

**FAMILY CORE**

**Section I -- HEALTH STATUS AND LIMITATION OF ACTIVITIES**

**FR: ENTER THE FAMILY NUMBER OF THE FAMILY YOU WISH TO CONTINUE. IF ALL FAMILIES IN THE HOUSEHOLD HAVE BEEN COMPLETED, ENTER (A) FOR ALL.**

Family number: \_\_\_\_\_

>FAMINT< (A) All families are totally complete  
(N) No one is available to interview now

>F02\_MSG<

**FR: THE REMAINDER OF THE INTERVIEW IS NOT REQUIRED FOR THIS FAMILY SINCE ALL ARE CURRENT ARMED FORCES MEMBERS.**

**FR: ASK IF NECESSARY: With whom am I speaking? ENTER PERSON NUMBER OF THE RESPONDENT FOR THE FAMILY QUESTIONS FOR THIS FAMILY. IF MORE THAN ONE, ENTER THE NUMBER OF THE ONE YOU CONSIDER TO BE THE MAIN RESPONDENT.**

>FAMRESP< [Enter Person #] [ ]

**FR: CAN YOU CONTINUE WITH THE FAMILY SECTION, OR DO YOU NEED TO ARRANGE A CALLBACK?**

>RESPID< (1) Continue with Family Section (FINTRO)  
(2) Arrange Callback (CP\_BEG)  
(3) Noninterview (PRE\_ARRAN)

**FR: IF ANY PERSONS LISTED BELOW ARE NOT PRESENT, SAY:**

>FINTRO< We would like to have all adult family members who are at home take part in the interview. Are (READ NAMES BELOW) at home now? **IF YES, ASK:** Could they join us? (ALLOW TIME)

**FR: ENTER LINE NUMBER(S) OF FAMILY MEMBERS LISTED BELOW THAT ARE CURRENTLY PRESENT. ENTER UP TO 10 NUMBERS.**

[ ] >FINTRO01<	[ ] >FINTRO05<	[ ] >FINTRO09<
[ ] >FINTRO02<	[ ] >FINTRO06<	[ ] >FINTRO10<
[ ] >FINTRO03<	[ ] >FINTRO07<	
[ ] >FINTRO04<	[ ] >FINTRO08<	

>HLTH\_BEG< I am now going to ask about {your/the} general health { /of family members} and the effects of any physical, mental, or emotional health problems.

**Check item FHSCCI1:** If any family member is less than 5 years old goto FHS.005; If any family member is greater than 4 and less than 18 years old goto FHS.050; If all family members are greater than 17 goto FHS.070.

FHS.005 Are {fill names of children under 5}/Is {fill in name of child under 5} limited in the kind or amount of play activities he/she/they can do because of a physical, mental, or emotional problem?

>FLAPLYLM< (1) Yes (FHS.010) (7) Refused (FHS.050)  
(2) No (FHS.050) (9) DK (FHS.050)

FHS.010 Who is this? (Anyone else?)

>PLAPLYLM< [ ] [ ] [ ]  
[ ] [ ] [ ]

FHS.020 Is {subject's name listed in PLAYPLYLM} able to take part AT ALL in the usual kinds of play activities done by most children {subject's name}'s age?

>PLAPLYUN< (1) Yes (FHS.050) (7) Refused (FHS.050)  
(2) No (FHS.050) (9) DK (FHS.050)

FHS.050 Do any of the children under 18 in this family, {fill names of children under age 18} receive Special Educational or Early Intervention Services?

>FSPPEDEIS< (1) Yes (FHS.060) (7) Refused (FHS.070)  
(2) No (FHS.070) (9) DK (FHS.070)

FHS.060 Who is this? (Anyone else?)

>PSPPEDEIS< [ ] [ ] [ ]  
[ ] [ ] [ ]

FHS.070 Because of a physical, mental, or emotional problem, {do/does} {you/anyone in the family} need the help of other persons with PERSONAL CARE NEEDS, such as eating, bathing, dressing, or getting around inside this home?

>FLAADL< (1) Yes (FHS.080) (7) Refused (FHS.150)  
(2) No (FHS.150) (9) DK (FHS.150)

FHS.080 Who is this? (Anyone else?)

<PLAADL> [ ] [ ] [ ]  
[ ] [ ] [ ]

FHS.090 {Do/Does} {you/subject's name} need the help of other persons with ....?

(1) Yes (FHS.150) (7) Refused (FHS.150)  
(2) No (FHS.150) (9) DK (FHS.150)

>LABATH< Bathing or showering?

>LADRESS< Dressing?

>LAEAT< Eating?

>LABED< Getting in or out of bed or chairs?

>LATOILT< Using the toilet, including getting to the toilet?

>LAHOME< Getting around inside the home?

FHS.150 Because of a physical, mental, or emotional problem, {do/does} {you/anyone in the family} 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?

>FLAIADL< (1) Yes (FHS.160) (7) Refused (FHS.170)  
(2) No (FHS.170) (9) DK (FHS.170)

FHS.160 Who is this? (Anyone else?)

>PLAIADL< [ ] [ ] [ ]  
[ ] [ ] [ ]

FHS.170 Does a physical, mental, or emotional problem NOW keep {you/anyone in the family (fill in names of family members aged 18 and older)} from working at a job or business?

>FLAWKNOW<(1) Yes (FHS.180) (7) Refused (FHS.190)  
(2) No (FHS.190) (9) DK (FHS.190)

FHS.180 Who is this? (Anyone else?)

>PLAWKNOW<[ ] [ ] [ ]  
[ ] [ ] [ ]

FHS.190 {Are/(Other than the persons mentioned), are any of these family members} {you/repeat adult names if needed} limited in the kind OR amount of work {you/they} can do because of a physical, mental or emotional problem?

>FLAWKLIM< (1) Yes (FHS.200) (7) Refused (FHS.210)  
(2) No (FHS.210) (9) DK (FHS.210)

FHS.200 Who is this? (Anyone else?)

>PLAWKLIM< [ ] [ ] [ ]  
[ ] [ ] [ ]

FHS.210 Because of a health problem, {do/does} {you/anyone in the family} have difficulty walking without using any special equipment?

>FLAWALK< (1) Yes (FHS.220) (7) Refused (FHS.230)  
(2) No (FHS.230) (9) DK (FHS.230)

FHS.220 Who is this? (Anyone else?)

