

1a. WHAT IS THE NAME OF THE HEAD OF THIS HOUSEHOLD? b. WHAT ARE THE NAMES OF ALL OTHER PERSONS WHO LIVE HERE? <i>List all</i> Yes No c. I HAVE LISTED <i>read names</i> . IS THERE ANYONE ELSE STAYING HERE NOW? <input type="checkbox"/> <input type="checkbox"/> d. HAVE I MISSED ANYONE WHO USUALLY LIVES HERE BUT IS NOW AWAY FROM HOME? <input type="checkbox"/> <input type="checkbox"/> e. DO ANY OF THE PEOPLE IN THIS HOUSEHOLD HAVE A HOME ANYWHERE ELSE? <input type="checkbox"/> <input type="checkbox"/> f. ARE ANY OF THE PERSONS IN THIS HOUSEHOLD ON FULL-TIME ACTIVE DUTY IN THE ARMED FORCES? <i>If "yes", delete</i> Yes No <input type="checkbox"/> <input type="checkbox"/>	First Name 01	First Name 02
	Apply household membership rules	Last Name
	Relationship	Age
	Relationship	Age
	HEAD	
2. HOW IS -- RELATED TO (head of household)?		
3. PERSON NUMBER <i>First column should have person 01, second column person 02, etc.</i>	Per.No.	Per.No.
4a. HOW OLD WAS -- ON HIS LAST BIRTHDAY <i>Write in next to "relationship" and mark</i>	Age	Age
b. SEX <i>Mark without asking unless sex is not obvious from name</i>	Male <input type="radio"/>	Female <input type="radio"/>
c. RACE <i>Mark without asking</i>	White <input type="radio"/>	Negro <input type="radio"/>
	Other <input type="radio"/>	Other <input type="radio"/>
<i>If 17 years old or over, ask:</i> 5. IS -- NOW MARRIED, WIDOWED, DIVORCED, SEPARATED, OR NEVER MARRIED?	Mar. <input type="radio"/>	Wid. <input type="radio"/>
	Div. <input type="radio"/>	Sep. <input type="radio"/>
	N.M. <input type="radio"/>	Und. 17 <input type="radio"/>
<i>If 17 years old or over, ask:</i> 6. WHAT WAS -- DOING MOST OF THE PAST 12 MONTHS -- <i>(for males) WORKING OR DOING SOMETHING ELSE?</i> <i>(for females) KEEPING HOUSE, WORKING OR DOING SOMETHING ELSE?</i>	WK <input type="radio"/>	KH <input type="radio"/>
	SE <input type="radio"/>	Under 17 <input type="radio"/>
	V <input type="radio"/>	V <input type="radio"/>
<i>If "SE" marked in Q. 6 and person is 15 years old or over, ask:</i> 7. IS -- RETIRED?	Yes <input type="radio"/>	No <input type="radio"/>
	V <input type="radio"/>	V <input type="radio"/>
H <i>If related persons 19 years old or over are listed in addition to the resp., say:</i> WE WOULD LIKE TO HAVE ALL ADULTS WHO ARE AT HOME TAKE PART IN THE INTERVIEW. IS YOUR --, ETC., AT HOME NOW? (WOULD YOU PLEASE ASK -- ETC., TO JOIN US?)	Under 19 <input type="radio"/>	At home <input type="radio"/>
	Not home <input type="radio"/>	V <input type="radio"/>
THIS SURVEY COVERS ALL KINDS OF ILLNESSES. THESE FIRST QUESTIONS REFER TO LAST WEEK AND THE WEEK BEFORE, THAT IS, THE 2-WEEK PERIOD OUTLINED IN RED ON THIS CALENDAR. <i>Hand calendar to respondent and ask 8a.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8a. WAS -- SICK AT ANY TIME LAST WEEK OR THE WEEK BEFORE (THE 2 WEEKS SHOWN ON THAT CALENDAR)?		
b. WHAT WAS THE MATTER?		
c. DID -- HAVE ANYTHING ELSE DURING THAT 2-WEEK PERIOD?		
9a. LAST WEEK OR THE WEEK BEFORE, DID -- TAKE ANY MEDICINE OR TREATMENT FOR ANY CONDITION (BESIDES . . . WHICH YOU TOLD ME ABOUT)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. FOR WHAT CONDITION?		
c. DID -- TAKE ANY MEDICINE FOR ANY OTHER CONDITION?		
10a. LAST WEEK OR THE WEEK BEFORE, DID -- HAVE ANY ACCIDENTS OR INJURIES?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. WHAT WERE THEY?		
c. DID -- HAVE ANY OTHER ACCIDENTS OR INJURIES DURING THAT 2-WEEK PERIOD?		
