

<p>1a. What is the name of the head of this household? - Enter name in first column</p> <p>b. What are the names of all other persons who live here? - List all persons who live here</p> <p>c. I have listed (Read names.) Is there anyone else staying here now, such as friends, relatives, or roomers? <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>d. Have I missed anyone who USUALLY lives here but is now away from home? <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>e. Do any of the people in this household have a home anywhere else? <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>If any adult males listed, ask: *Apply household membership rules</p> <p>f. Are any of the persons in this household now on full-time active duty with the Armed Forces of the United States? <input type="checkbox"/> Yes-Delete <input type="checkbox"/> No</p>	<p>1a. First name ①</p> <hr/> <p>Last name</p>																															
<p>2. How is -- related to -- (head of household)?</p>	<p>2. RELATIONSHIP</p> <p>HEAD</p>																															
<p>3. How old was -- on his last birthday? - Also mark Race and Sex</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">AGE</td> <td style="width:35%;">RACE</td> <td style="width:15%;">SEX</td> </tr> <tr> <td>0 <input type="checkbox"/> W</td> <td>0 <input type="checkbox"/> M</td> <td></td> </tr> <tr> <td>1 <input type="checkbox"/> N</td> <td>2 <input type="checkbox"/> OT</td> <td>1 <input type="checkbox"/> F</td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">H</td> <td style="width:15%;">DV</td> <td style="width:15%;">HC</td> <td style="width:15%;">No Cut Down Days</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Q. No.</th> <th>Condition</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	AGE	RACE	SEX	0 <input type="checkbox"/> W	0 <input type="checkbox"/> M		1 <input type="checkbox"/> N	2 <input type="checkbox"/> OT	1 <input type="checkbox"/> F	H	DV	HC	No Cut Down Days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Q. No.	Condition												
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<p><b>C</b> Record all conditions for a person in this space in the person's column with question number(s) where reported.</p> <p>Also enter the number of Hospitalizations and Doctor Visits.</p> <p>Check the Homecare box, and the No Cut Down Days box, if applicable.</p>																																
<p>4. Is -- now married, widowed, divorced, separated, or never married? - Mark one box for each person</p> <p>If person under 17 is or has been married mark the "Und. 17" box and give marital status in a footnote</p> <p>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 other eligible respondents are at home, ask: Would you please ask --, --, etc., to join us?</p>	<p>4. 0 <input type="checkbox"/> Und. 17 6 <input type="checkbox"/> Never married</p> <p>1 <input type="checkbox"/> Married 4 <input type="checkbox"/> Divorced</p> <p>3 <input type="checkbox"/> Widowed 5 <input type="checkbox"/> Separated</p> <p>1 <input type="checkbox"/> At home 0 <input type="checkbox"/> Under 19 years</p> <p>2 <input type="checkbox"/> Not at home</p>																															
<p><b>H</b> HAND CALENDAR TO RESPONDENT</p> <p>5a. During the past two weeks (the 2 weeks outlined in red on that calendar) did -- stay in bed all or most of the day because of any illness or injury?</p> <p>b. During that two week period, how many days did -- have to stay in bed all or most of the day?</p> <p>c. During that two week period, did he have to cut down on the things he usually does because of illness or injury?</p> <p>d. Did -- have to cut down for as much as a day?</p> <p>e. How many days in total did -- have to cut down during that two week period?</p> <p>f. How many days did illness or injury keep -- from work during these two weeks?