[Image of a page from a document with questions and options for answers, such as 'Yes', 'No', 'Married', 'Widowed', 'Divorced', 'Separated', and 'Under 17'.]
I
●

18. LAST WEEK OR THE WEEK BEFORE did anyone in the family go to a dentist?

If "Yes," ask:

(a) Who was this?
(b) Anyone else?

For each person with "Yes" checked, ask:

(c) How many times did you see a dentist LAST WEEK?
(d) How many times did you see a doctor the WEEK BEFORE last?
(e) Where did you talk to the doctor (the last time, the time before, etc.)?
(f) Why did you go to (call) the doctor (that time)?

If "No" to Question 18, ask:

19. ABOUT how long has it been since you went to a dentist?

If "Yes," ask:

(a) Who was this?
(b) Anyone else?

For each person with "Yes" box checked, ask Questions 20(c) through (f):

(c) How many times did you see or talk to a doctor LAST WEEK?
(d) How many times did you see or talk to a doctor the WEEK BEFORE last?
(e) Where did you talk to the doctor (the last time, the time before, etc.)?
(f) Why did you go (call) a doctor (that time)?

If "No" to Question 20, ask:

20. LAST WEEK OR THE WEEK BEFORE did anyone in the family talk to a doctor or go to a doctor's office or clinic?

If "Yes," ask:

(a) Who was this?
(b) Anyone else?

For each person with "Yes" box checked, ask Questions 20(c) through (f):

(c) How many times did you see or talk to a doctor LAST WEEK?
(d) How many times did you see or talk to a doctor the WEEK BEFORE last?
(e) Where did you talk to the doctor (the last time, the time before, etc.)?
(f) Why did you go to (call) the doctor (that time)?

If "No" to Question 20, ask:

21. ABOUT how long has it been since you have seen or talked to a doctor?

If any children under 17 years in household, ask:

22. DURING THE PAST 12 MONTHS was anyone in the family treated at a hospital?

If "Yes," and more than one child under 17 years, ask:

(a) Who was this?
(b) Anyone else?

For each person with "Yes" box checked, ask Questions 23(c) through (f):

(c) How many hospitalizations did anyone have during the last 12 months? (Count inpatient and outpatient visits separately.)
(d) How many times did anyone see a doctor during the past 12 months (not counting visits where the patient was hospitalized)?

If "No," ask:

23. DURING THE PAST 12 MONTHS has ANYONE in the family been to a doctor or gone to a doctor's office or clinic?

If "Yes," ask:

(a) Who was this?
(b) Anyone else?

For each person with "Yes" box checked, ask Questions 23(c) through (f):

(c) How many times did you see a doctor during the past 12 months (not counting any visits where the patient was hospitalized)?
(d) Who was this?
(e) About how many times did you see a specialist during the past 12 months (not counting any visits where the patient was hospitalized)?

Check the "None" box for each person who did not see a specialist.

If male and 17 years old or over, ask:

24. (a) Did you ever serve in the Armed Forces of the United States?
(b) For each person with "Yes," ask:
(c) During which war did you serve?
(d) Did you have any service during a war or was it peace-time only?

If "Yes," ask:

25. (a) What is the highest grade you attended in school?
(b) Did you finish the -- grade (year)?

Ask for all persons 17 years old or over:

26. (a) Did you work at any time last week or the week before?
(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?

27. Which of these income groups represents your total combined family income for the past 12 months, that is, your, your--'s, etc.? (Show Card II). Include income from all sources, such as wages, salaries, rents from property, social security or retirement benefits, help from relatives, etc.

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.
### Table I - ILLNESSES, IMPAIRMENTS, AND INJURIES

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Check one (a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
<th>(e)</th>
<th>(f)</th>
<th>(g)</th>
<th>(h)</th>
<th>(i)</th>
<th>(j)</th>
<th>(k)</th>
<th>(l)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you have a cold or sinus infection?</td>
<td>Yes</td>
<td>No</td>
<td>...</td>
<td>...</td>
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<tr>
<td>Did you have a toothache or cavity?</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Did you have a cough or chest pain?</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Did you have a sore throat or hoarseness?</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Did you have a headache or migraine?</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Did you have a fever or chills?</td>
<td>Yes</td>
<td>No</td>
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</tr>
<tr>
<td>Did you have a cold or sinus infection?</td>
<td>Yes</td>
<td>No</td>
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</table>

### Table II - HOSPITALIZATIONS

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>...</th>
<th>...</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Ask for all hospitalizations.</td>
<td>...</td>
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<tr>
<td>What was the name and address of the hospital you were in?</td>
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</tbody>
</table>

### Table B

<table>
<thead>
<tr>
<th>Interviewer</th>
<th>Yes to Col. (a)</th>
<th>Col. (a)</th>
<th>Col. (b)</th>
<th>Col. (c)</th>
<th>Col. (d)</th>
<th>Col. (e)</th>
<th>Col. (f)</th>
<th>Col. (g)</th>
<th>Col. (h)</th>
<th>Col. (i)</th>
<th>Col. (j)</th>
<th>Col. (k)</th>
<th>Col. (l)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Yes</strong> to Col. (a), (b), (c)</td>
<td>...</td>
<td>...</td>
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</tbody>
</table>

### Table C

<table>
<thead>
<tr>
<th>Read to Respondent</th>
<th>47</th>
<th>47</th>
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<th>47</th>
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<th>47</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Yes</strong> to Col. (a), (b), (c)</td>
<td>...</td>
<td>...</td>
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</tbody>
</table>

### Table D

<table>
<thead>
<tr>
<th>Col. number</th>
<th>47</th>
<th>47</th>
<th>47</th>
<th>47</th>
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<th>47</th>
<th>47</th>
<th>47</th>
<th>47</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Yes</strong> to Col. (a), (b), (c)</td>
<td>...</td>
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</tbody>
</table>
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.
10. Trouble with varicose veins
11. Hemorrhoids or piles
12. Hay fever
13. Tumor, cyst organ lesion
14. Chronic gallbladder or liver trouble
15. Stomach ulcer

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 C

NATIONAL HEALTH SURVEY
Family income during past 12 months

<table>
<thead>
<tr>
<th>Group A</th>
<th>Under $500 (Including loss)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group B</td>
<td>$500 - $999</td>
</tr>
<tr>
<td>Group C</td>
<td>$1,000 - $1,999</td>
</tr>
<tr>
<td>Group D</td>
<td>$2,000 - $2,999</td>
</tr>
<tr>
<td>Group E</td>
<td>$3,000 - $3,999</td>
</tr>
<tr>
<td>Group F</td>
<td>$4,000 - $4,999</td>
</tr>
<tr>
<td>Group G</td>
<td>$5,000 - $6,999</td>
</tr>
<tr>
<td>Group H</td>
<td>$7,000 - $9,999</td>
</tr>
<tr>
<td>Group I</td>
<td>$10,000 - $14,999</td>
</tr>
<tr>
<td>Group J</td>
<td>$15,000 and over</td>
</tr>
</tbody>
</table>