11a. DID -- EVER HAVE AN (ANY OTHER) ACCIDENT OR INJURY THAT STILL BOTHERS HIM OR AFFECTS HIM IN ANY WAY?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. IN WHAT WAY DOES IT BOTHER HIM? <i>Record present effects.</i>		
12. <i>Open your Flashcard booklet to Card A and read both sides of Card A (A-1, A-2) condition by condition; record in his column any conditions mentioned for the person.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. <i>Turn to Card B and read both sides of Card B (B-1, B-2), condition by condition; record in his column any conditions mentioned for the person.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14a. DOES -- HAVE ANY OTHER AILMENTS, CONDITIONS, OR PROBLEMS WITH HIS HEALTH?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. WHAT IS THE CONDITION? <i>Record condition itself if still present; otherwise record present effects.</i>		
c. ANY OTHER PROBLEMS WITH HIS HEALTH?		
R Q. 8-14 <i>For persons 19 years old or over, show who responded for or was present during the asking of Q. 8-14. If persons responded for self, show whether entirely or partly. For persons under 19 show who responded for them. If eligible respondent is "at home" but did not respond for self, enter the reason in a footnote.</i>	<input type="checkbox"/> Responded for self-entirely <input type="checkbox"/> Responded for self-partly	<input type="checkbox"/> Responded for self-entirely <input type="checkbox"/> Responded for self-partly
	Person _____ was respondent	Person _____ was respondent

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<p>15a. HAS -- BEEN IN A HOSPITAL AT ANY TIME SINCE A YEAR AGO? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If "Yes," ask:</i> b. HOW MANY TIMES WAS -- IN A HOSPITAL DURING THAT PERIOD?</p>	<p>Times _____</p>	<p>Times _____</p>
<p>16a. HAS ANYONE IN THE FAMILY BEEN IN A NURSING HOME, CONVALESCENT HOME, REST HOME OR SIMILAR PLACE SINCE A YEAR AGO? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If "Yes," ask:</i> b. WHO? <i>For each person reported in 16b ask:</i> c. HOW MANY TIMES WAS -- IN A NURSING HOME OR SIMILAR PLACE DURING THAT PERIOD?</p>	<p>Times _____</p>	<p>Times _____</p>
<p>17a. WHEN WAS -- BORN? <i>If on or after the date stamped in 15a, ask 17b.</i> <i>Examine ages in question 1 for babies 1 year old or under. For each child 1 year old or under, ask 17a.</i></p>	<p>Month _____ Day _____ Year _____</p>	<p>Month _____ Day _____ Year _____</p>
<p>b. WAS -- BORN IN A HOSPITAL? <i>If "Yes" and no hospitalizations entered in his column, enter "1" in 15. If "Yes" and a hospitalization is reported for the mother and baby ask 17c.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>c. IS THIS HOSPITALIZATION INCLUDED IN THE NUMBER YOU GAVE ME FOR --? <i>If "No," correct entry for mother and baby.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>THESE NEXT QUESTIONS ARE ABOUT RECENT VISITS TO OR FROM A MEDICAL DOCTOR. 18. DURING THE PAST 2 WEEKS (THE 2 WEEKS OUTLINED IN RED ON THAT CALENDAR) HOW MANY TIMES HAS -- SEEN A DOCTOR EITHER AT HOME OR AT A DOCTOR'S OFFICE OR CLINIC? <input type="checkbox"/> None <input type="checkbox"/> None</p>	<p>Dr. Visits _____</p>	<p>Dr. Visits _____</p>
<p>19a. (BESIDES THOSE VISITS) DURING THAT 2 WEEK PERIOD HAS ANYONE IN THE FAMILY BEEN TO A DOCTOR'S OFFICE OR CLINIC FOR SHOTS, X-RAYS, TESTS, OR EXAMINATIONS? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If "Yes," ask:</i> b. WHO WAS THIS? c. ANYONE ELSE? <i>Mark "Yes," in person's column.</i></p>		
<p>d. HOW MANY TIMES DID -- VISIT THE DOCTOR? <i>For each "Yes" marked, ask: EXCLUDE visits made on "mass" basis.</i></p>	<p>Visits _____</p>	<p>Visits _____</p>
