Table I - ILLNESSES, IMPAIRMENTS, AND INJURIES

Line number	Col. No. of person	Question No.	Did you EVER at any time talk to a doctor about ...?	Ask for all illnesses and present effects of old injuries: (a) If doctor talked to: What did the doctor say it was? — did he give it a medical name? (b) If doctor not talked to: Record original entry and ask: (d-2) - (d-5) as required. Ask for all injuries during past 2 weeks: What part of the body was hurt? What kind of injury was it? Anything else? (Also, fill Table A for all injuries)	Ask if the entry in Col. (d-1) is: An Impairment, or a Symptom, or came from Question 11 or 13. What was the cause of ...? (If "Cause" is an injury, also fill Table A)	Ask only if: 6 years old or over and blindness, poor vision, or eye trouble of any kind. Can you see well enough to read ordinary newspaper print with glasses?	Ask for any entry in Col. (d-1) or Col. (d-2) that includes the words: Allergy* Tumor Asthma "Condition" Cyst "Disease" Growth "Trouble" Stroke* What kind of ... is it? *For an allergy or stroke ask: How does the allergy (stroke) affect you?	Ask only for: Impairments and injuries And for: Abscesses Inflammation Aches Neuralgia Bleeding Neuritis Blood Clot Pains Boils Sores Cancer Soreness Cyst Tumor Growth Ulcers Infection Weakness What part of the body is affected? Show detail for: Ear or eye - (One or both) Head - (Skull, scalp, face) Back - (Upper, middle, lower) Arm - (Shoulder, upper, elbow, lower, wrist, hand; one or both) Leg - (Hip, upper, knee, lower, ankle, foot; one or both)	LAST WEEK OR THE WEEK BEFORE did ... cause you to cut down on the things you usually do? Check one: No (Go to Col. (k))	Yes →
	(a)	(b)	(c)	(d-1)	(d-2)	(d-3)	(d-4)	(d-5)	(e)	(f)
1			☐ Yes ☐ No		x	☐ Yes ☐ No x	x	x		
2			☐ Yes ☐ No		x	☐ Yes ☐ No x	x	x		
3			☐ Yes ☐ No		x	☐ Yes ☐ No x	x	x		
4			☐ Yes ☐ No		x	☐ Yes ☐ No x	x	x		
5			☐ Yes ☐ No		x	☐ Yes ☐ No x	x	x		

Table II - HOSPITALIZATION DURING PAST 12 MONTHS

Line number	Col. No. of person	Question No.	USE YOUR CALENDAR: You said that you were in the hospital (once, twice, etc.) during the past year — When did you enter the hospital (the last time)? (Enter month, day and year; if exact date not known, obtain estimate.)			How many nights were you in the hospital? (If exact number not known accept best estimate)	Complete from entries in Columns (c) and (d); or, if not clear ask the questions. How many of these — nights were in the past 12 months?	How many of these — nights were last week or the week before?	Was this person still in the hospital last Sunday night?	For what condition did you enter the hospital — do you know the medical name? (If medical name not known, enter respondent's description.) (Entry must show "Cause," "Kind," and "Part of body" in same detail as required in Table I.)
	(a)	(b)	(c)			(d)	(e)	(f)	(g)	(h)
1			Month	Day	Year	Nights	Nights	Nights	☐ Yes ☐ No	
2			Month	Day	Year	Nights	Nights	Nights	☐ Yes ☐ No	
3			Month	Day	Year	Nights	Nights	Nights	☐ Yes ☐ No	
4			Month	Day	Year	Nights	Nights	Nights	☐ Yes ☐ No	

Table A - ACCIDENTS AND INJURIES

Line No. from Table I	1. When did the accident happen?	2. At the time of the accident, what part of the body was hurt? What kind of injury was it? Anything else?	
☐	Year	Part(s) of body	Kind of injury (injuries)
Accident happened last week or week before ☐ *(Go to Q. 5)*	(If 1961, 1962, or 1963 also enter month): Month		

3. (a) Was a car, truck, bus or other motor vehicle involved in the accident in any way? ☐ Yes ☐ No *(Go to Q. 4)*
   (b) Was more than one motor vehicle involved? ☐ Yes (More than one) ☐ No
   (c) Was it (either one) moving at the time? ☐ Yes ☐ No