</p> <p>For females add - Not counting work around the house.</p> <p>If 6-16 years old ask:</p> <p>g. How many days did illness or injury keep -- from school during these two weeks?</p>	<p>5a. <input type="checkbox"/> Yes - Ask b</p> <p>00 <input type="checkbox"/> No - Ask c</p> <p>b. _____ days - Ask c</p> <p>c. <input type="checkbox"/> Yes - Ask d</p> <p><input type="checkbox"/> No - Go to 6a</p> <p>d. <input type="checkbox"/> Yes - Ask e</p> <p>00 <input type="checkbox"/> No - Go to 6a</p> <p>e. _____ days - Ask f or g</p> <p>If under 6 yrs. - Go to 6a</p> <p>f. 00 <input type="checkbox"/> None</p> <p>_____ days - Go to 6a</p> <p>g. 00 <input type="checkbox"/> None</p> <p>_____ days - Go to 6a</p>																															
<p>6a. What condition caused -- to cut down on the things he usually does during the past two weeks? - Enter condition in C above</p> <p>b. During the past two weeks, did any other condition cause him to cut down on the things he usually does?</p>	<p>6a. <input type="checkbox"/> No cut down days</p> <p>Go to next person</p> <p>b. <input type="checkbox"/> Yes - Reask a and b</p> <p><input type="checkbox"/> No - Go to next person</p>																															
<p>7. 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?</p>	<p>7. <input type="checkbox"/> None</p> <p>_____ Number of visits</p>																															
<p>8a. (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 - Ask b and c <input type="checkbox"/> No - Go to 9</p> <p>b. Who was this? - Mark "Yes" in person's column</p> <p>c. Anyone else? <input type="checkbox"/> Yes - Reask b and c <input type="checkbox"/> No - Go to d</p> <p>For each "Yes" marked, ask:</p> <p>d. How many times did -- visit the doctor during that period? - Exclude visits made on "mass" basis</p>	<p>8a. <input type="checkbox"/> Yes Doctor's visits</p> <p>d. _____ Number of visits</p>																															
<p>9a. During that period, did anyone in the family get any medical advice from a doctor over the telephone? <input type="checkbox"/> Yes - Ask b and c</p> <p>b. If "Yes"; ask: Who was the phone call about? - Mark "Yes" in person's column. <input type="checkbox"/> No - Go to 10</p> <p>c. Any calls about anyone else? <input type="checkbox"/> Yes - Reask b and c <input type="checkbox"/> No - Go to d</p> <p>For each "Yes" marked, ask:</p> <p>d. How many telephone calls were made to get medical advice about --?</p>	<p>9a. <input type="checkbox"/> Yes</p> <p>d. _____ Number of calls</p>																															
<p>If doctor was seen or talked to during the past two weeks, ask:</p> <p>10a. For what condition did -- see or talk to a doctor during the past two weeks? - Enter condition here and in c above</p> <p>b. During that period, did -- see or talk to a doctor for any other condition?</p> <p>If pregnancy reported ask: During the past 2 weeks was -- sick because of her pregnancy? If "Yes" ask: What was the matter?</p>	<p>10a. <input type="checkbox"/> No 2-week visits - Ask 11</p> <p>b. <input type="checkbox"/> Yes - Reask 10a</p> <p><input type="checkbox"/> No - Go to next person</p>																															
<p>If no visits reported in questions 7-9, ask:</p> <p>11. ABOUT how long has it been since -- saw or talked to a doctor? (Estimate is acceptable. If less than 1 year, check appropriate "Months" box; if more than 1 year, enter number of whole years.)</p>	<p>XV <input type="checkbox"/> 2 week visits in Q. 7-9</p> <p>11. OX <input type="checkbox"/> Past 2 weeks not reported</p> <p>Reask Q. 7 and 10</p> <p>XX <input type="checkbox"/> In hospital in past 2 weeks</p> <p>Ask Q. 10</p> <p>VO <input type="checkbox"/> 2 weeks - 6 months</p> <p>XO <input type="checkbox"/> Over 6-12 months</p> <p>_____ Years 00 <input type="checkbox"/> Never</p>																															

