1. (a) What is the name of the head of this household? (Enter name in first column) (b) What are the names of all other persons who live here? (List all persons who live here) (c) I have listed (Read names). Is there anyone else staying here now such as friends, relatives, or roomers? ☐ Yes *(List)* ☐ No (d) Have I missed anyone who usually lives here but is now — Temporarily in a hospital? ☐ Yes *(List)* ☐ No Away on business? ☐ Yes *(List)* ☐ No On a visit or vacation? ☐ Yes *(List)* ☐ No (e) Do any of the people in this household have a home elsewhere? ☐ Yes *(Apply household membership rules; if not a household member, delete)* ☐ No *(Leave on questionnaire)* If any adult males listed, ask: (f) Are any of the persons in this household now on full-time active duty with the Armed Forces of the United States? ☐ Yes *(Delete)* ☐ No	Last name (1) First name and initial
2. How are you related to the head of the household? (Enter relationship to head, for example: head, wife, daughter, grandson, mother-in-law, partner, roomer, roomer's wife, etc.)	Relationship Head
3. How old were you on your last birthday?	Age ☐ Under 1 year
4. Race (Check one box for each person)	☐ White ☐ Negro ☐ Other
5. Sex (Check one box for each person)	☐ Male ☐ Female
If 17 years old or over, ask: 6. Are you now married, widowed, divorced, separated or never married? (Check one box for each person)	☐ Und 17 yrs. ☐ Never married ☐ Married ☐ Divorced ☐ Widowed ☐ Separated
If 17 years old or over, ask: 7. (a) What were you doing most of the past 12 months — (For males): working, or doing something else? (For females): keeping house, working or doing anything else? If "Something else" checked, and person is 45 years old or over, ask: (b) Are you retired?	☐ Und. 17 yrs. ☐ Working ☐ Keeping house ☐ Something else ☐ Yes ☐ No
H Determine which adults are at home and record this information. Beginning with Question 8 you are to interview for himself or herself, each adult person who is at home.	☐ Und. 19 yrs. ☐ At home ☐ Not at home
8. Were you sick at any time LAST WEEK OR THE WEEK BEFORE? (That is, the 2-week period which ended this past Sunday night?) (a) What was the matter? (b) Anything else?	☐ Yes ☐ No
9. Last week or the week before did you take any medicine or treatment for any condition (besides ... which you told me about)? (a) For what conditions? (b) Anything else?	☐ Yes ☐ No
10. Last week or the week before did you have any accidents or injuries? (a) What were they? (b) Anything else?	☐ Yes ☐ No
11. Did you ever have an (any other) accident or injury that still bothers you or affects you in any way? (a) In what way does it bother you? (Record present effects) (b) Anything else?	☐ Yes ☐ No
12. Has anyone in the family - you, your - -, etc. - had any of these conditions DURING THE PAST 12 MONTHS? (Read Card A, condition by condition; record any conditions mentioned in the column for the person)	☐ Yes ☐ No
13. Does anyone in the family have any of these conditions? (Read Card B, condition by condition; record any conditions mentioned in the column for the person)	☐ Yes ☐ No
14. At the present time do you have any other ailments, conditions, or problems with your health? (a) What is the condition? (Record condition itself if still present; otherwise record present effects.) (b) Any other problems with your health?	☐ Yes ☐ No
15. (a) Have you been in a hospital at any time since _____, a year ago? If "Yes," ask: (b) How many times were you in the hospital during that period?	☐ Yes ☐ No _____ No. of times
16. (a) Has anyone in the family been a patient in a nursing home, rest home, or any similar place since _____, a year ago? If "Yes," ask: (b) Who was this? (c) How many times were you in a nursing home or rest home during that period?	☐ Yes ☐ No _____ No. of times (1)

INTERVIEWER: Examine ages and relationships in Questions 2 and 3 for children one year old or under, then check the appropriate box in Question 17(a).

17. (a)	(b) Are birth(s) for baby (babies) and delivery for mother shown in Table II?	(c) Was — — born in the hospital?	(d) When was — — born? *(Enter month, day and year)*
☐ Baby (babies) one year or under listed. *(Go to Q. 17(b))* ☐ No baby (babies) one year or under listed. *(Go to Q. 18)*	☐ Yes *(Go to Q. 18)* ☐ No *(Go to Q. 17(c))*	☐ Yes *(Go to Q. 17(d))* ☐ No *(Go to Q. 18)*	Month _____ Day _____ Year _____ (If birthdate is since date shown in Qs. 15 and 16, fill one line of Table II for mother and one line for child.)