<p>20a. DURING THAT PERIOD, DID ANYONE IN THE FAMILY GET ANY MEDICAL ADVICE FROM A DOCTOR OVER THE TELEPHONE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If "Yes" ask:</i> b. WHO WAS THE PHONE CALL ABOUT? c. ANY CALLS ABOUT ANYONE ELSE? <i>Mark "Yes" in person's column.</i></p>		
<p>d. HOW MANY TELEPHONE CALLS WERE MADE TO GET MEDICAL ADVICE ABOUT --? <i>For each "Yes" marked, ask:</i></p>	<p>Telephone calls to Dr. _____</p>	<p>Telephone calls to Dr. _____</p>
<p>Visits reported in questions 18-20 for this person. Mark here _____</p>	<p>Visits rep'd in Q. 18-20 <input type="checkbox"/> Go to 21b</p>	<p>Visits rep'd in Q. 18-20 <input type="checkbox"/> Go to 21b</p>
<p>21a. ABOUT HOW LONG HAS IT BEEN SINCE -- SAW OR TALKED TO A DOCTOR? <i>Estimate is acceptable. If less than 1 year, mark appropriate circle; if more than 1 year, mark number of whole years.</i></p>	<p>During past 2 weeks/not previously reported <input type="checkbox"/> 2 Weeks - 6 Months <input type="checkbox"/> 7 - 11 Months <input type="checkbox"/> Years <input type="checkbox"/> DK <input type="checkbox"/> Never <input type="checkbox"/></p>	<p>During past 2 weeks/not previously reported <input type="checkbox"/> 2 Weeks - 6 Months <input type="checkbox"/> 7 - 11 Months <input type="checkbox"/> Years <input type="checkbox"/> DK <input type="checkbox"/> Never <input type="checkbox"/></p>
<p>b. IN TOTAL, ABOUT HOW MANY TIMES HAS -- SEEN OR TALKED TO A DOCTOR DURING THE PAST 12 MONTHS? <i>If the last visit was within the past 12 months ask:</i></p>	<p>Times <input type="checkbox"/> DK <input type="checkbox"/> None <input type="checkbox"/></p>	<p>Times <input type="checkbox"/> DK <input type="checkbox"/> None <input type="checkbox"/></p>
<p>THE FOLLOWING QUESTIONS REFER TO DIFFERENT KINDS OF PERSONAL CARE SOME PEOPLE NEED AT HOME: 22a. DOES -- NEED ANY HELP IN BATHING, DRESSING OR PUTTING ON HIS SHOES? b. DOES -- NEED ANY HELP AT HOME WITH INJECTIONS, SHOTS OR OTHER TREATMENTS? c. DOES -- NEED ANY ONE'S HELP WHEN WALKING UP STAIRS OR GETTING FROM ROOM TO ROOM? d. DOES -- NEED ANY HELP AT ALL IN CARING FOR HIMSELF?</p>	<p>Under 55 - Step <input type="checkbox"/> 55 or over - Ask 22a. <input type="checkbox"/> Yes Step <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Yes Step <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Yes Step <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Yes Step <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/></p>	<p>Under 55 - Step <input type="checkbox"/> 55 or over - Ask 22a. <input type="checkbox"/> Yes Step <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Yes Step <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Yes Step <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Yes Step <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/></p>
<p>23a. DURING THE PAST 12 MONTHS, HAS -- RECEIVED ANY CARE AT HOME FROM A NURSE? b. DURING THIS 12 MONTH PERIOD, ABOUT HOW MANY VISITS DID A NURSE MAKE TO CARE FOR --? c. WERE ANY OF THESE VISITS DURING THE PAST 2-WEEKS?</p>	<p>Yes-Ask 23a & c <input type="checkbox"/> No Step <input type="checkbox"/> DK <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/></p>	<p>Yes-Ask 23a & c <input type="checkbox"/> No Step <input type="checkbox"/> DK <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/></p>

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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<p><i>Ask for all persons 17 years old or over.</i></p> <p>24a. WHAT IS THE HIGHEST GRADE (YEAR) -- ATTENDED IN SCHOOL?</p>		<p>Elementary High school College</p>	<p>None - Go to 25a E I H i C o</p> <p>Under 17</p>	<p>None - Go to 25a E I H i C o</p> <p>Under 17</p>		