Now I'm going to read a list of conditions:

12a. During the past 12 months, has anyone in the family (you, your --, etc.) had any of the following conditions -  
If "Yes," ask b and c

	Yes	No		Yes
1. Gallstones?				1.
2. Any other gallbladder trouble?				2.
3. Hemorrhoids or piles?				3.
4. Cirrhosis of the liver?			b. Who was this?	4.
5. Fatty liver?			c. During the past 12 months has anyone else had . . .	5.
6. Hepatitis?				6.
7. Yellow jaundice?				7.
8. Any other liver trouble?				8.

a. During the past 12 months, has anyone in the family had -  
If "Yes," ask b and c

	Yes	No		Yes
9. A disease of the pancreas?				9.
10. A disease of the esophagus?				10.
11. Any other disease that affects swallowing?			b. Who was this?	11.
12. Peptic ulcer?			c. During the past 12 months has anyone else had . . .	12.
13. Duodenal ulcer?				13.
14. Stomach or gastric ulcer?				14.
15. Any other ulcer?				15.

a. During the past 12 months, has anyone in the family had -  
If "Yes," ask b and c

	Yes	No		Yes
16. Hiatal hernia?				16.
17. Umbilical hernia?				17.
18. Any other hernia or rupture?				18.
19. Gastritis?			b. Who was this?	19.
20. Frequent indigestion?			c. During the past 12 months has anyone else had . . .	20.
21. Cancer of the stomach?				21.
22. Any other stomach trouble?				22.
23. Enteritis?				23.
24. Diverticulitis?				24.

a. During the past 12 months, has anyone in the family had -  
If "Yes," ask b and c

	Yes	No		Yes
25. Colitis?				25.
26. Constipation or other bowel trouble?				26.
27. Spastic colon?			b. Who was this?	27.
28. Cancer of the colon or rectum?			c. During the past 12 months has anyone else had . . .	28.
29. Any other cancer of the digestive system?				29.
30. Any other intestinal trouble?				30.
31. Any other condition of the digestive system?				31.

Ages 17+	<p>13a. What was -- doing most of the past 12 months - (if or males): working, or doing something else? (For female-): keeping house, working or doing something else? If "something else" and 45+ years of age, ask:</p> <p>b. Is -- retired? If "something else" and under 45 years of age or "no" in Q. 13b, ask:</p> <p>c. What was -- doing?</p>	<p>1 <input type="checkbox"/> Working (18)</p> <p>2 <input type="checkbox"/> Keeping house (18)</p> <p>3 <input type="checkbox"/> Retired (17)</p> <p>4 <input type="checkbox"/> Going to school (20)</p> <p>5 <input type="checkbox"/> 17+ something else (17)</p> <p>6 <input type="checkbox"/> 6-16 something else (19)</p>
Ages 6-16	<p>14a. What was -- doing most of the past 12 months - going to school or doing something else? If "something else" ask:</p> <p>b. What was -- doing?</p>	
Ages 1-5	<p>15a. In terms of health, is -- able to take part at all in ordinary play with other children?</p> <p>b. Is he limited in the kind or amount of play because of his health?</p>	<p>15a. <input type="checkbox"/> Yes (15b) <input type="checkbox"/> No (21)</p> <p>b. <input type="checkbox"/> Yes (21)</p> <p><input type="checkbox"/> No - Go to next person</p>
Ages Under 1 yr.	<p>16a. Is -- limited in any way because of his health?</p> <p>b. In what way is he limited? - Specify</p>	<p>16a. <input type="checkbox"/> Yes (16b)</p> <p><input type="checkbox"/> No - Go to next person</p>

