Table I - ILLNESSES, IMPAIRMENTS, AND INJURIES

Line Number	Col. No. of person (a)	Question No. (b)	Did you ever AT ANY TIME talk to a doctor about . . . ? (c)	For all illnesses and present effects of "old" injuries (a) If doctor talked to, ask: 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-4) as required. — For all injuries which happened LAST WEEK OR THE WEEK BEFORE, ask: What part of the body was hurt? What kind of injury was it? Anything else? (Also, fill Table A for all injuries) (d-1)	CAUSE: If the entry in Col. (d-1) is An IMPAIRMENT, or a SYMPTOM or came from Question 11 or 13, ask: What was the cause of . . . ? (If "Cause" is an injury, also fill Table A) (d-2)	KIND: For any entry in Col. (d-1) or Col. (d-2) that includes the words: Allergy* Asthma Cyst Growth Stroke* Tumor "Condition" "Disease" "Trouble" — Ask: What kind of . . . is it? *For an allergy or stroke ask: How does the allergy (stroke) affect you? (d-3)	PART OF BODY: Ask only for: IMPAIRMENTS, "CURRENT" INJURIES and PRESENT EFFECTS OF "OLD" INJURIES And for: Abscesses Aches Bleeding Blood Clot Boils Cancer Cyst Growth Hemorrhage Infection Inflammation Neuralgia Neuritis Pains Sores Soreness Tumor Ulcers Weak 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) (d-4)
6			☐Yes ☐No		x	x	x
7			☐Yes ☐No		x	x	x
8			☐Yes ☐No		x	x	x
9			☐Yes ☐No		x	x	x
10			☐Yes ☐No		x	x	x

Table II - HOSPITALIZATIONS

Line Number	Col. No. of person (a)	Question No. (b)	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.) (c)	How many nights were you in the hospital? (If exact number not known accept best estimate) (d)	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? (e)	How many of these — nights were last week or the week before? (f)	Were you still in the hospital last Sunday night? (g)	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.) (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?

Year

Accident happened last week or week before (Go to Q. 3) ☐

(If 1962, 1963, or 1964 also enter month):

Month

2. At the time of the accident, what part of the body was hurt? What kind of injury was it? Anything else?

Part(s) of body	Kind of injury (injuries)

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

Interviewer: Return to Table I and complete the rest of this line.

FOOTNOTES AND COMMENTS

Table I - ILLNESSES, IMPAIRMENTS, AND INJURIES

LAST WEEK OR THE WEEK BEFORE did . . . cause you to cut down on the things you usually do?		Did you have to cut down for as much as a day?		How many days did you have to cut down 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 yrs. 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?			If Col. (k-1) is checked ask: Did you first notice it during the past 12 months or before that time?	To interviewer: CONTINUE if Col. (k-1) 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. (1) and Col. (h) is blank or checked "None" ask: How many of these days were during last week or the week before?	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. (n) ask: Is this because of any of the conditions you have told me about?	If "Yes" in Col. (o), ask: Which? (Enter X on line for each condition named)	Line Number
Check one: No (Go to Col. (k))	Yes →	Check one: No (Go to Col. (k))	Yes →					Check one: Before 3 months (Go to Col. (k-4))	During 3 mos. →	Did it start (happen) during the past 2 weeks or before that time? (If during past 2 weeks, ask): Which week, last week, or the week before?								
(e)	(f)	(f-1)	(f-2)	(g)	(h)	(i)	(j)	(k-1)	(k-2)	(k-3)	(k-4)	(aa)	(l)	(m)	(n)	(o)	(p)	
				___ Days	___ Days or ☐ None	___ Days or ☐ None	___ Days or ☐ None			☐ Last week ☐ Week before ☐ Before 2 wks.	☐ 3-12 months ☐ Before 12 months		___ Days or ☐ None	___ Days or ☐ None		☐ Yes ☐ No		1
				___ Days	___ Days or ☐ None	___ Days or ☐ None	___ Days or ☐ None			☐ Last week ☐ Week before ☐ Before 2 wks.	☐ 3-12 months ☐ Before 12 months		___ Days or ☐ None	___ Days or ☐ None		☐ Yes ☐ No		2
				___ Days	___ Days or ☐ None	___ Days or ☐ None	___ Days or ☐ None			☐ Last week ☐ Week before ☐ Before 2 wks.	☐ 3-12 months ☐ Before 12 months		___ Days or ☐ None	___ Days or ☐ None		☐ Yes ☐ No		3
				___ Days	___ Days or ☐ None	___ Days or ☐ None	___ Days or ☐ None			☐ Last week ☐ Week before ☐ Before 2 wks.	☐ 3-12 months ☐ Before 12 months		___ Days or ☐ None	___ Days or ☐ None		☐ Yes ☐ No		4
				___ Days	___ Days or ☐ None	___ Days or ☐ None	___ Days or ☐ None			☐ Last week ☐ Week before ☐ Before 2 wks.	☐ 3-12 months ☐ Before 12 months		___ Days or ☐ None	___ Days or ☐ None		☐ Yes ☐ No		5

