1a. WHAT IS THE NAME OF THE HEAD OF THIS HOUSEHOLD?
1b. WHAT ARE THE NAMES OF ALL OTHER PERSONS WHO LIVE HERE? Last all
1c. HAVE I LISTED ALL NAMES? IS THERE ANYONE ELSE STAYING HERE NOW?
1d. HAVE I MISSED ANYONE WHO USUALLY LIVES HERE BUT IS NOW AWAY FROM HOME?
1e. DO ANY OF THE PEOPLE IN THIS HOUSEHOLD HAVE A HOE ANYWHERE ELSE?
1f. ARE ANY OF THE PERSONS IN THIS HOUSEHOLD ON FULL-TIME ACTIVE DUTY IN THE ARMED FORCES?

2. HOW IS -- RELATED TO (head of household)?

3. PERSON NUMBER. First column should have person 01, second column person 02, etc.

4. HOW OLD WAS -- ON HIS LAST BIRTHDAY? Write in next to "relationship" and mark.
4a. SEX: Mark column unless sex is not obvious from name
4b. RACE: Mark without asking

5. IS -- MARRIED, MARRIED, DIVORCED, SEPARATED, OR NEVER MARRIED?

6. WHAT WAS -- DOING MOST OF THE PAST 12 MONTHS?
6a. (for males) WORKING OR DOING SOMETHING ELSE?
6b. (for females) KEEPING HOUSE, WORKING OR DOING SOMETHING ELSE?

7. IS -- RETIRED?

8. 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. Hand calendar to respondent and ask.

9a. LAST WEEK OR THE WEEK BEFORE, DID -- TAKE ANY MEDICINE OR TREATMENT FOR ANY CONDITION (EXCEPT... WHICH YOU TOLD ME ABOUT)?
9b. FOR WHAT CONDITION?
9c. DID -- TAKE ANY MEDICINE FOR ANY OTHER CONDITION?

10a. LAST WEEK OR THE WEEK BEFORE, DID -- HAVE ANY ACCIDENTS OR INJURIES?
10b. WHAT WERE THEY?
10c. DID -- HAVE ANY OTHER ACCIDENTS OR INJURIES DURING THAT 2-WEEK PERIOD?

11a. DID -- EVER HAVE ANY (ANY OTHER) ACCIDENT OR INJURY THAT STILL BOthers HIM OR AFFECTS HIM IN ANY WAY?

12. Open your Flashcerd 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.

13. 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.

14a. DOES -- HAVE ANY OTHER ILLNESS, CONDITIONS, OR PROBLEMS WITH HIS HEALTH?
14b. WHAT IS THE CONDITION? Report condition itself if still present; otherwise report present effects.

14c. ANY OTHER PROBLEMS WITH HIS HEALTH?

For persons 19 years old or over, when who responded for (or was present during the asking, 0-1, 0-11. If persons responding for self, show whether entirely or partly.

For persons under 19 when who responded for them, If eligible respondent is "at home" but did not respond for self, enter the reason in a footnote.
15a. **HAS -- BEEN IN A HOSPITAL AT ANY TIME SINCE A YEAR AGO?**
   - Yes □ No □
   - Times □

15b. **HOW MANY TIMES WAS -- IN A HOSPITAL DURING THAT PERIOD?**
   - Yes □ No □
   - Times □

16a. **HAS ANYONE IN THE FAMILY BEEN IN A NURSING HOME, CONVALESCENT HOME, REST HOME OR SIMILAR PLACE SINCE A YEAR AGO?**
   - Yes □ No □
   - Times □

16b. **HOW MANY TIMES WAS -- IN A NURSING HOME OR SIMILAR PLACE DURING THAT PERIOD?**
   - Yes □ No □
   - Times □

Examine ages in question 1 for babies 1 year old or under. For each child 1 year old or under, ask 17a.

17a. **WHEN WAS -- BORN?**
   - Month □ Day □ Year □

17b. **WAS -- BORN IN A HOSPITAL?**
   - Yes □ No □

18a. **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?**
   - Yes □ No □
   - Visits □

18b. **VISITS TO OR FROM A MEDICAL DOCTOR.**
   - Yes □ No □
   - Home □
   - Visits □

19a. **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?**
   - Yes □ No □
   - Mark "Yes," in person's column.

19b. **DOES-- NEED ANY HELP IN BATHING, DRESSING OR PUTTING ON HIS HOSES?**
   - Yes □ No □

19c. **DOES-- NEED ANY HELP AT HOME WITH INJECTIONS, SHOTS OR OTHER TREATMENT?**
   - Yes □ No □

19d. **DOES-- NEED ANY HELP WHEN WALKING UP STAIRS OR GETTING FROM ROOM TO ROOM?**
   - Yes □ No □

19e. **DOES-- NEED ANY HELP AT ALL IN CARING FOR HIMSELF?**
   - Yes □ No □

20a. **DURING THE PAST 12 MONTHS, HAS -- RECEIVED ANY CARE AT HOME FROM A NURSE?**
   - Yes □ No □

20b. **DURING THIS 12 MONTH PERIOD, ABOUT HOW MANY VISITS DID A NURSE MAKE TO CARE FOR --?**
   - Yes □ No □

20c. **WERE ANY OF THESE VISITS DURING THE LAST 2 WEEKS?**
   - Yes □ No □
### Ask for all persons 17 years old or over.

