ..... \$13,000 – \$13,999**
- O ..... \$14,000 – \$14,999**
- P ..... \$15,000 – \$15,999**
- Q ..... \$16,000 – \$16,999**
- R ..... \$17,000 – \$17,999**
- S ..... \$18,000 – \$18,999**
- T ..... \$19,000 – \$19,999**

Card I  
Card J

FORMS 501 (1985) (10-2-84)