Go to 21

<p>17a. In terms of health, is -- able to work?</p> <p>b. Is -- limited in the kind or amount of work he could do because of his health?</p>	<p>17a. <input type="checkbox"/> Yes (17b) <input type="checkbox"/> No (21)</p> <p>b. 2 <input type="checkbox"/> Yes (21) <input type="checkbox"/> No (18c)</p>
<p>18a. Is -- limited in the kind or amount of (work - housework) he can do because of his health?</p> <p>b. Is -- able to (work, keep house) at all?</p> <p>c. Is -- limited in the kind or amount of other activities because of his health?</p>	<p>18a. <input type="checkbox"/> Yes (18b) <input type="checkbox"/> No (18c)</p> <p>b. 2 <input type="checkbox"/> Yes (21) <input type="checkbox"/> No (21)</p> <p>c. 3 <input type="checkbox"/> Yes (21) 4 <input type="checkbox"/> No - Go to next person</p>
<p>19. In terms of health, is -- able to go to school?</p>	<p>19. <input type="checkbox"/> Yes (20) <input type="checkbox"/> No (21)</p>
<p>20a. Does (would) he have to go to a certain type of school because of his health?</p> <p>b. Is he (would he be) limited in school attendance because of his health?</p> <p>c. Is -- limited in the kind or amount of other activities because of his health?</p>	<p>20a. 2 <input type="checkbox"/> Yes (21) <input type="checkbox"/> No (20b)</p> <p>b. 2 <input type="checkbox"/> Yes (21) <input type="checkbox"/> No (20c)</p> <p>c. 3 <input type="checkbox"/> Yes (21) 4 <input type="checkbox"/> No - Go to next person</p>
<p>21a. What condition causes this limitation?</p> <p>b. Is this limitation caused by any other conditions?</p> <p>c. What conditions? - Any other conditions?</p>	<p>21a. _____</p> <p>b. <input type="checkbox"/> Yes (21c) <input type="checkbox"/> No - Go to next person</p> <p>c. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>22a. Has -- been in a hospital at any time since _____ a year ago?</p> <p>b. How many times was -- in a hospital during that period?</p>	<p>22a. <input type="checkbox"/> Yes - Ask b <input type="checkbox"/> No - Go to next person</p> <p>b. _____ Times</p>
<p>Examine ages of all persons listed. For each child 1 year old or under, ask:</p> <p>23a. When was -- born? If on or after the date stamped in 22a, ask 23b.</p> <p>b. Was -- born in a hospital? If "Yes" and no hospitalizations entered in his column, enter "1" in 22. If "Yes" and a hospitalization is reported for the mother and baby ask 23c.</p> <p>c. Is this hospitalization included in the number you gave me for -- ? If "No" correct entry for mother and baby.</p>	<p>23a. Month   Day   Year</p> <p>b. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>24a. Has anyone in the family been in a nursing home, convalescent home or similar place since _____ a year ago? <input type="checkbox"/> Yes-Ask 24b <input type="checkbox"/> No-Go to 25</p> <p>b. Who was this? - Mark "Yes" in person's column For each "Yes" marked ask:</p> <p>c. During that period, how many times was -- in a nursing home or similar place?</p>	<p>24a. <input type="checkbox"/> Yes</p> <p>c. _____ Times</p>
<p>If person is 55 years old or over, ask: The following questions refer to different kinds of personal care some people need at home:</p> <p>25a. Does -- need any help in bathing, dressing or putting on his shoes?</p> <p>b. Does -- need any help at home with injections, shots or other treatments?</p> <p>c. Does -- need anyone's help when walking up stairs or getting from room to room?</p> <p>d. Does -- need any help at all in caring for himself?</p>	<p>0 <input type="checkbox"/> Under 55 - Stop <input type="checkbox"/> 55 or over - Ask a</p> <p>25a. 1 <input type="checkbox"/> Yes - Stop <input type="checkbox"/> No</p> <p>b. 2 <input type="checkbox"/> Yes - Stop <input type="checkbox"/> No</p> <p>c. 3 <input type="checkbox"/> Yes - Stop <input type="checkbox"/> No</p> <p>d. 4 <input type="checkbox"/> Yes - Stop 5 <input type="checkbox"/> No</p>
<p>26a. During the past 12 months, has -- received any care at home from a nurse?</p> <p>b. During this 12-month period, about how many visits did a nurse make to care for -- ?</p> <p>c. Were any of these visits during the past 2-weeks?</p>	<p>26a. <input type="checkbox"/> Yes - Ask b &amp; c <input type="checkbox"/> No-Stop</p> <p>b. _____ Times</p> <p>c. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>These next questions are about motor vehicle accidents, that is, accidents involving cars, trucks, buses, motorcycles, and so forth. We are interested in all types of motor vehicle accidents even if no one was injured.</p> <p>27a. During the past 12 months, has -- been in a motor vehicle accident either as a (driver), passenger or pedestrian?</p> <p>b. How many motor vehicle accidents has -- been in during the past 12 months?</p> <p>c. On what date(s) did the accident(s) happen?</p> <p>d. Was -- in any other motor vehicle accident during the past 12 months?</p>	<p>27a. <input type="checkbox"/> Yes - Ask b <input type="checkbox"/> No - Go to next person</p> <p>b. _____ Number of accidents</p> <p>c. Month   Day   Year</p> <p>1.      </p> <p>2.      </p> <p>3.      </p> <p>d. <input type="checkbox"/> Yes - Reask c and d <input type="checkbox"/> No - Go to next person</p>

