

Make no marks in this margin

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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 <u>USUALLY</u> LIVES HERE BUT IS NOW AWAY FROM HOME? <i>Apply household membership rules</i> <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		
	Last Name	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="checkbox"/> Female <input type="checkbox"/>		Male <input type="checkbox"/> Female <input type="checkbox"/>	
c. RACE <i>Mark without asking</i>	White <input type="checkbox"/> Negro <input type="checkbox"/> Other <input type="checkbox"/>		White <input type="checkbox"/> Negro <input type="checkbox"/> Other <input type="checkbox"/>	
<i>If 17 years old or over, ask:</i> 5. IS -- NOW MARRIED, WIDOWED, DIVORCED, SEPARATED, OR NEVER MARRIED?	Mar. <input type="checkbox"/> Wid. <input type="checkbox"/> Div. <input type="checkbox"/> Sep. <input type="checkbox"/> N.M. <input type="checkbox"/> Und. 17 <input type="checkbox"/>		Mar. <input type="checkbox"/> Wid. <input type="checkbox"/> Div. <input type="checkbox"/> Sep. <input type="checkbox"/> N.M. <input type="checkbox"/> Und. 17 <input type="checkbox"/>	
<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="checkbox"/> KH <input type="checkbox"/> SE <input type="checkbox"/> Under 17 <input type="checkbox"/> V <input type="checkbox"/>		WK <input type="checkbox"/> KH <input type="checkbox"/> SE <input type="checkbox"/> Under 17 <input type="checkbox"/> V <input type="checkbox"/>	
<i>If "SE" marked in Q. 6 and person is 45 years old or over, ask:</i> 7. IS -- RETIRED?	Yes <input type="checkbox"/> No <input type="checkbox"/> V <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/> V <input type="checkbox"/>	
H <i>If related persons 19 years old or over are listed in addition to the resp., ask:</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="checkbox"/> At home <input type="checkbox"/> Not home <input type="checkbox"/> V <input type="checkbox"/>		Under 19 <input type="checkbox"/> At home <input type="checkbox"/> Not home <input type="checkbox"/> V <input type="checkbox"/>	
THIS SURVEY COVERS ALL KINDS OF ILLNESSES. THESE FIRST QUESTIONS REFER TO <u>LAST WEEK AND THE WEEK BEFORE</u> , 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		<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. <u>LAST WEEK OR THE WEEK BEFORE</u> , DID -- TAKE ANY MEDICINE OR TREATMENT FOR ANY CONDITION (BESIDES . . . WHICH YOU TOLD ME ABOUT)?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. FOR WHAT CONDITION?				
c. DID -- TAKE ANY MEDICINE FOR ANY OTHER CONDITION?				
10a. <u>LAST WEEK OR THE WEEK BEFORE</u> , DID -- HAVE ANY ACCIDENTS OR INJURIES?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<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		<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		<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		<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		<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. 8-1-4	<i>For persons 19 years old or over, show who responded for or was present during the asking of Q. 8-11. 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