>PLAWALK< [ ] [ ] [ ]  
[ ] [ ] [ ]

FHS.230 {Are/is} {you/anyone in the family} LIMITED IN ANY WAY because of difficulty remembering or because {you/they} experience periods of confusion?

>FLAREMEM<(1) Yes (FHS.240) (7) Refused (Check item FHSCCI2)  
(2) No ( Check item FHSCCI2) (9) DK (Check item FHSCCI2)

FHS.240 Who is this? (Anyone else?)  
 >PLAREMEM<

**Check item FHSCCI2:** For family members NOT in the entry in FHS.010, FHS.060, FHS.080, FHS.160, FHS.180, FHS.200, FHS.220, or FHS.240 go to FHS.250; Otherwise, go to Check item FHSCCI3.

FHS.250 Are {you/anyone in the family (list names of persons without limitation if needed)} LIMITED IN ANY WAY in any activities because of physical, mental or emotional problems?

>FLIMANY< (1) Yes (FHS.260) (7) Refused (Check item FHSCCI3)  
 (2) No (Check item FHSCCI3) (9) DK (Check item FHSCCI3)

FHS.260 Who is this? (Anyone else?)  
 >PLIMANY<

**Check item FHSCCI3:** For family members with an entry in FHS.010 through FHS.260: If AGE is less than 18 go to FHS.270; Else goto FHS.290. If none with entry in FHS.010 through FHS.260, or the family roster is exhausted goto FHS.310.

FHS.270 What conditions or health problems cause {subject's name} limitations?

**FR: HAND CARD F2. DO NOT READ. CODE ALL THAT APPLY, UP TO 5, BUT DO NOT PROBE. ENTER (N) FOR NO MORE.**

>LAHCC< (1) Vision/ problem seeing (9) Other mental, emotional, or behavioral problem  
 (2) Hearing problem (10) Bone, joint, or muscle problem  
 (3) Speech problem (11) Epilepsy  
 (4) Asthma/breathing problem (12) Other impairment/problem (specify one)(FHS.271)  
 (5) Birth defect (13) Other impairment/problem (specify one)(FHS.272)  
 (6) Injury (97) Refused  
 (7) Mental retardation (99) DK/not sure  
 (8) Other developmental problem (e.g. cerebral palsy)

(Goto FHS.280)

FHS.271

**FR: SPECIFY CONDITION CAUSING LIMITATION. THIS SHOULD BE THE NAME OF A SPECIFIC CONDITION THAT IS NOT ON THE CONDITION LIST.**

>LACCSPEC< CONDITION: \_\_\_\_\_

FHS.272

**FR: SPECIFY CONDITION CAUSING LIMITATION. THIS SHOULD BE THE NAME OF A SPECIFIC CONDITION THAT IS NOT ON THE CONDITION LIST.**

>LACCSPEC\_1< CONDITION: \_\_\_\_\_

FHS.280 How long {have/has} {you/subject's name} had [fill condition entered in FHS.270]?

[ ] NUMBER

>LHCCLN<	(01-94) 1-94 times	(97) Refused
	(95) 95+	(99) DK
	(96) Since birth	

[ ] TIME PERIOD

>LHCCLT<	(1) Days(s)	(6) Since Birth
	(2) Week(s)	(7) Refused
	(3) Month(s)	(9) DK
	(4) Year(s)	

**[Go back to Check item FHSCCI3 for next family member. If no more family members goto FHS.310.]**

FHS.290 What conditions or health problems cause {subject's name} limitations?

**FR: HAND CARD F3. DO NOT READ. CODE ALL THAT APPLY, UP TO 5, BUT DO NOT PROBE. ENTER (N) FOR NO MORE.**

>LAHCA<	(1) Vision/ problem seeing	(12) Cancer
	(2) Hearing problem	(13) Birth defect
	(3) Arthritis/rheumatism	(14) Mental retardation
	(4) Back or neck problem	(15) Other developmental problem (e.g. cerebral palsy)
	(5) Fractures, bone/joint injury	(16) Senility
	(6) Other injury	(17) Depression/anxiety/emotional problem
	(7) Heart problem	(18) Weight problem
	(8) Stroke problem	(19) Other impairment/problem (specify one)(FHS.291)
	(9) Hypertension/high blood pressure	(20)Other impairment/problem (specify one)(FHS.292)
	(10) Diabetes	(97) Refused
	(11) Lung/breathing problem	(99) DK/not sure

[ ] [ ] [ ]

[ ] [ ]

FHS.291

**FR: SPECIFY CONDITION CAUSING LIMITATION. THIS SHOULD BE THE NAME OF A SPECIFIC CONDITION THAT IS NOT ON THE CONDITION LIST.**

>LACASPEC< CONDITION: \_\_\_\_\_

FHS.292

**FR: SPECIFY CONDITION CAUSING LIMITATION. THIS SHOULD BE THE NAME OF A SPECIFIC CONDITION THAT IS NOT ON THE CONDITION LIST.**

>LACASPEC\_1< CONDITION: \_\_\_\_\_

FHS.300 How long {have/has} {you/subject's name} had [fill condition entered in FHS.290]?

[ ] NUMBER

>LHCALN< (01-94) 1-94 (99) DK  
(95) 95+ (97) Refused  
(96) Since birth

[ ] TIME PERIOD

>LHCALT< (1) Days(s) (6) Since Birth  
(2) Week(s) (7) Refused  
(3) Month(s) (9) DK  
(4) Year(s)

**[Go back to Check item FHSCCI3 for next family member. If no more family members goto FHS.310.]**

**Ask this question for each member separately:**

FHS.310 Would you say {subject's name} health in general is excellent, Very good, good, fair, or poor?

>PHSTAT< (1) Excellent (5) Poor  
(2) Very good (7) Refused  
(3) Good (9) DK  
(4) Fair

**(Goto next section--Injuries)**

**Section III -- HEALTH CARE ACCESS AND UTILIZATION**

**Part A -- Access To Care**

FAU.010 The following questions are about the use of health care. Do not include dental care.

DURING THE PAST 12 MONTHS, has medical care been delayed for {you/anyone in the family} because of worry about the cost?

>FDMED12M< (1) Yes (FAU.020) (7) Refused (FAU.030)  
(2) No (FAU.030) (9) DK (FAU.030)

FAU.020 For which family member was medical care delayed? (Anyone else?)