<p>b. DID -- FINISH THE -- GRADE (YEAR)?</p>		<p>Yes No</p>	<p>Yes No</p>	<p>Yes No</p>		
<p><i>Ask for all persons 17 years old or over.</i></p> <p>25a. DID -- WORK AT ANY TIME LAST WEEK OR THE WEEK BEFORE? <i>For females add: NOT COUNTING WORK AROUND THE HOUSE?</i></p>		<p>Yes Go to 26a</p>	<p>No Ask both b and c</p>	<p>Yes Go to 26a</p>	<p>No Ask both b and c</p>	
<p>b. EVEN THOUGH -- DID NOT WORK DURING THOSE 2 WEEKS, DOES HE HAVE A JOB OR BUSINESS?</p>		<p>Yes No</p>	<p>Yes No</p>	<p>Yes No</p>	<p>Yes No</p>	
<p>c. WAS HE LOOKING FOR WORK OR ON LAYOFF FROM A JOB?</p>		<p>Yes - Ask d No - Omit d</p>	<p>Yes - Ask d No - Omit d</p>	<p>Yes - Ask d No - Omit d</p>	<p>Yes - Ask d No - Omit d</p>	
<p>d. WHICH -- LOOKING FOR WORK OR ON LAYOFF FROM A JOB?</p>		<p>Looking Layoff Both</p>	<p>Looking Layoff Both</p>	<p>Looking Layoff Both</p>	<p>Looking Layoff Both</p>	
<p><i>If "Yes" in 25c only, questions 26a through 26d apply to this person's LAST full-time civilian job.</i></p>	<p><i>Ask for all persons with a "Yes" in 25a, 25b, or 25c.</i></p> <p>26a. WHO DOES (DID) -- WORK FOR?</p>		Employer	Employer		
	<p>b. WHAT KIND OF BUSINESS OR INDUSTRY IS THIS?</p>		Industry	Industry		
	<p>c. WHAT KIND OF WORK IS (WAS) -- DOING?</p>		Occupation	Occupation		
	<p><i>Fill 26d from entries in 26a-26c; if not clear, ask.</i></p> <p>d. CLASS OF WORKER</p>		<p>Priv. paid Gov't. Fed. Gov't. Other</p> <p>Own Non-paid New-Worked</p>	<p>Priv. paid Gov't. Fed. Gov't. Other</p> <p>Own Non-paid New-Worked</p>		
<p><i>Ask for all males 17 years old or over.</i></p> <p>27a. DID -- EVER SERVE IN THE ARMED FORCES OF THE UNITED STATES?</p>		<p>Yes No - Go to 28</p>	<p>Yes No - Go to 28</p>	<p>Yes No - Go to 28</p>	<p>Yes No - Go to 28</p>	
<p>b. WAS ANY OF HIS SERVICE DURING A WAR?</p>		<p>Yes - Stop No DK</p>	<p>Yes - Stop No DK</p>	<p>Yes - Stop No DK</p>	<p>Yes - Stop No DK</p>	
<p><i>If "No" or "DK" in 27b ask:</i></p> <p>c. WAS ANY OF HIS SERVICE BETWEEN JUNE 27, 1950, AND JANUARY 31, 1955?</p>		<p>Yes - Stop No DK</p>	<p>Yes - Stop No DK</p>	<p>Yes - Stop No DK</p>	<p>Yes - Stop No DK</p>	
<p><i>If "No" or "DK" in 27c ask:</i></p> <p>d. WAS ANY OF HIS SERVICE AFTER JANUARY 31, 1955?</p>		<p>Yes No DK</p>	<p>Yes No DK</p>	<p>Yes No DK</p>	<p>Yes No DK</p>	
<p>28. WHICH OF THESE INCOME GROUPS REPRESENTS YOUR TOTAL COMBINED FAMILY INCOME FOR THE PAST 12 MONTHS - THAT IS, YOURS, YOUR --S, ETC.? SHOW CARD I. INCLUDE INCOME FROM ALL SOURCES SUCH AS WAGES, SALARIES, SOCIAL SECURITY OR RETIREMENT BENEFITS, HELP FROM RELATIVES, RENTS FROM PROPERTY, AND SO FORTH. <i>Mark income group in each related person's column.</i></p>		<p>A B C D E F G H I J V</p>	<p>A B C D E F G H I J V</p>	<p>A B C D E F G H I J V</p>	<p>A B C D E F G H I J V</p>	
<p>FOCTNCTES</p> <p>*Transcribe codes for Item R (Respondent)</p> <p>0 - Self-entirely</p> <p>1 - Self-partly</p> <p>2 - Spouse</p> <p>3 - Mother</p> <p>4 - Father</p> <p>5 - Other female family member</p> <p>6 - Other male family member</p> <p>7 - Other</p>	<p>WASHINGTON USE</p>		<p>Respondent</p>	<p>WASHINGTON USE</p>	<p>WASHINGTON USE</p>	
	<p>Age of respondent</p>					
	<p>Family relationship</p>		<p>FI SI PF</p> <p>Head 1 Head 2- Wife Child Crh. relative</p>	<p>SI</p>	<p>FI SI PF</p> <p>Head 1 Head 2- Wife Child Crh. relative</p>	<p>SI</p>
	<p>Education of head</p>		<p>Und. 17 None</p>		<p>Und. 17 None</p>	
	<p>Industry</p>		<p>A B C D E F G H J K L M</p>		<p>A B C D E F G H J K L M</p>	
	<p>Occupation</p>		<p>N P Q R S T U V W X Y Z</p>		<p>N P Q R S T U V W X Y Z</p>	