Ask for all persons 14 years of age and older:

28a. Has -- driven a motor vehicle during the past 12 months?

28a. xv  Under 14 years } Go to next person  
 xx  No }  
 Yes - Ask 28b

b. How many years has -- been driving?

b. 00  Less than 1 year  
 \_\_\_\_\_ Number of years

**R** For persons 19 years old or over, show who responded for (or was present during the asking of) Q. 5-28. 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.

**R** 0  Responded for self-entirely  
 1  Responded for self-partly  
 Person \_\_\_\_\_ was respondent

These next questions are about health insurance. We are interested in all kinds of health insurance which pays for MOST KINDS of illness. However, we do not want to include insurance which pays ONLY for accidents.

29a. Is anyone in the family covered by a health insurance plan which pays all or part of a hospital bill?  
 Yes-Ask b and c  No-Go to 30a

b. What is the name of the plan? - Record in Table H. I.

c. Is anyone in the family covered by any other health insurance plan which pays all or part of a hospital bill?  
 Yes-Reask b and c  No-Complete Table H.I. for each plan reported

30a. (Besides the -- plan you told me about) is anyone in the family covered by a health insurance plan which pays all or part of a surgeon's bill?  
 Yes-Ask b and c  No-Go to 31a

b. What is the name of the plan? - Record in Table H.I.

c. Is anyone in the family covered by any other health insurance plan which pays all or part of a surgeon's bill?  
 Yes-Reask b and c  No-Complete Table H.I. for each plan reported

31a. (Besides the -- plan you told me about) is anyone in the family covered by a health insurance plan which pays all or part of a doctor's bill for home calls or office visits?  
 Yes-Ask b and c  No-Go to 32a

b. What is the name of the plan?

c. Is anyone in the family covered by any other health insurance which pays all or part of a doctor's bill for home calls or office visits?  
 Yes-Reask b and c  No-Complete Table H.I. for each plan reported

32a. (Besides the -- plan you told me about) is anyone in the family covered by a deductible health insurance plan which pays some part of a bill for doctor visits or for hospital or surgical care, after a certain amount has been paid by the family?  
 Yes-Ask b and c  No-Go to 33a

b. What is the name of the plan?

c. Is anyone in the family covered by any other deductible health insurance plan which pays some part of a bill for doctor visits or for hospital or surgical care after a certain amount has been paid by the family?  
 Yes-Reask b and c  No-Complete Table H.I. for each plan reported

INTERVIEWER CHECK ITEM:

Mark one box for each person →

<sup>①</sup>  
 Und. 65-Go to next person  
 65 or over-Ask 33a

33a. Is -- covered by that part of Social Security Medicare which pays for doctor visits; that is the Medicare plan for which he or some agency must pay \$3.00 a month?

If person is covered by any insurance plan in Table H.I. ask for EACH plan:

b. Is this the (name of plan) you told me about before?

Line No. _____	Line No. _____	Line No. _____
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No

Go to next person

FOOTNOTES:

WASH. USE ONLY			
	Type of Plan	Number of Plans	Coverage of Head
H			
S			
D			

TABLE H. I.