>PDMED12M< [ ] [ ] [ ]  
[ ] [ ] [ ]

FAU.030 DURING THE PAST 12 MONTHS, was there any time when {you/anyone in the family} needed medical care, but did not get it because {you/the family} couldn't afford it?

>FNMED12M< (1) Yes (FAU.040) (7) Refused (FAU.050)  
(2) No (FAU.050) (9) DK (FAU.050)

FAU.040 Who didn't get needed care? (Anyone else?)

>PNMED12M< [ ] [ ] [ ]  
[ ] [ ] [ ]

**Part B -- Hospital Utilization**

FAU.050 DURING THE PAST 12 MONTHS {were/was} {you/anyone in the family} a patient in a hospital OVERNIGHT? (Do not include an overnight stay in the emergency room.)

**[If there is a child <1 year old in the family add]**

Remember to include any new mothers and/or babies who were hospitalized for the baby's birth.

>FHOSPYR< (1) Yes (FAU.060) (7) Refused (Check item FAU.120)  
(2) No (FAU.120) (9) DK (Check item FAU.120)

FAU.060 Who was in a hospital overnight? (Anyone else?)

>PHOSPYR< [ ] [ ] [ ]  
[ ] [ ] [ ]

FAU.070 How many different times did {you/subject's name} stay in any hospital overnight or longer DURING THE PAST 12 MONTHS?

>HOSPNO< (001-365) 1-365 Times (999) DK  
(997) Refused

FAU.110 Altogether how many nights {were/was} {you/subject's name} in the hospital DURING THE PAST 12 MONTHS?

>HPNITE< (001-365) 1-365 Nights (999) DK  
(997) Refused

**[If FAU.070 < FAU.110 goto NEXT\_HOSP; Else goto FAU.115]**

FAU.115

**FR : DO NOT READ ALOUD:**

[fill HPNITE\_N] is less than the total number of times just reported that {you/subject's name} was in the hospital overnight. PROBE TO CORRECT.

>HPVER< (1) Increase total number of nights in hospital (FAU.110)  
(2) Decrease total number of times [you/subject's name] stayed in hospital (FAU.070)  
(3) Proceed without correcting (NEXT\_HOSP)

**Check item: NEXT\_HOSP:** Go back for next person listed in FAU.060. When no more people, goto FAU.120.

### Part C -- Health Care Contacts

These next questions are about health care received during the 2 WEEKS outlined on that calendar. Include care from ALL types of medical doctors, such as dermatologists, psychiatrists, ophthalmologists, and general practitioners. Also include care from OTHER health professionals such as nurses, physical therapists, and chiropractors. DO NOT INCLUDE DENTAL CARE.

FAU.120 **[If FAU.050 equals 1, add:]**

Do not include care while an overnight patient in a hospital.

**[Else, continue to read:]**

During those 2 WEEKS, did {you/anyone in the family} receive care AT HOME from a nurse or other health care professional?

>FHCHM2W< (1) Yes (FAU.130) (7) Refused (FAU.150)  
(2) No (FAU.150) (9) DK (FAU.150)

FAU.130 Who received care at home? (Anyone else?)

>PHCHM2W<

FAU.140 How many home visits did {you/subject's name} receive during those 2 WEEKS?

>PHCHMN2W<(01-49) 1-49 Visits (97) Refused  
(50) 50+ (99) DK

FAU.150 During those 2 WEEKS, did {you/anyone in the family} talk over the PHONE with a doctor, nurse, or other health care professional? Include phone calls for medical advice, prescriptions or test results, but do NOT include phone calls to make appointments.

>FHCPH2W< (1) Yes (FAU.160) (7) Refused (FAU.180)  
(2) No (FAU.180) (9) DK (FAU.180)

FAU.160 Who was the phone call about? (Anyone else?)

>PHCPH2W<

FAU.170 During those 2 WEEKS, how many telephone calls were made about {you/subject's name}?

>PHCPHN2W< (01-49) 1-49 Calls (97) Refused  
(50) 50+ (99) DK

FAU.180 During those 2 WEEKS, did {you/anyone in the family} see a doctor or other health care professional at a doctor's OFFICE, a clinic, an emergency room, or some other place? (Do not include times during an overnight hospital stay.)

>FHCDV2W< (1) Yes (FAU.190) (7) Refused (FAU.210)  
(2) No (FAU.210) (9) DK (FAU.210)

FAU.190 Who received care? (Anyone else?)

>PHCDV2W< [ ] [ ] [ ]  
[ ] [ ] [ ]

FAU.200 How many times did {you/subject's name} visit a doctor or other health care professional during those 2 WEEKS?

>PHCDVN2W< (01-49) 1-49 Times (97) Refused  
(50) 50+ (99) DK

FAU.210 During the past 12 MONTHS did {you/anyone in the family} receive care from doctors or other health care professionals 10 or more times?

>F10DVYR< (1) Yes (FAU.220) (7) Refused (Goto next section - Health Insurance)  
(2) No (Goto next section - Health Insurance) (9) DK (Goto next section - Health Insurance)

FAU.220 Who received care 10 or more times? (Anyone else?)

>P10DVYR< [ ] [ ] [ ]  
[ ] [ ] [ ]

**(Goto next section--Health Insurance)**

**Section IV -- HEALTH INSURANCE**

FHI.010 The next questions are about health insurance.

Are you familiar with the family's health care coverage?

>HRFHI< (1) Yes (FHI.050) (7) Refused (FHI.020)  
(2) No (FHI.020) (9) DK (FHI.020)

FHI.020 Who else in the family could answer questions about the family's health insurance?

>PHIWHO< [Enter person #s] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

FHI.030 Is {the person/anyone that} you just mentioned available now to answer questions about health insurance?

>FAVAIL< (1) Yes (FHI.040) (7) Refused (FHI.050)  
(2) No (FHI.050) (9) DK (FHI.050)

FHI.040

**FR: SELECT APPROPRIATE PERSON TO ANSWER DETAILED HEALTH INSURANCE QUESTIONS.**

>FAVAIL31< [Enter person #] [ ]

**Check item FHICCI1:** If FHI.040 has more than 1 input: show message "FR: PLEASE MARK ONLY ONE RESPONDENT. <1> Back up and make a correction", go back to FHI.040 for correction.