- **a.** WHAT IS THE HIGHEST GRADE (YEAR) ATTENDED IN SCHOOL?
  - Elementary School
  - High School
  - College

- **b.** DID—FINISH THE—GRADE (YEAR)?
  - Yes
  - No

### Ask for all persons 17 years old or over.

- **25a.** DID—WORK AT ANY TIME LAST WEEK OR THE WEEK BEFORE?
  - Yes
  - No
  - Not working and not looking for work

- **c.** EVEN THOUGH—DID NOT WORK DURING THOSE 2 WEEKS, DOES HE HAVE A JOB OR BUSINESS?
  - Yes
  - No

- **d.** WAS HE LOOKING FOR WORK OR ON LAYOFF FROM A JOB?
  - Yes
  - No

- **e.** WHICH—LOOKING FOR WORK OR ON LAYOFF FROM A JOB?
  - Yes
  - No

### Ask for all persons with a "Yes" in 25a, 25b, or 25c.

- **26a.** WHO DOES (DID)—WORK FOR?
  - Employer
  - Industry
  - Occupation

- **b.** WHAT KIND OF BUSINESS OR INDUSTRY IS THIS?
  - Employer
  - Industry

- **c.** WHAT KIND OF WORK IS (WAS)—DOING?
  - Occupation

### Ask for all males 17 years old or over.

- **27a.** DID—EVER SERVE IN THE ARMED FORCES OF THE UNITED STATES?
  - Yes
  - No

### Ask for those 25a, 25b, or 25c.

- **c.** WAS ANY OF HIS SERVICE BETWEEN JUNE 27, 1950, AND JANUARY 31, 1959?
  - Yes
  - No

### Ask for all males 17 years old or over

- **28.** WHICH OF THESE INCOME GROUPS REPRESENTS YOUR TOTAL COMBINED FAMILY INCOME FOR THE PAST 12 MONTHS—THAT IS, YOURS, YOURS—S, ETC.?

---

### FCCYCTES

- **Transcribe codes for item R (Respondent)**
  - 0 = Self-enrolled
  - 1 = Self-partly
  - 2 = Spouse
  - 3 = Mother
  - 4 = Father
  - 5 = Other female family member
  - 6 = Other male family member
  - 7 = Other

---

### Washington Use

- **Respondent:**
  - Age of respondent
  - Family relationship
  - Education of head
  - Industry
  - Occupation

- **Transcribe codes for item R (Respondent):**
  - 0 = Self-enrolled
  - 1 = Self-partly
  - 2 = Spouse
  - 3 = Mother
  - 4 = Father
  - 5 = Other female family member
  - 6 = Other male family member
  - 7 = Other

---

### Washington Use

- **Respondent:**
  - Age of respondent
  - Family relationship
  - Education of head
  - Industry
  - Occupation
### Card A

**A-1** Now I'm going to read a list of conditions. Please tell me if you, your , etc., have had any of these conditions DURING THE PAST 12 MONTHS?

1. Asthma?
2. CHRONIC bronchitis?
3. REPEATED attacks of sinus trouble?
4. TROUBLE with varicose veins?
5. Hemorrhoids or piles?
6. Hay fever?
7. Tumor, cyst, or growth?
8. CHRONIC gallbladder or liver trouble?
9. Stomach ulcer?
10. Any other CHRONIC stomach trouble?
11. Kidney stones or CHRONIC kidney trouble?

### Card B

**B-1** Have you, your , etc., EVER had any of these conditions?

1. Tuberculosis?
2. Emphysema?
3. Hardening of the arteries?
4. High blood pressure?
5. Cancer?
6. Heart trouble?
7. Stroke?
8. Rheumatic fever?
9. Arthritis or rheumatism?
10. Mental illness?
11. Diabetes?
12. Epilepsy?

### Card C

**A-2** Have you, your , etc., had any of these conditions DURING THE PAST 12 MONTHS?

1. Thyroid trouble or goiter?
2. Any allergy?
3. CHRONIC nervous trouble?
4. CHRONIC skin trouble?
5. Palsy?
6. Paralysis of any kind?
7. REPEATED trouble with back or spine?
8. Cleft palate?
9. Any speech defect?
10. Hernia or rupture?
11. Prostate trouble?

### Card D

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 the above ways.

### Card E

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 the above ways.

### Card F

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 the above ways.

### Card G

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.
3. Not limited in any of the above ways.

### Card H

For: Mobility

1. Must stay in bed all or most of the time.
2. Must stay in the house all or most of the time.
3. Need the help of another person in getting around inside or outside the house.
4. Need the help of some special aid, such as a cane or wheelchair, in getting around inside or outside the house.
5. Does not need the help of another person or a special aid but has trouble in getting around freely.
6. Not limited in any of the above ways.

### Card I

Which of the following income groups represents your total combined family income for the past 12 months? Include income from all sources such as wages, salaries, social security or retirement benefits, help from relatives, rents from property, and so forth.

<table>
<thead>
<tr>
<th>Under $500</th>
<th>$500-$999</th>
<th>$1,000-$1,999</th>
<th>$2,000-$2,999</th>
<th>$3,000-$3,999</th>
<th>$4,000-$4,999</th>
<th>$5,000-$5,999</th>
<th>$6,000-$6,999</th>
<th>$7,000-$7,999</th>
<th>$8,000-$8,999</th>
<th>$9,000-$9,999</th>
<th>$10,000-$14,999</th>
<th>$15,000 and over</th>
</tr>
</thead>
</table>

- Group A
- Group B
- Group C
- Group D
- Group E
- Group F
- Group G
- Group H
- Group I
- Group J