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 anywhere else? ☐ 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
2. How are you related to the head of the household? (Enter relationship to head, for example: 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
4. Race (Check one box for each person)	☐ White ☐ Negro ☐ (
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) (If you learn that persons under 17 are or have been married (other than annulled) check the "Und. 17 yrs." box but give marital status in a footnote.)	☐ Und 17 yrs. ☐ Never m ☐ Married ☐ Divorce ☐ Widowed ☐ Separate
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 something else? If "Something else" checked, and person is 45 years old or over, ask: (b) Are you retired?	☐ Und. 17 ☐ 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.(If person under 19 is the respondent, check the "At home" box.)	☐ Und. 19 ☐ At home ☐ Not at h
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 ① ☐
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 ☐
10. Last week or the week before did you have any accidents or injuries? (a) What were they? (b) Anything else?	☐ Yes ☐
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 ☐
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 in his column any conditions mentioned for the person)	☐ Yes ☐
13. Does anyone in the family have any of these conditions? (Read Card B, condition by condition; record in his column any conditions mentioned for the person)	☐ Yes ☐
14. 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 ☐
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 ① ☐ ________ 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. of times
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-entire ☐ Responded for self-partly Col. ____ was respondent

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

INTERVIEWER: After completing Table II for all persons, carry each condition in Col. (h) or Col. (i) back to Table I if it does not already appear there

and either:
- "1" or more nights in Column (f)
- OR an Impairment
- OR a Condition on Card A.

Question	Response
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 visit the dentist LAST WEEK OR THE WEEK BEFORE? (d) What did you have done (the last time, the time before, etc.)? (e) Anything else?	☐ Yes ☐ No _____ No. of times (1) (2) (3) ☐ ☐ ☐ Fillings ☐ ☐ ☐ Extractions or other surgery ☐ ☐ ☐ Straightening (Orthodontia) ☐ ☐ ☐ Treatment for gums ☐ ☐ ☐ Cleaning teeth ☐ ☐ ☐ Examination ☐ ☐ ☐ Denture work ☐ ☐ ☐ Other (Specify)
If "No" to Question 18, ask: 19. ABOUT how long has it been since you went to a dentist?	☐ Under 6 mos. ☐ 6-12 mos. No. of years_____ ☐ Never
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? Ask for EACH visit to a doctor in last 2 weeks: (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)? INTERVIEWER: DO NOT COUNT doctors seen while an inpatient in a hospital Place: Home = At home; Off. = At office; Clin. = Outpatient Hospital Clinic; Co. = Company or industry; Tel. = Over telephone; Ot. = Other (Specify) Purpose: D/T = Diag. or treatment; Nat. = Pre/post natal care; Gen. = Gen'l check-up; I/V = Immun./Vacc.; Eye = Eye Exam. (glasses); Ot. = Other (Specify)	☐ Yes ☐ No _____ No. of times Last Week _____ No. of times Week Before Place / Purpose 1 2 3 4 5 6
If "No" to Question 20, ask: 21. ABOUT how long has it been since you have seen or talked to a doctor?	☐ Under 6 mos. ☐ 6-12 mos. No. of years_____ ☐ Never
If any children under 17 years in household, ask: 22. DURING THE PAST 12 MONTHS was-- (were--, --, etc.) taken to a doctor for a ROUTINE physical examination, that is, not for a particular illness but for a general check-up? If "Yes," and more than one child under 17 years, ask: (a) Who was this? (b) Any of the other children?	(1) ☐ 17 years or over ☐ Yes ☐ No
23. DURING THE PAST 12 MONTHS has ANYONE in the family – that is, you, your--, etc., – received any services from any of the persons listed on this card? Please check "Yes" or "No" for each one listed. Hand respondent pencil and card (NHS-HIS-1(a)) For each "Yes" box checked on the card, ask: (a) Who saw the (specialist)? (Mark (X) for each specialist in person's column.) (b) About how many times did you see a (specialist) during the past 12 months (not counting any visits while you were in the hospital)? (c) Did anyone else see a (specialist) during the past 12 months? If "Yes," ask: (d) Who was this? (e) About how many times did you see a (specialist) during the past 12 months (not counting any visits while you were in the hospital)? *Check the "None" box for each person who did not see a specialist.*	(Mark (X) Specialist) — Times Pediatrician A Obstetrician or Gynecologist B Ophthalmologist C Otolaryngologist D Psychiatrist E Dermatologist F Orthopedist G Chiropractor H Optometrist I Podiatrist or Chiropodist J ☐ None
If male and 17 years old or over, ask: 24. (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 under 17 years ☐ Yes ☐ No ☐ War ☐ Peace-time only ☐ WW II ☐ Korean ☐ Other ☐ Yes ☐ No
If 17 years old or over, ask: 25. (a) What is the highest grade you attended in school? (Circle highest grade attended or check "None") (b) Did you finish the -- grade (year)?	☐ Under 17 years 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: 26. (a) Did you work at any time last week or the week before? If "No," ask BOTH 26(b) and 26(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?	☐ Under 17 years ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
27. Which of these income groups represents your total combined 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 (1)
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

Table I - ILLNESSES, IMPAIRMENTS, AND INJURIES

LAST WEEK OR THE WEEK BEFORE did . . . cause you to cut down on the things you usually do? Check one:		Did you have to cut down for as much as a day? Check one		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? Check one		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?	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. (l) 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.			Line Number
No *(Go to Col. (k))*	Yes →	No *(Go to Col. (k))*	Yes →					Before 3 months *(Go to Col. (k-4))*	During 3 mos. →						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)	
(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)					TABLE II - HOSPITALIZATIONS 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?	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)*

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 - $14,999
Group J. $15,000 and over

U. S. GOVERNMENT PRINTING OFFICE : 1964 O - 745-0