FHI.050 **FR: HAND CARD F9.**

[If FAVAIL eq <1>]

The next questions are about health insurance.

[If FAVAIL ne <1>]

Since no one else is available to answer these questions, we can just continue. Just give the best answers you can.

{Are you/Is anyone} covered by health insurance or some other kind of health care plan?

**FR: READ IF NECESSARY: INCLUDE HEALTH INSURANCE OBTAINED THROUGH EMPLOYMENT OR PURCHASED DIRECTLY AS WELL AS GOVERNMENT PROGRAMS LIKE MEDICARE AND MEDICAID THAT PROVIDE MEDICAL CARE OR HELP PAYMEDICAL BILLS.**

>FHICOV< (1) Yes (FHI.060) (7) Refused (FHICCI9)  
(2) No (FHICCI9) (9) DK (FHICCI9)

FHL060 Who has coverage? (Anyone else?)

>PHICOV< [Enter person #s] [] [] [] [] [] [] [] [] []

**[For members who were not marked in FHL060, go to FHICCI9; Those family members who were marked in FHL060, go to FHL070.]**

FHL070 What kind of health insurance or health care coverage {do/does} {you/subject's name} have? EXCLUDE private plans that only provide extra cash while hospitalized or pay for only one type of service (nursing home care, accidents, or dental care).

**FR: ENTER EACH NUMBER THAT APPLIES.** (Anything else?)

- >HIKINDA< (01) Private health insurance plan from employer or workplace
- >HIKINDB< (02) Private health insurance plan purchased directly
- >HIKINDC< (03) Medicare
- >HIKINDD< (04) Medi-Gap
- >HIKINDE< (05) Medicaid
- >HIKINDF< (06) Military health care/VA
- >HIKINDG< (07) CHAMPUS/TRICARE/CHAMP-VA
- >HIKINDH< (08) Indian Health Service
- >HIKINDI< (09) State-sponsored health plan
- >HIKINDJ< (10) Other government program

**Check item FHICCI3: (Medicare Coverage)** Loop through every non-deleted and non Armed Forces family member roster:

1. If the person in FHL070 marked 4 and not 3, go to FHL080.
2. If the person in FHL070 marked 3, go to FHL080.
3. If the person in FHL070 did not mark 3, go to Check item FHICCI4

FHL080 Earlier I recorded that {you/subject name} {are/is} covered by Medicare. May I please see {your/subject's Oname} Medicare card to determine the type of coverage and to record the Health Ins. Claim Number? This number is needed to allow Medicare records of the Health Care Financing Administration to be easily and accurately located and identified for statistical or research purposes. We may also need to link it with other records in order to re-contact you. Except for these purposes, NCHS will not release your Health Insurance Claim Number to anyone, including any other government agency. Providing the Health Insurance Claim Number is voluntary and collected under the authority of the Public Health Service Act. Whether the number is given or not, there will be no effect on your benefits. This number will be held in strict confidence.

**FR: READ IF NECESSARY: THE PUBLIC HEALTH SERVICE ACT IS TITLE 42, UNITED STATES CODE, SECTION 242K.**

>MCNO\_1< Claim Number (only numbers): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
>MCNO\_2< (any characters): - \_\_\_\_\_

(Goto FHL090)

FHI.090

**FR: FILL IN APPROPRIATE COVERAGE TYPE BELOW**

>MCPART< (1) Part A - Hospital Only (Check item FHICCI4) (4) Card Not Available (FHI.100)  
(2) Part B - Medical Only (FHI.100) (7) Refused (FHI.100)  
(3) Both Part A & Part B (FHI.100) (9) DK (FHI.100)

FHI.100 {Are/Is} {You/subject's name} signed up with an HMO, that is, a Health Maintenance Organization? (With an HMO, you must generally receive care from HMO doctors, otherwise the expense is not covered unless you were referred by the HMO or there was a medical emergency).

>MCHMO< (1) Yes (7) Refused (FHICCI4)  
(2) No (FHICCI4) (9) DK (FHICCI4)

**[If answer equals 1, ask: ]**

FHI.110 What is the name of the HMO?

>MCHMO\_NA< Name: \_\_\_\_\_

**Check item FHICCI4: (Medicaid Coverage)** If the person in FHI.070 marked 5 then goto FHI.120; Else goto Check item FHICCI5.

FHI.120 The next questions are about Medicaid coverage. In this State it is also called (state name). {You/Subject's name} {are/is} listed as having Medicaid coverage. Can {you/subject name} go to ANY doctor who will accept Medicaid or MUST {you/he/she} choose from a book or list of doctors or is a doctor assigned?

>MACHMD< (1) Any doctor (FHI.140) (7) Refused (FHI.140)  
(2) Select from book/list (MACHMD\_1) (9) DK (FHI.140)  
(3) Doctor is assigned (MACHMD\_2)

FHI.130 **[If answer equals 2, ask:]**

What is the name of the health plan that provided the book or list?

>MACHMD\_1< Name: \_\_\_\_\_ (FHI.140)

**[If answer equals 3, ask:]**

What is the name of the health plan that assigned the doctor?

>MACHMD\_2< Name: \_\_\_\_\_ (FHI.140)

FHI.140 {Are/Is} {you/subject's name} required to sign up with a certain primary care doctor, group of doctors, or certain clinic which {you/he/she} must go to for all of {your/his/her} routine care?

(Do not include emergency care or care from a specialist {you/he/she} was referred to).

>MAPCMD< (1) Yes (7) Refused  
(2) No (9) DK

FHI.150 If {you/subject's name} {need/needs} to go to a different doctor or place for special care, (do/does) {you/he/she} need approval or a referral? (Do not include emergency care.)

>MAREF< (1) Yes (7) Refused  
(2) No (9) DK

**When roster exhausted go to Check item FHICCI5.**

**Check item FHICCI5: (Private Coverage)** Loop through the family member roster:

If any person with -

- Private health insurance plan from employer or workplace (in FHI.070 marked 1 ),
- Private health insurance plan purchased directly (in FHI.070 marked 2),
- Medi-gap (in FHI.070 marked 4),

Then go to Check item FHICCI6; Else go to Check item FHICCI7.

**Check item FHICCI6:** The next questions are about health insurance plans obtained through work or purchased directly.

**[If more than 1 person has private insurance plan say:]**

We have the following persons listed as being covered by such plans {read names}.