4. (a) Where did the accident happen — at home or some other place?
   1. ☐ At home (inside house) 2. ☐ At home (adjacent premises) ☐ Some other place

   If "Some other place," ask:

   (b) What kind of place was it?
   3. ☐ Street and highway (includes roadway) 6. ☐ School (includes school premises)
   4. ☐ Farm 7. ☐ Place of recreation and sports, except at school
   5. ☐ Industrial place (includes premises) 8. ☐ Other *(Specify the place where accident happened)* ____

5. Were you at work at your job or business when the accident happened?
   1. ☐ Yes 2. ☐ No 3. ☐ While in Armed Services 4. ☐ Under 17 at time of accident

Table I - ILLNESSES, IMPAIRMENTS, AND INJURIES

Did you have to cut down for as much as a day? Check one: No (Go to Col. (k))	Yes →	How many days during that two-week period?	During that two-week period, how many days did ... keep you in bed all or most of the day?	If 6-16 years old ask: How many days did ... keep you from school last week or the week before?	If 17 years old or over ask: LAST WEEK or the WEEK BEFORE how many days did ... keep you from work? (For females add) not counting work around the house?	Did you first notice ... (did it happen) during the past 3 months OR before that time? Check one: Before 3 months (Go to Col. (n))	During 3 mos. →	Did ... start during the past 2 weeks or before that time? (If during past 2 weeks, ask): Which week, last week or the week before?	To interviewer: CONTINUE if Col. (k) is checked, or the condition is on Card A or is an impairment; otherwise, STOP	About how many days during the past 12 months has ... kept you in bed all or most of the day?	If 1 or more days in Col. (n) and Col. (e) is checked, ask: How many of these days were during last week or the week before?	Were you EVER hospitalized for this condition?	Ask after completing last condition for each person. Please look at each statement on this card. Then tell me which statement fits you best, in terms of health. (Show Cards D-G, as appropriate)	If "1", "2" or "3" in Col. (q): Is this because of any of the conditions you have told me about?	If "Yes" in Col. (r): Which? (Enter X on line for each condition named)	Line number
(f-1)	(f-2)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(aa)	(n)	(o)	(p)	(q)	(r)	(s)	
		___ Days	___ Days or ☐ None	___ Days or ☐ None	___ Days or ☐ None			☐ Last week ☐ Week before ☐ Before 2 wks.		___ Days or ☐ None	___ Days or ☐ None	☐ Yes ☐ No		☐ Yes ☐ No		1
		___ Days	___ Days or ☐ None	___ Days or ☐ None	___ Days or ☐ None			☐ Last week ☐ Week before ☐ Before 2 wks.		___ Days or ☐ None	___ Days or ☐ None	☐ Yes ☐ No		☐ Yes ☐ No		2
		___ Days	___ Days or ☐ None	___ Days or ☐ None	___ Days or ☐ None			☐ Last week ☐ Week before ☐ Before 2 wks.		___ Days or ☐ None	___ Days or ☐ None	☐ Yes ☐ No		☐ Yes ☐ No		3
		___ Days	___ Days or ☐ None	___ Days or ☐ None	___ Days or ☐ None			☐ Last week ☐ Week before ☐ Before 2 wks.		___ Days or ☐ None	___ Days or ☐ None	☐ Yes ☐ No		☐ Yes ☐ No		4
		___ Days	___ Days or ☐ None	___ Days or ☐ None	___ Days or ☐ None			☐ Last week ☐ Week before ☐ Before 2 wks.		___ Days or ☐ None	___ Days or ☐ None	☐ Yes ☐ No		☐ Yes ☐ No		5

Table II - HOSPITALIZATION DURING PAST 12 MONTHS

Were any operations performed on you during this stay at the hospital? If "Yes," ask: (a) What was the name of the operation? (b) Any other operations?	What is the name and address of the hospital you were in? (Enter full name of hospital, street or highway on which it is located, city and State; if city not known, enter county.)	To Interviewer: Carry this condition through Table I, if it does not appear there and "1" or more nights in Col. (f) or an Impairment or a Condition on Card A	Line number
(i)	(j)	(x)	
☐ Yes ☐ No	Name of hospital / Street / City and State		1
☐ Yes ☐ No	Name of hospital / Street / City and State		2
☐ Yes ☐ No	Name of hospital / Street / City and State		3
☐ Yes ☐ No	Name of hospital / Street / City and State		4

