

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