TABLE II - HOSPITALIZATIONS

	Ask Col. (j) - (n) ONLY for completed hospitalizations ("No" in Col. (g)) AND delivery or operation shown in Col. (h) or Col. (i)					Ask for all hospitalizations	
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?	Was any part of the surgeon's (doctor's) bill paid for by any kind of insurance?	If "No" to Col. (j), ask: Do you expect any of the surgeon's (doctor's) bill to be paid for by insurance of any kind?	Did (will) the insurance pay for 1/2 or more of the surgeon's (doctor's) bill?	Did (will) the insurance pay for 3/4 or more of the surgeon's (doctor's) bill?	What is the name of the insurance company or plan? (If unable to determine whether or not insurance, describe in footnote space below.)	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.)	Line Number
(i)	(j)	(k)	(l)	(m)	(n)	(o)	
☐ Yes ☐ No	☐ Yes (Go to Col. (l)) ☐ No (Go to Col. (k))	☐ Yes (Go to Col. (l)) ☐ No (Go to Col. (o))	☐ Yes (Go to Col. (m)) ☐ No (Go to Col. (n))	☐ Yes ☐ No	☐ Yes insurance Not insurance (Check one): ☐ Armed Forces Medicare ☐ Free care ☐ Other (Specify in footnotes)	Name Street / City and State	1
☐ Yes ☐ No	☐ Yes (Go to Col. (l)) ☐ No (Go to Col. (k))	☐ Yes (Go to Col. (l)) ☐ No (Go to Col. (o))	☐ Yes (Go to Col. (m)) ☐ No (Go to Col. (n))	☐ Yes ☐ No	☐ Yes insurance Not insurance (Check one): ☐ Armed Forces Medicare ☐ Free care ☐ Other (Specify in footnotes)	Name Street / City and State	2
☐ Yes ☐ No	☐ Yes (Go to Col. (l)) ☐ No (Go to Col. (k))	☐ Yes (Go to Col. (l)) ☐ No (Go to Col. (o))	☐ Yes (Go to Col. (m)) ☐ No (Go to Col. (n))	☐ Yes ☐ No	☐ Yes insurance Not insurance (Check one): ☐ Armed Forces Medicare ☐ Free care ☐ Other (Specify in footnotes)	Name Street / City and State	3
☐ Yes ☐ No	☐ Yes (Go to Col. (l)) ☐ No (Go to Col. (k))	☐ Yes (Go to Col. (l)) ☐ No (Go to Col. (o))	☐ Yes (Go to Col. (m)) ☐ No (Go to Col. (n))	☐ Yes ☐ No	☐ Yes insurance Not insurance (Check one): ☐ Armed Forces Medicare ☐ Free care ☐ Other (Specify in footnotes)	Name Street / City and State	4

TABLE B

Col. number of person(s) with eye condition(s) reported in Table I	(READ TO RESPONDENT) Earlier in the interview you told me about your eye condition. This is a matter of special interest to the Public Health Service this year and I have some additional questions about it.	Can you see well enough to read ordinary newspaper print with glasses?	Can you see well enough to recognize the features of people you know if they are close enough?	Can you see objects that move, such as cars moving or people walking?	INTERVIEWER: ALL "Yes" - Ask Cols. (g) and (h); ALL "No" - Fill Sect. B Supp.; BOTH "Yes" and "No" - Fill Sect. A Supp.	"Yes" to Cols.(c),(d),(e): Can you see well enough to step down?	"Yes" to Cols.(c),(d),(e): Can you see well enough to recognize a friend walking on the other side of the street?	INTERVIEWER: "Yes" to both Cols. (g) and (h) - STOP; "No" to either - Ask Col. (j)	"No" to either Cols.(g) or(h): How much trouble would you say that you have in seeing — a great deal, some, or hardly any at all?
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes's (Cols. (g) & (h)) ☐ No's (Sect. B Supp.) ☐ Both (Sect. A Supp.)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes (STOP) ☐ No (Ask Col. (j))	☐ Great deal ☐ Some } (Fill Sect. A Supp.) ☐ Hardly any or None (STOP)
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes's (Cols. (g) & (h)) ☐ No's (Sect. B Supp.) ☐ Both (Sect. A Supp.)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes (STOP) ☐ No (Ask Col. (j))	☐ Great deal ☐ Some } (Fill Sect. A Supp.) ☐ Hardly any or None (STOP)
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes's (Cols. (g) & (h)) ☐ No's (Sect. B Supp.) ☐ Both (Sect. A Supp.)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes (STOP) ☐ No (Ask Col. (j))	☐ Great deal ☐ Some } (Fill Sect. A Supp.) ☐ Hardly any or None (STOP)