Line No.	Name of Plan (1)	Does this plan pay all or part of a hospital bill?	Does this plan pay all or part of a surgeon's bill?	Does this plan pay all or part of a doctor's bill for home calls or office visits?	Does this plan pay any part of a doctor's bill for home calls or office visits after a certain amount has been paid by the family?	Which members of the family are covered by (name of plan)? Circle column numbers	If 2 or more members of family covered by this plan ask:  Are all of these persons covered by the same policy?	For each person 65+ covered by this plan ask:  Is this (name of plan) which covers -- a Social Security Medicare plan?						
		(2)	(3)	(4)	(5)	(6)	(7)	(8)						
A		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes-Go to 6 <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Covered: 1 2 3 4 5 6 Not covered: 1 2 3 4 5 6	<input type="checkbox"/> Yes <input type="checkbox"/> No-Fill separate line for each policy	Pers. No. <input type="checkbox"/> Yes <input type="checkbox"/> No	Pers. No. <input type="checkbox"/> Yes <input type="checkbox"/> No	Pers. No. <input type="checkbox"/> Yes <input type="checkbox"/> No				
B		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes-Go to 6 <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Covered: 1 2 3 4 5 6 Not covered: 1 2 3 4 5 6	<input type="checkbox"/> Yes <input type="checkbox"/> No-Fill separate line for each policy	Pers. No. <input type="checkbox"/> Yes <input type="checkbox"/> No	Pers. No. <input type="checkbox"/> Yes <input type="checkbox"/> No	Pers. No. <input type="checkbox"/> Yes <input type="checkbox"/> No				
C		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes-Go to 6 <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Covered: 1 2 3 4 5 6 Not covered: 1 2 3 4 5 6	<input type="checkbox"/> Yes <input type="checkbox"/> No-Fill separate line for each policy	Pers. No. <input type="checkbox"/> Yes <input type="checkbox"/> No	Pers. No. <input type="checkbox"/> Yes <input type="checkbox"/> No	Pers. No. <input type="checkbox"/> Yes <input type="checkbox"/> No				
D		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes-Go to 6 <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Covered: 1 2 3 4 5 6 Not covered: 1 2 3 4 5 6	<input type="checkbox"/> Yes <input type="checkbox"/> No-Fill separate line for each policy	Pers. No. <input type="checkbox"/> Yes <input type="checkbox"/> No	Pers. No. <input type="checkbox"/> Yes <input type="checkbox"/> No	Pers. No. <input type="checkbox"/> Yes <input type="checkbox"/> No				
E		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes-Go to 6 <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Covered: 1 2 3 4 5 6 Not covered: 1 2 3 4 5 6	<input type="checkbox"/> Yes <input type="checkbox"/> No-Fill separate line for each policy	Pers. No. <input type="checkbox"/> Yes <input type="checkbox"/> No	Pers. No. <input type="checkbox"/> Yes <input type="checkbox"/> No	Pers. No. <input type="checkbox"/> Yes <input type="checkbox"/> No				