FHI.160 It is important that we record the complete and accurate name of each health insurance plan. What is the COMPLETE name of the first plan?

**FR: REMIND RESPONDENT IF NECESSARY:** Do NOT include plans that only provide extra cash while in the hospital or plans that pay for only one type of service, such as nursing home care, accidents, or dental care.

**FR: IF NECESSARY: DO YOU HAVE SOMETHING WITH THE PLAN NAME ON IT?**

>HIPNAM\_N< Name: \_\_\_\_\_ (FHI.160)

FHI.170 Which family members are covered by that plan?

>HIPNAM\_B< [Enter person #s]      []    []    []    []    []    []    []    []

FHI.171 Are there any more health insurance plans?

>MORPLAN< (1) Yes (FHI.172)                      (2) No (FHICCI7)

FHL.172 What is the name of the next plan?

>NEXTPNM1< Name: \_\_\_\_\_ (FHL.173)

FHL.173 Which family members are covered by that plan?

>NEXTPNM4< [Enter person #s]

FHL.174 Are there any more health insurance plans in addition to those already mentioned?

>MORPLAN2< (1) Yes (FHL.175) (2) No (FHICCI7)

FHL.175 What is the name of the next plan?

>NEXTPNM5< Name: \_\_\_\_\_ (FHL.176)

FHL.176 Which family members are covered by that plan?

>NEXTPNM6< [Enter person #s]

FHL.177 Are there any more health insurance plans in addition to those already mentioned?

>MORPLAN3< (1) Yes (FHL.178) (2) No (FHICCI7)

FHL.178 What is the name of the next plan?

>NEXTPNM7< Name: \_\_\_\_\_ (FHL.179)

FHL.179 Which family members are covered by that plan?

>NEXTPNM8< [Enter person #s]

**Check item FHICCI7:** If any private insurance covered person wasn't list on any of the above plans, goto FHL.180. If there are no such persons, goto Check item FHICCI8.

FHL.180 {Subject's name} is listed as having private insurance but was not mentioned as being covered by any of the plans we just discussed. Is {subject's name} covered by private insurance?

>HIVER1< (1) Yes (FHL.190) (7) Refused (FHL.070)  
(2) No (FHL.070) (9) DK (FHL.070)

FHI.190 Is the health insurance plan of {subject's name} the same as one of those already mentioned?

**FR: MARK "X" ANY THAT APPLY fill in from FHI.170: HIPNAM, NEXTPNM, NEXTPNM2.**

- >HIVER2\_1< [ ]1 [fill HIPNAM]
- >HIVER2\_2< [ ]2 [fill NEXTPNM] (if available)
- >HIVER2\_3< [ ]3 [fill NEXTPNM2] (if available)
- >HIVER2\_4< [ ]4 [fill NEXTPNM3] (if available)
- >HIVER2\_5< [ ]5 Some other plan not already mentioned

**Check item FHICCI8: [If more plan name (ie. from item HIPNAM), ask:]**

Now I am going to ask some questions about the {plan/plans} you just told me about, { /starting with} [fill plan name].

**[else]**

Next I would like to ask you about [fill plan name].

FHI.200 Health insurance plans are usually obtained in one person's name even if other family members are covered. That person is called the policyholder. In whose name is this plan?

>WHONAM#< Enter (0) for policyholder outside of family.

[Enter person #] [ ]

FHI.210 Was this plan originally obtained through the workplace, such as through a present or former employer or union?

- >PLNWRK#< (1) Employer (5) No
- (2) Union (7) Refused
- (3) Through workplace, but DK if employer or union (9) DK
- (4) Through workplace, self-employed or professional association

FHI.220 Who pays for this health insurance plan?

**FR: ENTER ALL THAT APPLY. IF GOVERNMENT PROGRAM IS REPORTED, PROBE FOR MEDICARE OR MEDICAID BEFORE ENTERING CODE 6. IF GOVERNMENT IS THE EMPLOYER, ENTER CODE 2.**

- >PLNPAY##< (1) Self or Family (FHI.230) (5) Medicaid (FHI.240)
- (2) Employer or Union (FHI.240) (6) Government Program (FHI.240)
- (3) Someone outside the household (FHI.240) (7) Refused (FHI.240)
- (4) Medicare (FHI.240) (9) DK (FHI.240)
- [ ] [ ] [ ]
- [ ] [ ] [ ]

FHI.230 During the PAST 12 MONTHS, how much did {you/your family} spend for health insurance premiums for {plan name}? Please include payroll deductions for premiums.

**FR: HAND CARD F10.**

>HICOST#< (1) Less than \$500 (5) \$3,000 or more  
(2) \$500-\$999 (7) Refused  
(3) \$1,000-\$1,999 (9) DK  
(4) \$2,000-\$2,999

FHI.240 Is {plan name} an HMO (Health Maintenance Organization), an IPA (Individual Practice Association), or is it some other kind of plan?

**FR: ACCEPT PPO AS A VALID RESPONSE IF THE RESPONDENT OFFERS IT. ENTER CODE 2 FOR PPO. READ IF NECESSARY:** Health Maintenance Organizations, or HMOs, and Individual Practice Associations, or IPAs, are plans whose members are required to use only those doctors who work for or in association with the plan. Sometimes members may choose to go to doctors not associated with the plan, but usually at greater cost to the member. Generally, members do not have to submit claims for costs of medical care services.

>PLNMGD#< (1) HMO/IPA (7) Refused  
(2) PPO (9) DK  
(3) Other

**Check item FHICCI9:** Loop through each non-deleted family member: If any member is in a family with a family member in the armed forces, goto FHI.320; Else if any member with no entry marked in FHI.060 , goto FHI.260; Else if any member marked FHI.070 with 9 or 10 goto FHI.250; Else go to FHI.300.

FHI.250 Earlier I recorded that {you/subject's name} {are/is} covered by a state-sponsored or other public program (other than Medicaid) that pays for health care. What is the name of the plan?

>STNAME< Plan: \_\_\_\_\_

FHI.260 Earlier I recorded that {you/subject's name} {do/does} not have health care coverage of any kind. {Do/Does} {you/he/she} have Medicare, Medicaid,

**FR: READ STATE NAME FOR MEDICAID AND STATE SPONSORED HEALTH INSURANCE PROGRAM FROM FLASHCARD PG.19 AND 20.**

CHAMPUS or CHAMPVA... or any private insurance?

