1. a. What is the name of the head of this household? (Enter name in first column)
   b. Who are the names of all other persons who live here? (List all persons who live here)
   c. I have listed (Read name), Is there anyone else staying here now, such as friends, relatives, or roomers?
   d. Have I missed anyone who USUALLY lives here but is now away from home?
   e. Do any of the people in this household have a home anywhere else?
   f. If any adults listed, ask: Are any of the persons in this household now on full-time active duty with the Armed Forces of the United States? (Read Table II for eye conditions or vision problems (including cataracts and glaucoma) affecting persons 6 years old or over. For each such person ask
   g. Are you married, widowed, divorced, separated, or never married? (Check one box for each person)

2. Enter relationship to head: for example, wife, daughter, grandad, mother-in-law, parent, roommate, roomer’s wife, etc.

3. How old were you on your last birthday? (Also, check Race and Sex for each person)
   If 17 years or over, ask:
   a. Were you now married, widowed, divorced, separated, or never married? (Check one box for each person)
   b. Did you work at any time last week or the week before? (For females add — not counting work around the house?)
   c. Did you work at any time during the past 2 weeks, do you have a job or business?
   d. Were you looking for work or on layoff from a job?
   e. What — looking for work or on layoff from a job?
   f. If male 45 years old or over and all "No’s," ask: Are you retired?

4. If related persons 19 years old or over are listed in addition to the respondent, say:
   We would like to have all adults who are at home take part in the interview. Is your — your —, etc. at home now?
   If any eligible respondents are at home, ask: Would you please ask — — —, etc. to join us?

This survey covers all kinds of illnesses. These first questions refer to LAST WEEK AND THE WEEK BEFORE, that is, the period outlined in red on this calendar. (Hand calendar)

5. a. Were you sick at any time LAST WEEK OR THE WEEK BEFORE — (the 2 weeks shown on that calendar)?
   b. Did you live in a hospital or other institution last week or the week before?
   c. Did you have any other accident or injuries during that 2 week period?
   d. Did you ever have any accident or injury that still bothers you or affects you in any way?
   e. In what way does it bother you? (Record present effects)

Now I am going to read a list of conditions.

6. a. Do you, your —, etc., have 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)
   b. Do you, your —, etc., have any OF THESE conditions?
   (Read Card B, condition by condition; record in his column any conditions mentioned for the person)

7. a. Do you have any other ailments, conditions, or problems with your health?
   b. What is the condition? (Record condition itself if still present; otherwise record present effects.)
   c. Any other problems with your health?

8. a. If "Yes," ask: How many times were you in the hospital during that period?
   b. How many times were you in the hospital at any time since a year ago?
   (Include stays in nursing homes, rest homes, or similar places.)

9. a. For persons 19 years old or over, show who responded for (or was present during the asking of) Q. 6 — 15. If persons responded for self, show whether entirely or partly. For persons under 19 who responded for them. If eligible respondent is "at home" but did not respond for self, enter the reason in a footnote.
   b. Responded for self — entirely
   c. Responded for self — partly
   d. Responded for self — partly
   e. Responded for self — partly
   f. Responded for self — partly
   g. Responded for self — partly

10. a. Do you, your —, etc., have any of these conditions (Record condition itself if still present; otherwise record present effects.)

11. a. Do you have any other ailments, conditions, or problems with your health?
   b. What is the condition? (Record condition itself if still present; otherwise record present effects.)
   c. Any other problems with your health?

12. If related persons 19 years old or over are listed in addition to the respondent, say:
   We would like to have all adults who are at home take part in the interview. Is your — your —, etc. at home now?
   If any eligible respondents are at home, ask: Would you please ask — — —, etc. to join us?

INTERVIEWER: Check Table I for eye conditions or vision problems (including cataracts and glaucoma) affecting persons 6 years old or over. For each such person ask:

13. a. Can you see well enough to read ordinary newspaper print with glasses?
   b. Can you see well enough to recognize a friend walking on the other side of the street?
   c. How much trouble would you say that you have in seeing — a great deal, some, or hardly any at all?