F		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes-Go to 6 <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Covered: 1 2 3 4 5 6 Not covered: 1 2 3 4 5 6	<input type="checkbox"/> Yes <input type="checkbox"/> No-Fill separate line for each policy	Pers. No. <input type="checkbox"/> Yes <input type="checkbox"/> No	Pers. No. <input type="checkbox"/> Yes <input type="checkbox"/> No	Pers. No. <input type="checkbox"/> Yes <input type="checkbox"/> No				
G		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes-Go to 6 <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Covered: 1 2 3 4 5 6 Not covered: 1 2 3 4 5 6	<input type="checkbox"/> Yes <input type="checkbox"/> No-Fill separate line for each policy	Pers. No. <input type="checkbox"/> Yes <input type="checkbox"/> No	Pers. No. <input type="checkbox"/> Yes <input type="checkbox"/> No	Pers. No. <input type="checkbox"/> Yes <input type="checkbox"/> No				
H		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes-Go to 6 <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Covered: 1 2 3 4 5 6 Not covered: 1 2 3 4 5 6	<input type="checkbox"/> Yes <input type="checkbox"/> No-Fill separate line for each policy	Pers. No. <input type="checkbox"/> Yes <input type="checkbox"/> No	Pers. No. <input type="checkbox"/> Yes <input type="checkbox"/> No	Pers. No. <input type="checkbox"/> Yes <input type="checkbox"/> No				
		<input type="checkbox"/> Und. 65-Go to next person <input type="checkbox"/> 65 or over-Ask 33a		<input type="checkbox"/> Und. 65-Go to next person <input type="checkbox"/> 65 or over-Ask 33a		<input type="checkbox"/> Und. 65-Go to next person <input type="checkbox"/> 65 or over-Ask 33a		<input type="checkbox"/> Und. 65-Go to next person <input type="checkbox"/> 65 or over-Ask 33a		<input type="checkbox"/> Und. 65-Go to next person <input type="checkbox"/> 65 or over-Ask 33a				
		<input type="checkbox"/> Yes-Ask b <input type="checkbox"/> No-Go to next person		<input type="checkbox"/> Yes-Ask b <input type="checkbox"/> No-Go to next person		<input type="checkbox"/> Yes-Ask b <input type="checkbox"/> No-Go to next person		<input type="checkbox"/> Yes-Ask b <input type="checkbox"/> No-Go to next person		<input type="checkbox"/> Yes-Ask b <input type="checkbox"/> No-Go to next person				
		Line No. <input type="checkbox"/> Yes <input type="checkbox"/> No	Line No. <input type="checkbox"/> Yes <input type="checkbox"/> No	Line No. <input type="checkbox"/> Yes <input type="checkbox"/> No	Line No. <input type="checkbox"/> Yes <input type="checkbox"/> No	Line No. <input type="checkbox"/> Yes <input type="checkbox"/> No	Line No. <input type="checkbox"/> Yes <input type="checkbox"/> No	Line No. <input type="checkbox"/> Yes <input type="checkbox"/> No	Line No. <input type="checkbox"/> Yes <input type="checkbox"/> No	Line No. <input type="checkbox"/> Yes <input type="checkbox"/> No	Line No. <input type="checkbox"/> Yes <input type="checkbox"/> No			
		Go to next person		Go to next person		Go to next person		Go to next person		Go to next person				
WASH. USE ONLY			WASH. USE ONLY			WASH. USE ONLY			WASH. USE ONLY			WASH. USE ONLY		
Type of Plan	Number of Plans	Coverage of Head	Type of Plan	Number of Plans	Coverage of Head	Type of Plan	Number of Plans	Coverage of Head	Type of Plan	Number of Plans	Coverage of Head	Type of Plan	Number of Plans	Coverage of Head
H			H			H			H			H		
S			S			S			S			S		
D			D			D			D			D		