>HICHECK< (1) Yes (FHI.060) (7) Refused (FHI.270)  
(2) No (FHI.270) (9) DK (FHI.270)



FHI.300 In the PAST 12 MONTHS, was there any time when {subject's name} did NOT have ANY health insurance or coverage?

>HINOTYR< (1) Yes (FHI.310) (7) Refused (FHI.320)  
(2) No (FHI.320) (9) DK (FHI.320)

FHI.310 In the PAST 12 MONTHS, about how many months {were/was} {you/subject's name} without coverage?

>HINOTMYR< (01-12) 1-12 months (99) DK  
(97) Refused

FHI.320 During the PAST 12 MONTHS, about how much did {you/your family} spend for medical care, including dental care? Do NOT include the cost of health insurance premiums, over the counter remedies, or any costs for which you expect to be reimbursed.

**FR: HAND CARD F12.**

>HCSPFYR< (0) Zero (4) \$3,000-\$4,999  
(1) Less than \$500 (5) \$5,000 or more  
(2) \$500-\$1,999 (7) Refused  
(3) \$2,000-\$2,999 (9) DK

**(Goto next section--Socio-Demographic Background)**

## Section V -- SOCIO-DEMOGRAPHIC BACKGROUND

FSD.001 In what country {were/was} {you/subject's name} born?

**>PLBORN<**

(001) United States	(010) Ecuador	(022) India
(002) Puerto Rico	(011) El Salvador	(023) Iran
(003) Outlying Area of the U.S. (American Samoa, Guam, U.S. Virgin Islands, Northern Marianas, Other U.S. Territory)	(012) England (013) France (014) Germany (015) Greece	(024) Ireland/Eire (025) Italy (026) Jamaica (027) Japan
(004) Canada	(016) Guatemala	(997) Refused
(005) Cambodia	(017) Guyana	(999) DK
(006) China	(018) Haiti	
(007) Colombia	(019) Honduras	
(008) Cuba	(020) Hong Kong	
(009) Dominican Republic	(021) Hungary	

### OTHER COUNTRIES FOR NATIVITY

**>PLBORN2<**

(028) Laos	(041) Vietnam	(300) Bermuda
(029) Mexico	(042) Yugoslavia	(376) Bolivia
(030) Nicaragua	(200) Afghanistan	(377) Brazil
(031) Peru	(375) Argentina	(205) Burma
(032) Philippines	(185) Armenia	(378) Chile
(033) Poland	(102) Austria	(311) Costa Rica
(034) Portugal	(501) Australia	(155) Czech Republic
(035) Russia	(130) Azores	(105) Czechoslovakia
(036) Scotland	(333) Bahamas	(106) Denmark
(037) Korea/South Korea	(202) Bangladesh	(338) Dominica
(038) Taiwan	(334) Barbados	(415) Egypt
(039) Thailand	(310) Belize	(417) Ethiopia
(040) Trinidad & Tobago	(103) Belgium	(507) Fiji

### OTHER COUNTRIES FOR NATIVITY

**>PLBORN3<**

(108) Finland	(224) Malaysia	(156) Slovakia/Slovak Rep.
(421) Ghana	(436) Morocco	(449) South Africa
(138) Great Britain	(128) Netherlands	(134) Spain
(340) Grenada	(514) New Zealand	(136) Sweden
(126) Holland	(440) Nigeria	(137) Switzerland
(211) Indonesia	(142) Northern Ireland	(237) Syria
(213) Iraq	(127) Norway	(240) Turkey
(214) Israel	(229) Pakistan	(195) Ukraine
(216) Jordan	(253) Palestine	(387) Uruguay
(427) Kenya	(317) Panama	(180) USSR
(183) Latvia	(132) Romania	(388) Venezuela
(222) Lebanon	(233) Saudi Arabia	(353) Caribbean
(184) Lithuania	(234) Singapore	(318) Central America

OTHER REGIONS/CONTINENTS FOR NATIVITY

>PLBORN4< (389) South America (252) Middle East (555) Elsewhere  
(304) North America (468) North Africa (462) Other Africa  
(148) Europe (527) Pacific Islands (245) Asia

If PLBORN=1 goto FSD.005; all others goto FSDCC11.

FSD.005 In what state {were/was} {you/subject's name} born?

>USBORN< State: \_\_\_\_\_ (Goto FSDCC11)

**Check item FSDCC11:** If AGE is less than or equal to 6, goto FSD.006. When no more family members AGE is less than or equal 6, then goto FSD.010.

FSD.006 Is {subject's name} now attending Head Start?

>HEADST< (1) Yes (FSD.010) (7) Refused (FSD.007)  
(2) No (FSD.007) (9) DK (FSD.007)

FSD.007 Has {subject's name} ever attended Head Start?

>HEADSTEV< (1) Yes (7) Refused  
(2) No (9) DK

FSD.010 What is the HIGHEST level of school {you/subject's name} {have/has} completed or the highest degree {you/subject's name} {have/has} received? Please tell me the number from the card. Enter highest level of school:

**FR: HAND CARD F13.**

>EDUC< (00) Never attended/  
kindergarten only (14) GED or equivalent  
(01) 1st grade (15) Some college, no degree  
(02) 2nd grade (16) Associate degree: occupational,  
technical, or vocational program  
(03) 3rd grade (17) Associate degree: academic program  
(04) 4th grade (18) Bachelor's degree  
(05) 5th grade (Example: BA, AB, BS, BBA)  
(06) 6th grade (19) Master's degree  
(07) 7th grade (Example: MA, MS, Meng, Med, MBA)  
(08) 8th grade (20) Professional School degree  
(09) 9th grade (Example: MD, DDS, DVM, JD)  
(10) 10th grade (21) Doctoral degree (Example: PhD, EdD)  
(11) 11th grade (22) Child under 5 years old  
(12) 12th grade, no diploma (97) Refused  
(13) HIGH SCHOOL GRADUATE (99) Don't know

FSD.041 {Have you/Has anyone in the family} ever been honorably discharged from active duty in the U.S. Army, Navy, Air Force, Marine Corp, or Coast Guard? (If so, who? Anyone else?)

**FR: SERVICE IN NATIONAL GUARD OR RESERVES IS NOT CONSIDERED ACTIVE DUTY**

>MILTRYDS<

**Check item FSDCCI2:** Go through all non-deleted family members, If AGE greater than or equal to 18 goto FSD.050; Else goto next section. When the family roster is exhausted, goto next section.