INTERVIEWER: Examine ages in question 3 for children one year old or under, then check the appropriate box in question 15 a.

14. a. Baby (babies) one year or under listed? (Go to Q. 15 b)

15. a. Baby (babies) one year or under listed? (Go to Q. 15 b)
   b. Are birth(s) for baby (babies) and delivery for mother shown in Table III?
   c. Was born in the hospital?
   d. When was born? (Enter month, day and year)

INTERVIEWER: Check Table I for eye conditions or vision problems (including cataracts and glaucoma) affecting persons 6 years old or over. For each such person ask:

16. a. LAST WEEK OR THE WEEK BEFORE, did anyone in the family buy or obtain any medicine prescribed by a doctor?

   "Yes" ask:
   b. What is the name of the medicine? (Enter name of medicine in column (a) of Table P. If name is unknown, enter "DK" in column (a) and ask: What condition is it for? Then enter the condition in column (b).

   "Yes" ask:
   c. LAST WEEK OR THE WEEK BEFORE, did anyone buy or obtain any OTHER medicine prescribed by a doctor?

   "Yes" ask:
   d. What is the name of the medicine? (Enter name of medicine in column (a) of Table P. If name is unknown, enter "DK" in column (a) and ask: What condition is it for? Then enter the condition in column (b).
17. LAST WEEK OR THE WEEK BEFORE, did anyone in the family buy or obtain any medicine NOT prescribed by a doctor? This (Show Card J) is a list of SOME of the items in which we are interested.

☐ Yes  ☐ No (Go to Q. 18)

If "Yes," ask:

b. What is the name of the medicine? (Enter name or kind of medicine in column (a) of Table NP.)

c. LAST WEEK OR THE WEEK BEFORE, did anyone buy or obtain any OTHER medicine NOT prescribed by a doctor?

☐ Yes (Rev. Q. 17b)  ☐ No (Fill remaining columns of Table NP for each medicine reported)

INTERVIEWER: "Impressions" or "conditions" on Card A reported in question 16 or 17, should be carried back to Table I if they do not already appear there.

<table>
<thead>
<tr>
<th>Table P - PRESCRIBED MEDICINES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of medicine</strong></td>
</tr>
<tr>
<td>(If name is unknown enter &quot;DX&quot; in col. (a) and ask col. (b).)</td>
</tr>
<tr>
<td>1</td>
</tr>
</tbody>
</table>

Now I have a few questions about smoking — —

For each person 17 years old or over, ask:

18. a. Have you smoked at least one hundred cigarettes during your entire life?

If "Yes," ask:

b. During the period when you were smoking the most, how many cigarettes a day did you usually smoke?

19. a. Do you smoke cigarettes now?

If "Yes," ask questions 19b AND 19c. If "No," go to question 20:

b. On the average, about how many cigarettes a day do you smoke?

c. Twelve months ago, how many cigarettes a day were you smoking?

If "No" to question 19a, ask BOTH questions 20a AND 20b:

20. a. On the average, about how many cigarettes a day were you smoking 12 months ago?

b. How long has it been since you quit smoking cigarettes fairly regularly?

For each male 17 years old or over ask questions 21 AND 22:

21. a. Have you smoked at least 10 cigars during your entire life?

b. Do you smoke cigars now?

If "Yes" to 21a, ask:

c. About how many cigars a day do you usually smoke?

d. About how long has it been since you smoked 3 or more cigars a week?

22. a. Have you smoked at least 3 packages of pipe tobacco during your entire life?

b. Do you smoke a pipe now?

If "Yes" to 22a, ask:

c. About how many pipesful of tobacco a day do you usually smoke?

d. About how long has it been since you smoked 3 or more pipesful a week?

For each male 17 years old or over, ask:

23. 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?

If "Yes," ask:

c. During which war did you serve?

24. a. What is the highest grade you attended in school? (Circle highest grade attended or check "None").

b. Did you finish the -- grade (yes)?

Turn to Card K and ask:

25. 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 K).

Include income from all sources, such as wages, salaries, social security or retirement benefits, help from relatives, rents from property, and so forth.