<p>If 17 years old or over, ask:</p> <p>34a. What is the highest grade -- attended in school?</p> <p>b. Did -- finish the -- grade (year)?</p>		<p>Go to</p> <p><input type="checkbox"/> Und. 17 yrs. - next person</p> <p><input type="checkbox"/> None</p> <p>Elem: 1 2 3 4 5 6 7 8</p> <p>High: 9 10 11 12</p> <p>College: 1 2 3 4 5+</p>
<p>Ask for all males 17 years old or over.</p> <p>35a. Did -- ever serve in the Armed Forces of the United States?</p> <p>b. Was any of his service during a war?</p> <p>c. Was any of his service between June 27, 1950, and January 31, 1955?</p> <p>d. Was any of his service after January 31, 1955?</p>		<p><input type="checkbox"/> Yes- Ask b</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Female } Go to 36</p> <p><input type="checkbox"/> Yes- Stop</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> DK } Ask 35c</p> <p><input type="checkbox"/> Yes- Stop</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> DK } Ask 35d</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> DK</p>
<p>Ask for all persons 17 years old or over.</p> <p>36a. Did -- work at any time last week or the week before?--For females add: Not counting work around the house.</p> <p>b. Even though -- did not work during those 2 weeks, does he have a job or business?</p> <p>c. Was he looking for work or on layoff from a job?</p> <p>d. Which -- looking for work or on layoff from a job?</p>		<p>1 <input type="checkbox"/> Yes - Go to 37a</p> <p>2 <input type="checkbox"/> No - Ask both b and c</p> <p>b. 1 <input type="checkbox"/> Yes - Ask c</p> <p>2 <input type="checkbox"/> No - Ask c</p> <p>c. 1 <input type="checkbox"/> Yes - Ask d</p> <p>2 <input type="checkbox"/> No - Omit d</p> <p>d. 1 <input type="checkbox"/> Looking</p> <p>2 <input type="checkbox"/> Layoff</p> <p>3 <input type="checkbox"/> Both</p>
<p>If "Yes" in 36c only, questions 37a through 37d apply to this person's LAST full-time civilian job.</p>	<p>Ask for all persons with a "Yes" in 36a, 36b, or 36c.</p> <p>37a. Who does (did) -- work for?</p> <p>b. What kind of business or industry is this?</p> <p>c. What kind of work is (was) -- doing?</p> <p>Fill 37d from entries in 37a-37c, if not clear, ask:</p> <p>d. Class of worker</p>	<p>37a. Employer</p> <p>b. Industry</p> <p>c. Occupation</p> <p>d. 0 <input type="checkbox"/> Pvt. pd. 3 <input type="checkbox"/> Own</p> <p>1 <input type="checkbox"/> Gov. Fed. 4 <input type="checkbox"/> Non-pd.</p> <p>2 <input type="checkbox"/> Gov. Oth. 5 <input type="checkbox"/> Nev. worked</p>
<p>INTERVIEWER CHECK ITEM:</p> <p>If person is under 17 years, or not in Labor Force (Q. 37 a-d blank) check "Not in Labor Force."</p> <p>If in Labor Force (Q. 37 filled) refer to Question 5e and make appropriate entry.</p> <p>Earlier you said that -- lost -- days from work during the past 2 weeks - (If self-employed, ask b; for other workers, ask a)</p> <p>38a. Was -- paid any wages by his employer for the days that he lost?</p> <p>b. Does -- have any insurance that pays him for the income he lost on these days?</p> <p>c. Did he receive his full day's pay for all of these -- days he lost?</p> <p>d. In total, how much income did -- lose because of the -- days he lost from work?</p> <p>e. Is this before or after taxes?</p> <p>f. How much does -- usually earn per week?</p> <p>g. Is this before or after taxes?</p> <p>h. Did -- receive this income for these days through a sick leave plan, loss-of-pay insurance, or some other way?</p>		<p>4 <input type="checkbox"/> Not in Labor Force or Under 17</p> <p>0 <input type="checkbox"/> No work-loss days-in LF</p> <p>Go to next person</p> <p>Work-loss days _____</p> <p>Go to 38a</p> <p>1 <input type="checkbox"/> Yes-Ask c</p> <p>2 <input type="checkbox"/> No-Ask b</p> <p>b. 1 <input type="checkbox"/> Yes-Ask c</p> <p>2 <input type="checkbox"/> No-Ask d</p> <p>c. 1 <input type="checkbox"/> Yes-Ask f</p> <p>2 <input type="checkbox"/> No-Ask d &amp; e</p> <p>d. \$ _____</p> <p>e. 1 <input type="checkbox"/> Before 2 <input type="checkbox"/> After</p> <p>f. \$ _____</p> <p>g. 1 <input type="checkbox"/> Before 2 <input type="checkbox"/> After</p> <p>h. 1 <input type="checkbox"/> Sick leave plan</p> <p>2 <input type="checkbox"/> Loss-of-pay insurance</p> <p>3 <input type="checkbox"/> Other - Specify _____</p>
<p>39. 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>39. Group</p> <p>1 <input type="checkbox"/> A 4 <input type="checkbox"/> D 7 <input type="checkbox"/> G</p> <p>2 <input type="checkbox"/> B 5 <input type="checkbox"/> E 8 <input type="checkbox"/> H</p> <p>3 <input type="checkbox"/> C 6 <input type="checkbox"/> F 9 <input type="checkbox"/> I</p> <p>10 <input type="checkbox"/> J</p>