FSD.050 Which of the following {were/was} {you/subject's name} doing LAST WEEK?

>DOINGLW< (1) Working at a job or business (FSD.070) (7) Refused (FSD.060)  
(2) With a job or business but not at work (FSD.060) (9) DK (FSD.060)  
(3) Looking for work (FSD.060)  
(4) Not working at a job or business (FSD.090)

FSD.060 Did {you/subject's name} do any work at a job or business at all LAST WEEK (includes unpaid work in family farm or business)?

>WRKLW< (1) Yes (FSD.070) (7) Refused (FSD.100)  
(2) No (if FSD.050=3 (9) DK (FSD.100)  
Goto FSD.100;  
ELSE FSD.090)

FSD.070 How many hours did {you/subject's name} work LAST WEEK at ALL jobs or businesses?

>WRKHRS< (01-94) 1-94 hours (FSD.080) (97) Refused (FSD.080)  
(95) 95+ (FSD.110) (99) DK (FSD.080)

FSD.080 {Do/Does} {you/subject's name} USUALLY work 35 hours or more per week in total at ALL jobs or businesses?

>WRKFTALL< (1) Yes (7) Refused  
(2) No (9) DK

(Goto FSD.110)

FSD.090 **[If FSD.050 equals 2, ask:]**

What is the main reason {you/subject's name} did not work last week?

**[Else, ask:]**

What is the main reason {you/subject's name} did not have a job or business last week?

>WHYNOWRK< (1) Keeping house (5) On layoff  
(2) Going to school (6) Other  
(3) Retired (7) Refused  
(4) Unable to work (9) DK  
for health reasons

FSD.100 [If FSD.060 equals 7 or 9, ask:]

Did {you/he/she} work for pay at any time in {last year in 4 digit format}?

[Else, ask:]

Although you reported that {you/subject's name} did not work at any time in the LAST week, did {you/he/she} work for pay at any time in {last year in 4 digit format}?

>WRKLYR< (1) Yes (FSD.110) (7) Refused (Check item FSDCCI3)  
(2) No (Check item FSDCCI3) (9) DK (Check item FSDCCI3)

FSD.110 How many months in {last year in 4 digit format} did {you/subject's name} have at least one job or business?

**FR: IF LESS THAN ONE MONTH, ENTER (1).**

>WRKMYR< (01-12) 1-12 months (99) DK  
(97) Refused

FSD.120 What is your best estimate of {your/subject's name} earnings (include hourly wages, salaries, tips and commissions) before taxes and deductions from ALL jobs and businesses in {last year in 4 digit format}?

**FR: ENTER 999,995 IF THE REPORTED INCOME IS GREATER THAN \$999,995.**

.>ERNYR< (000001-999994) 1-999994 dollars (999997) Refused  
(999995) \$999,995+ (999999) DK

**Check item FSDCCI3:** If FSD.050 equals 1 or 2, goto FSD.130; Else, goto Check item FSDCCI2 for next person. When roster exhausted, goto next section.

FSD.130 Was health insurance offered to {you/subject's name} through {your/his/her} workplace?

>HIEMPOF< (1) Yes (7) Refused  
(2) No (9) DK

**(Goto next section--Income and Assets)**

**Section VI -- INCOME AND ASSETS**  
**Part A -- Sources of Income**

>INTROINC<

**FR: READ THE FOLLOWING:**

The next questions are about {your/your combined family} income.

FIN.010 When answering these questions, please remember that by "combined family income", I mean your income PLUS the income of all family members living in this household (including cohabiting partners, and armed forces members living at home) BEFORE TAXES.

Are you knowledgeable about your family's finances?

>FCINC< (1) Yes (FIN.030) (7) Refused (FIN.011)  
(2) No (FIN.011) (9) DK (FIN.011)

FIN.011 Who else in the family could answer questions about the family's finances?

[ ] >PINWHO\_1< [ ] >PINWHO\_2< [ ] >PINWHO\_3<  
[ ] >PINWHO\_4< [ ] >PINWHO\_5<

FIN.012 Is anyone that you just mentioned available now to answer questions about finances?

>FINAVAIL< (1) Yes (FIN.013) (7) Refused (Check item FINCC11)  
(2) No (Check item FINCC11) (9) DK (Check item FINCC11)

FIN.013 Person number of respondent for detailed income questions.

>PNINDT< [Enter person #s] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

**Check item FINCC11:** If an entry in FIN.011 equals respondent, set SAINFLG = 1 (SAINFLG = Sample Adult Income Flag), go to FIN.030.

FIN.030 **[If FINAVAIL eq <2>, ask:]**

Since no one else is available to answer these questions, we can just continue. Just give the best answers you can.

**[If one person family, ask:]**

Did you receive income in {last year in 4 digit format} from... Wages and Salaries?

**[else, ask:]**

Did any family members 18 and older, **that is** (READ NAMES) receive income in {last year in 4 digit format} from... Wages and Salaries?

>FSAL< (1) Yes (FIN.040) (7) Refused (FIN.050)  
(2) No (FIN.050) (9) DK (FIN.050)

FIN.040 Who received this? (Anyone else?)  
 >PSAL<

FIN.050 **[If one person family, ask:]**

Did you receive income from... self-employment including business and farm income?

**[else, ask:]**

Did they (**FR: READ NAMES AGAIN IF NECESSARY**) receive income from... self-employment including business and farm income?

>FSEINC< (1) Yes (FIN.060) (7) Refused (FIN.070)  
 (2) No (FIN.070) (9) DK (FIN.070)

FIN.060 Who received this? (Anyone else?)

>PSEINC<

FIN.070 Did {you/anyone in the family} receive income in {last year in 4 digit format} from Social Security or Railroad Retirement?

>FSSRR< (1) Yes (FIN.080) (7) Refused (FIN.090)  
 (2) No (FIN.090) (9) DK (FIN.090)

FIN.080 Who received this? (Anyone else?)

>PSSRR<

FIN.090 Did {you/anyone in the family} receive income from... pensions from other sources?

>FPENS< (1) Yes (FIN.100) (7) Refused (FIN.110)  
 (2) No (FIN.110) (9) DK (FIN.110)

FIN.100 Who received this? (Anyone else?)