Table A - ACCIDENTS AND INJURIES

Line No. from Table I	1. When did the accident happen?	2. At the time of the accident, what part of the body was hurt? What kind of injury was it? Anything else?	
	Year	Part(s) of body	Kind of injury (injuries)
☐			
Accident happened last week or week before ☐ (Go to Q. 3)	(If 1961, 1962, or 1963 also enter month): Month		

3. (a) Was a car, truck, bus or other motor vehicle involved in the accident in any way? ☐ Yes ☐ No *(Go to Q. 4)*

(b) Was more than one motor vehicle involved? ☐ Yes (More than one) ☐ No

(c) Was it (either one) moving at the time? ☐ Yes ☐ No

4. (a) Where did the accident happen — at home or some other place?

1. ☐ At home (inside house) 2. ☐ At home (adjacent premises) ☐ Some other place

If "Some other place," ask:

(b) What kind of place was it?

3. ☐ Street and highway (includes roadway)
4. ☐ Farm
5. ☐ Industrial place (includes premises)
6. ☐ School (includes school premises)
7. ☐ Place of recreation and sports, except at school
8. ☐ Other *(Specify the place where accident happened)* ____________

5. Were you at work at your job or business when the accident happened?

1. ☐ Yes 2. ☐ No 3. ☐ While in Armed Services 4. ☐ Under 17 at time of accident

Card A

NATIONAL HEALTH SURVEY

Check List of Chronic Conditions

Has anyone in the family had any of these conditions during the past 12 months?

1. Asthma
2. Tuberculosis
3. Chronic bronchitis
4. Repeated attacks of sinus trouble
5. Rheumatic fever
6. Hardening of the arteries
7. High blood pressure
8. Heart trouble.
9. Stroke
10. Trouble with varicose veins
11. Hemorrhoids or piles
12. Hay fever
13. Tumor, cyst or growth
14. Chronic gallbladder or liver trouble
15. Stomach ulcer
16. Any other chronic stomach trouble
17. Kidney stones or chronic kidney trouble
18. Mental Illness
19. Arthritis or rheumatism
20. Diabetes
21. Thyroid trouble or goiter
22. Any allergy
23. Epilepsy
24. Chronic nervous trouble
25. Cancer
26. Chronic skin trouble
27. Hernia or rupture
28. Prostate trouble

Card B

NATIONAL HEALTH SURVEY

Check List of Selected Impairments

Does anyone in the family have any of these conditions?

1. Deafness or serious trouble hearing with one or both ears
2. Serious trouble seeing with one or both eyes even when wearing glasses
3. Cleft palate
4. Any speech defect
5. Missing fingers, hand, or arm—toes, foot, or leg
6. Palsy
7. Paralysis of any kind
8. Repeated trouble with back or spine
9. Club foot
10. Permanent stiffness or any deformity of the foot, leg, fingers, arm or back
11. Any condition present since birth

Card D

NATIONAL HEALTH SURVEY

For:

Workers and other persons except Housewives and Children

1. Not able to work at all.
2. Able to work but limited in amount of work or kind of work.
3. Able to work but limited in kind or amount of other activities.
4. Not limited in any of these ways.

Card E

NATIONAL HEALTH SURVEY

For: Housewife

1. Not able to keep house at all.
2. Able to keep house but limited in amount or kind of housework.
3. Able to keep house but limited in kind or amount of other activities.
4. Not limited in any of these ways.

Card F

NATIONAL HEALTH SURVEY

For:

Children from 6 through 16 years old

1. Not able to go to school at all.
2. Able to go to school but limited to certain types of schools or in school attendance.
3. Able to go to school but limited in other activities.
4. Not limited in any of these ways.

Card G

NATIONAL HEALTH SURVEY

For: Children under 6 years old

1. Not able to take part at all in ordinary play with other children.
2. Able to play with other children but limited in amount or kind of play.
4. Not limited in any of these ways.

Card H

NATIONAL HEALTH SURVEY

Family income during past 12 months

Group A. Under $500 (Including loss)
Group B. $500 - $999
Group C. $1,000 - $1,999
Group D. $2,000 - $2,999
Group E. $3,000 - $3,999
Group F. $4,000 - $4,999
Group G. $5,000 - $6,999
Group H. $7,000 - $9,999
Group I. $10,000 and over

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