18. (a) I have some questions about health insurance. We don't want to include insurance that pays ONLY for accidents, but we are interested in all other kinds. Do you, your --, etc., have insurance that pays all or part of the bills when you go to the hospital? If "Yes," ask: (b) Who is covered by hospital insurance? (Check the "Yes" box in 18(a) for each person covered) (c) What is the name of the plan (or plans)? Any other plans?	☐ Yes ☐ No Name of plan(s)
19. (a) Excluding insurance that pays ONLY for accidents, do you, your --, etc, have insurance that pays all or part of the surgeon's bill for an operation? If "Yes," ask: (b) Who is covered by insurance for surgeons' bills? (Check the "Yes" box in 19(a) for each person covered) (c) What is the name of the plan (or plans)? Any other plans?	☐ Yes ☐ No Name of plan(s)
20. (a) Do you, your--, etc., have insurance that pays any part of doctors' bills for home calls and office visits? If "Yes," ask: (b) Who is covered by insurance for doctors' bills? (Check the "Yes" box in 20(a) for each person covered) (c) What is the name of the plan (or plans)? Any other plans? (d) Does it (each plan) pay for home calls and office visits for most kinds of sickness?	☐ Yes ☐ No Name of plan(s) ☐ Yes ☐ No
	(1)
If Male and 17 years old or over, ask: 21. (a) Did you ever serve in the Armed Forces of the United States? If "Yes," ask: (b) Was any of your service during a war or was it peace-time only? If "War," ask: (c) During which war did you serve? If "Peace-time" only, ask: (d) Was any of your service between June 27, 1950 and January 31, 1955?	☐ Fem. or und. 17 yrs. ☐ Yes ☐ No ☐ War ☐ Peace-time only ☐ WW II ☐ Korean ☐ Other ☐ Yes ☐ No
If 17 years old or over, ask: 22. (a) What is the highest grade you attended in school? (Circle highest grade attended or check "None") (b) Did you finish the -- grade (year)?	☐ Und. 17 yrs. Elem: 1 2 3 4 5 6 7 8 High: 1 2 3 4 College: 1 2 3 4 5+ ☐ None ☐ Yes ☐ No
Ask for all persons 17 years old or over: 23. (a) Did you work at any time last week or the week before? If "No," ask BOTH 23(b) and 23(c): (b) Even though you did not work last week or the week before do you have a job or business? (c) Were you looking for work or on layoff from a job?	☐ Und. 17 yrs. ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
If "Yes," in Question 23(a), (b), or (c), ask: 24. (a) For whom did you work? (b) What kind of business or industry was this? (c) What kind of work were you doing? Ask only for persons 20 years old or over: (d) Have you been a _____ or doing this kind of work for the past three years? **NOTE:** 1. If "Yes" in Q. 23(a) or 23(b), Q. 24(a) - (d) and Q. 25 apply to the job or business that the person worked at or had last week or the week before. 2. If "Yes" in Q. 23(c) and "No" in 23(a) and 23(b), Q. 24(a)-(d) and Q. 25 apply to the person's last full-time civilian job.	Name of employer Industry Occupation ☐ Und. 20 yrs. ☐ Yes ☐ No
25. Class of worker (Fill from information in Q. 24 (a) - (c); or, if not clear, ask additional questions)	☐ Private-paid ☐ Gov't ☐ Own ☐ Non-paid
26. Which of these income groups represents your total family income for the past 12 months, that is, your's, your --'s, etc.? (Show Card H). Include income from all sources, such as wages, salaries, rents from property, social security or retirement benefits, help from relatives, etc.	Group
R (For Q. 8-16) — For persons 19 years old or over, show who responded for (or was present during the asking of) Q. 8-16. If persons responded for self, show whether entirely or partly. For persons under 19 show who responded for them.	☐ Responded for self-entirely ☐ Responded for self-partly Col. ____ was respondent
T — INTERVIEWER: Enter the total number of hospitalizations for each person from Questions 15 and 16, or check the "None" box. Fill one line of Table II for each separate stay in the hospital.	Total No. of hospitalizations _____ or ☐ None

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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