15a. HAS -- BEEN IN A HOSPITAL AT ANY TIME SINCE <i>If "Yes," ask:</i> b. HOW MANY TIMES WAS -- IN A HOSPITAL DURING THAT PERIOD?	A YEAR AGO?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	Times _____		Times _____					
16a. HAS ANYONE IN THE FAMILY BEEN IN A NURSING HOME, CONVALESCENT HOME, REST HOME OR SIMILAR PLACE SINCE <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?	A YEAR AGO?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	Times _____		Times _____					
<i>Examine ages in question 1 for babies 1 year old or under. For each child 1 year old or under, ask 17a.</i>			Month	Day	Year	Month	Day	Year
17a. WHEN WAS -- BORN? <i>If on or after the date stamped in 15a, ask 17b.</i>								
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		
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		
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			
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? <i>If "Yes," ask:</i> b. WHO WAS THIS? <i>Mark "Yes" in person's column.</i> c. ANYONE ELSE?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<i>For each "Yes" marked, ask:</i> d. HOW MANY TIMES DID -- VISIT THE DOCTOR? <i>EXCLUDE visits made on "mass" basis.</i>			Visits _____		Visits _____			
20a. DURING THAT PERIOD, DID ANYONE IN THE FAMILY GET ANY MEDICAL ADVICE FROM A DOCTOR OVER THE TELEPHONE? <i>If "Yes" ask:</i> b. WHO WAS THE PHONE CALL ABOUT? <i>Mark "Yes" in person's column.</i> c. ANY CALLS ABOUT ANYONE ELSE?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<i>For each "Yes" marked, ask:</i> 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. <i>Mark here</i> →			Visits rep'd in Q. 18-20 Go to 21b		Visits rep'd in Q. 18-20 Go to 21b			
<i>If no visits reported in questions 18-20 Ask:</i> 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>			During past 2 weeks/not previously reported 2 Weeks - 6 Months 7 - 11 Months Years } 0 1 2 3 4 5 6 7 8 9 DK Never o o		During past 2 weeks/not previously reported 2 Weeks - 6 Months 7 - 11 Months Years } 0 1 2 3 4 5 6 7 8 9 DK Never o o			
<i>If the last visit was within the past 12 months ask:</i> b. IN TOTAL, ABOUT HOW MANY TIMES HAS -- SEEN OR TALKED TO A DOCTOR DURING THE PAST 12 MONTHS?			Times } 0 1 2 3 4 5 6 7 8 9 DK None o o		Times } 0 1 2 3 4 5 6 7 8 9 DK None o o			
<i>If person is 55 years old or over, ask:</i> THE FOLLOWING QUESTIONS REFER TO DIFFERENT KINDS OF PERSONAL CARE SOME PEOPLE NEED AT HOME:			Under 55 - Stop 55 or over - Ask 22a. o		Under 55 - Stop 55 or over - Ask 22a. o			
22a. DOES -- NEED ANY HELP IN BATHING, DRESSING OR PUTTING ON HIS SHOES?			Yes Stop o No o DK o		Yes Stop o No o DK o			
b. DOES -- NEED ANY HELP AT HOME WITH INJECTIONS, SHOTS OR OTHER TREATMENTS?			Yes Stop o No o DK o		Yes Stop o No o DK o			
c. DOES -- NEED ANY ONE'S HELP WHEN WALKING UP STAIRS OR GETTING FROM ROOM TO ROOM?			Yes Stop o No o DK o		Yes Stop o No o DK o			
d. DOES -- NEED ANY HELP AT ALL IN CARING FOR HIMSELF?			Yes Stop o No o DK o		Yes Stop o No o DK o			
23a. DURING THE PAST 12 MONTHS, HAS -- RECEIVED ANY CARE AT HOME FROM A NURSE?			Yes-Ask 23b & c o No Stop o DK o		Yes-Ask 23b & c o No Stop o DK o			
b. DURING THIS 12 MONTH PERIOD, ABOUT HOW MANY VISITS DID A NURSE MAKE TO CARE FOR --?			Times } 0 1 2 3 4 5 6 7 8 9 DK o		Times } 0 1 2 3 4 5 6 7 8 9 DK o			
c. WERE ANY OF THESE VISITS DURING THE PAST 2-WEEKS?			Yes o No o DK o		Yes o No o DK o			