>PPENS<

FIN.110 Did {you/anyone in the family} receive Supplemental Security Income (SSI)?

>FSSI< (1) Yes - the entire family (FIN.130) (7) Refused (FIN.130)  
 (2) Yes - some people but not everybody (FIN.120) (9) DK (FIN.130)  
 (3) No (FIN.130)



FIN.210 Did {you/anyone in the family} receive income from... child support?

>FCHLDSP< (1) Yes (FIN.200) (7) Refused (FIN.230)  
(2) No (FIN.230) (9) DK (FIN.230)

FIN.220 Who received this? (Anyone else?)

>PCHLDSP<

FIN.230 Did {you/anyone in the family} receive income from any other source such as alimony, contributions from family/others, VA payments, Worker's Compensation, or unemployment compensation?

>FINCOT< (1) Yes (FIN.240) (7) Refused (FIN.250)  
(2) No (FIN.250) (9) DK (FIN.250)

FIN.240 Who received this? (Anyone else?)

>PINCOT<

**Part B -- Amounts and Home Ownership**

FIN.250 Now I am going to ask about the total combined income {for you/of your family} in {last year in 4 digit format}, including income from all sources we have just talked about such as wages, salaries, Social Security or retirement benefits, help from relatives and so forth. Can you tell me that amount before taxes?

**FR: IF NECESSARY REMIND RESPONDENT THAT TOTAL COMBINED FAMILY INCOME IS THEIR INCOME PLUS THE INCOME OF ALL FAMILY MEMBERS INCLUDING COHABITING PARTNERS AND ARMED FORCES MEMBERS LIVING AT HOME BEFORE TAXES.**

>FAMINC< (0-999995) 0-999995 dollars (FIN.280) (999997) Refused (FIN.260)  
(999996) 999,995+ dollars (FIN.280) (999999) DK (FIN.260)

FIN.260 You may not be able to give us an exact figure for your { /total combined family} income, but can you tell me, if your income in {last year in 4 digit format} was

>FINC20< (1) \$20,000 or more (FIN.270) (7) Refused (FIN.280)  
(2) Less than \$20,000 (FIN.270) (9) DK (FIN.280)

**FR: IF ANSWER FOR FIN.260 EQUALS 1, HAND CARD F14.  
IF ANSWER FOR FIN.260 EQUALS 2, HAND CARD F15.  
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 SERVICES OR HAVE CERTAIN CONDITIONS MORE OR LESS OFTEN THAN THOSE IN ANOTHER GROUP.**

FIN.270 Of those income groups, can you tell me which letter best represents {your/the total combined FAMILY} income during {last year in 4 digit format}?

>FINCCAT< (00) A (08) I (16) Q (24) Y (32) GG (40) OO  
(01) B (09) J (17) R (25) Z (33) HH (41) PP  
(02) C (10) K (18) S (26) AA (34) II (42) QQ  
(03) D (11) L (19) T (27) BB (35) JJ (43) RR  
(04) E (12) M (20) U (28) CC (36) KK (97) Refused  
(05) F (13) N (21) V (29) DD (37) LL (99) DK  
(06) G (14) O (22) W (30) EE (38) MM  
(07) H (15) P (23) X (31) FF (39) NN

FIN.280 Is this house/apartment owned, being bought, rented or occupied by some other arrangement by {you or anyone in the family/you}?

>HOUSEOWN<(1) Owned (4) Other arrangement  
(2) Being bought (7) Refused  
(3) Rented (9) DK

**Part C -- Program Participation**

**[If FIN.110=1,2, goto FIN.290; Else goto FIN.300]**

FIN.290 Earlier I recorded that {you/subject's name} received income from Supplemental Security Income. Did {you/subject's name} receive SSI because {you/he/she} {have/has} a disability?

>SSPDISB< (1) Yes (7) Refused  
(2) No (9) DK

**[If FIN.130=1,2, goto FIN.320; Else goto FIN.330]**

FIN.300 Have {you/anyone in the family (READ NAMES)} ever applied for Supplemental Security Income, { /This includes people who applied for benefits} even if the claim was denied?

>FSSAPL< (1) Yes (FIN.310) (7) Refused (FIN.320)  
(2) No (FIN.320) (9) DK (FIN.320)

FIN.310 Who in the family applied for it? (Anyone else?)

>PSSAPL< [ ] [ ] [ ]  
[ ] [ ] [ ]

FIN.320 Earlier I recorded that {you/subject's name} received income from Social Security Disability Income. Did {you/subject's name} receive SSDI because {you/he/she} {have/has} a disability?

>SDPDISB< (1) Yes (7) Refused  
(2) No (9) DK

**[If FIN.150=1,2, goto FIN.350; Else goto FIN.360]**

FIN.330 Have {you/anyone in the family (READ NAMES)} ever applied for Social Security Disability Income, { /This includes people who applied for benefits} even if the claim was denied?

>FSDAPL< (1) Yes (7) Refused  
(2) No (9) DK

FIN.340 Who in the family applied for it? (Anyone else?)

>PSDAPL< [ ] [ ] [ ]  
[ ] [ ] [ ]

FIN.350 Earlier I recorded that {you/subject's name} received AFDC or General Assistance in {last year in 4 digit format}. During {last year in 4 digit format}, about how many months did {you/subject's name} receive AFDC or general assistance?

**FR: IF LESS THAN 1 MONTH, ENTER (1).**

>AFDCMYR< (01-11) 1-11 months (97) Refused  
(12) 12 months or all (99) DK

FIN.360 {Were/Was} {you/anyone in the family} authorized to receive food stamps (which includes a food stamp card or voucher, or cash grants from the state for food) at anytime during {last year in 4 digit format}?

**FR: AN AUTHORIZED PERSON IS ONE WHOSE NAME APPEARS ON A CERTIFICATION CARD**

>FFSTIP< (1) Yes ( single person family FIN.380; else FIN.370) (7) Refused (next section)  
(2) No (next section) (9) DK (next section)

FIN.370 Who was authorized to receive Food Stamps? (Anyone else?)

>PFSTP<

FIN.380 During {last year in 4 digit format}, about how many months {were/was} {you/subject's name} authorized to receive Food Stamps?

**FR: IF LESS THAN 1 MONTH, ENTER (1).**

>FSTPMYR< (01-11) 1-11 months (97) Refused  
(12) 12 months or all (99) DK

**(Goto next section)**