<p>Ask for all persons 17 years old or over.</p> <p>24a. WHAT IS THE HIGHEST GRADE (YEAR)—ATTENDED IN SCHOOL?</p>	Elementary	E I	None - Go to 25a	Under 17	E I	None - Go to 25a	Under 17				
	High school	H i			H i						
	College	Co			Co						
<p>b. DID—FINISH THE—GRADE (YEAR)?</p>			Yes	No	Yes	No					
<p>Ask for all persons 17 years old or over.</p> <p>25a. DID—WORK AT ANY TIME LAST WEEK OR THE WEEK BEFORE?</p> <p>For females add: NOT COUNTING WORK AROUND THE HOUSE?</p>			Yes Go to 26a	No Ask both b and c	Yes Go to 26a	No Ask both b and c					
<p>b. EVEN THOUGH—DID NOT WORK DURING THOSE 2 WEEKS, DOES HE HAVE A JOB OR BUSINESS?</p>			Yes	No	Yes	No					
<p>c. WAS HE LOOKING FOR WORK OR ON LAYOFF FROM A JOB?</p>			Yes - Ask d	No - Omit d	Yes - Ask d	No - Omit d					
<p>d. WHICH - LOOKING FOR WORK OR ON LAYOFF FROM A JOB?</p>			Looking	Layoff	Both	Looking	Layoff				
<p>If "Yes" in 25c only, questions 26a through 26d apply to this person's LAST full-time civilian job.</p>	<p>Ask for all persons with a "Yes" in 25a, 25b, or 25c.</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>Fill 26d from entries in 26a-26c; if not clear, ask.</p> <p>d. CLASS OF WORKER</p>		Paid Own	Gov't, Fed. Non-paid	Gov't, Civil Non-Worked	Paid Own	Gov't, Fed. Non-paid	Gov't, Civil Non-Worked			
<p>Ask for all males 17 years old or over.</p> <p>27a. DID—EVER SERVE IN THE ARMED FORCES OF THE UNITED STATES?</p>			Yes	No - Go to 28	Yes	No - Go to 28					
<p>b. WAS ANY OF HIS SERVICE DURING A WAR?</p>			Yes - Stop	No	DK	Yes - Stop	No				
<p>If "No" or "DK" in 27b ask:</p> <p>c. WAS ANY OF HIS SERVICE BETWEEN JUNE 27, 1950, AND JANUARY 31, 1955?</p>			Yes - Stop	No	DK	Yes - Stop	No				
<p>If "No" or "DK" in 27c ask:</p> <p>d. WAS ANY OF HIS SERVICE AFTER JANUARY 31, 1955?</p>			Yes	No	DK	Yes	No				
<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.</p> <p>Mark income group in each related person's column.</p>		A B C D E F G H I J V <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>					A B C D E F G H I J V <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>				
<p>FOOTNOTES</p>	<p>WASHINGTON USE</p>		<p>WASHINGTON USE</p>				<p>WASHINGTON USE</p>				
	<p>*Transcribe codes for Item R (Respondent)</p>		<p>Respondent</p>								
	<p>0 - Self-entirely</p>		<p>Age of respondent</p>								
	<p>1 - Self-partly</p>		<p>Family relationship</p>								
	<p>2 - Spouse</p>		<p>Education of head</p>								
	<p>3 - Mother</p>		<p>Industry</p>								
	<p>4 - Father</p>		<p>Occupation</p>								

<p>Card A</p> <p>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?</p> <ol style="list-style-type: none"> 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? 	<p>A--2 Have you, your , etc., had any of these conditions DURING THE PAST 12 MONTHS?</p> <ol style="list-style-type: none"> 12. Thyroid trouble or goiter? 13. Any allergy? 14. CHRONIC nervous trouble? 15. CHRONIC skin trouble? 16. Palsy? 17. Paralysis of any kind? 18. REPEATED trouble with back or spine? 19. Cleft palate? 20. Any speech defect? 21. Hernia or rupture? 22. Prostate trouble? 	<p>Card D</p> <p>For: Workers and other persons except Housewives and Children</p> <ol style="list-style-type: none"> 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. 	<p>Card F</p> <p>For: Children from 6 through 16 years old</p> <ol style="list-style-type: none"> 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. 	<p>Card H</p> <p>For: Mobility</p> <ol style="list-style-type: none"> 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.
<p>Card B</p> <p>B--1 Have you, your , etc., EVER had any of these conditions?</p> <ol style="list-style-type: none"> 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? 	<p>B--2 Do you, your , etc., HAVE any of these conditions?</p> <ol style="list-style-type: none"> 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. Missing fingers, hand or arm -- toes, foot or leg? 4. Missing lung or kidney (or breast)? 5. Club foot? 6. PERMANENT stiffness or any deformity of foot, leg, fingers, arm or back? 	<p>Card E</p> <p>For: Housewife</p> <ol style="list-style-type: none"> 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. 	<p>Card G</p> <p>For: Children under 6 years old</p> <ol style="list-style-type: none"> 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. Able to play with other children but limited in amount or kind of play 4. Not limited in any of the above ways. 	<p>Card I</p> <p>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.</p> <p>Under \$500 Group A \$500-- \$999 Group B \$1,000-- \$1,999 Group C \$2,000-- \$2,999 Group D \$3,000-- \$3,999 Group E \$4,000-- \$4,999 Group F \$5,000-- \$6,999 Group G \$7,000-- \$9,999 Group H \$10,000-- \$14,999 Group I \$15,000 and over Group J</p>