1a. What is the name of the head of this household? — Enter name in first column.		Yes* No	1a.	First name ①		RACE

1a. What is the name of the head of this household? — Enter name in first column.
b. What are the names of all other persons who live here? — List all persons who live here.
c. I have listed (Read names.) Is there anyone else staying here now, such as friends, relatives, or roomers? ☐ ☐
d. Have I missed anyone who **USUALLY** lives here but is now away from home? . . . . ☐ ☐
e. Do any of the people in this household have a home anywhere else? . . . . ☐ ☐
   If any adult males listed, ask: * Apply household membership rules.
f. Are any of the persons in this household now on full-time
   active duty with the Armed Forces of the United States? . . . . ☐ Yes→Col(s) _____ *(Delete)* ☐ No

Yes* No | 1a. First name ① | RACE 1 W / 2 N / 3 OT
Last name | SEX 1 M / 2 F

2. How is —— related to —— (Head of household)?
3. How old was —— on his last birthday? — Enter Age and circle Race and Sex

2. Relationship HEAD
3. AGE

C

I. Record the number of Hospitalizations, Doctor Visits, and days lost from work when reported.

H	DV	WL
___(NP)	___(NP)	___(5e)
☐ None (NP)	☐ None (NP)	☐ None (5f)

II. Record each condition in the person's column, with the question number(s) where it was reported.

Q. No	Condition

If 17 years old or over, ask:
4. Is —— now married, widowed, divorced, separated, or never married? — Mark one box for each person

4.
0 ☐ Under 17   3 ☐ Never married
1 ☐ Married   4 ☐ Divorced
2 ☐ Widowed   5 ☐ Separated

H

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?

0 ☐ Under 19
1 ☐ At home
2 ☐ Not at home

(This survey is being conducted to collect information on the Nation's health. I will ask about visits to doctors and dentists, illness in the family, and other health related items.) (HAND CALENDAR)

The first few questions refer to the past two weeks, that is, the 2 weeks outlined in red on that calendar,

beginning Monday, _____ , and ending this past Sunday, _____ .

5a. During those two weeks, did —— stay in bed because of any illness or injury?

	WASHINGTON USE		
	BD	TLD	RAD

5a.
☐ Yes (5b)
☐ No ⎫ If age:
     ⎬ 17+ (5c)
____days ⎭ 6 – 16 (5d) / Under 6 (5f)

b. During that two-week period, how many days did —— stay in bed all or most of the day?

b.
____WL days ⎱ Item C
☐ None ⎰

c. During those two weeks, how many days did illness or injury keep —— from work? (For females): not counting work around the house.

c.
____SL days (5e)
☐ None (5f)

d. During those two weeks, how many days did illness or injury keep —— from school?

d.

If BOTH bed days AND work or school loss days, ask:
e. On how many of these —— days lost from { work / school } did —— stay in bed all or most of the day?

e.
____days ⎱ 5f
☐ None ⎰

f. (NOT COUNTING the day(s) { in bed / lost from work / lost from school })
Were there any (other) days during the past 2 weeks that —— had to cut down on the things he usually does because of his health?

f.
☐ Yes (5g)
☐ No (6)

g. (Again, not counting the day(s) { in bed / lost from work / lost from school })
How many days did he have to cut down for as much as a day?

g.
____days (6a)
☐ None (6)

If 1+ days in Q. 5, ask 6; otherwise go to next person.
6a. What condition caused —— to { stay in bed / miss work / miss school / cut down } during the past 2 weeks?

6a.
Enter condition in item C ask 6b

b. Did any other condition cause him to { stay in bed / miss work / miss school / cut down } during that period?

b.
☐ Yes (6c)
☐ No (NP)

c. What condition?

c.
Enter conditions in item C Reask 6b

7a. During the past 2 weeks, did anyone in the family go to a dentist?	☐ Yes *(7b and c)* ☐ No *(9)*	**7a.**
b. Who was this? — Mark "Dental visit," box in person's column.		**b.** ☐ Dental visit
c. During the past 2 weeks, did anyone else in the family visit a dentist?	☐ Yes *(Reask 7b and c)* ☐ No *(7d)*	
For each person with "Dental visit," ask: **d.** During the past 2 weeks, how many times did — visit a dentist?		**d.** ___No. of dental visits *(NP)*
If "Dental visit," ask: **8a.** For what (other) condition did — visit the dentist? — Enter condition in 8a.	☐ Exam. or cleaning ⎱ *(8b)* _____ ⎰	**8a.**
b. Did — visit the dentist for any { other / specific } condition?	☐ Yes *(8a)* ☐ No other *(8c)* ☐ No specific *(NP)*	**b.**
For each condition in 8a, ask: **c.** During the past 2 weeks was — sick because of his . . .?	☐ Yes *(Enter condition in Item C)* ⎱ *(NP or 8c)* ☐ No ⎰	**c.**
9a. Has anyone in the family been a patient in a hospital during the past 2 weeks?	☐ Yes *(9b and c)* ☐ No *(11)*	
b. Who was this? — Mark "In hospital" box in person's column.		**9b.** ☐ In hospital *(Item C)*
c. During the past 2 weeks, was anyone else a patient in a hospital?	☐ Yes *(Reask 9b and c)* ☐ No *(10)*	
If "In hospital," ask: **10a.** For what condition was — in the hospital?		*Enter condition in item C* **10a.**
b. While — was in the hospital did he talk to a doctor about any other condition?		☐ Yes *(10c)* ☐ No *(NP)* **b.**
c. What condition?		*Enter condition in item C* *Reask 10b and c* **c.**

NOTES

11. During the past 2 weeks (the 2 weeks outlined in red on that calendar) how many times has — seen a medical doctor? (Do not count the doctors he saw while he was in the hospital.)		**11.** ☐ None ⎱ *(NP)* ___Number of visits ⎰
(Besides those visits) **12a.** 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 *(12b and c)* ☐ No *(13)*	
b. Who was this? — Mark "Doctor visit" box in person's column.		**12b.** ☐ Doctor visit
c. Anyone else?	☐ Yes *(12b and c)* ☐ No *(12d)*	
If "Doctor visit," ask: **d.** How many times did — visit the doctor during that period?		**d.** ___Number of visits *(NP)*
13a. During that period, did anyone in the family get any medical advice from a doctor over the telephone?	☐ Yes *(13b and c)* ☐ No *(14)*	
b. Who was the phone call about? — Mark "Phone call" box in person's column.		**13b.** ☐ Phone call
c. Any calls about anyone else?	☐ Yes *(13b and c)* ☐ No *(13d)*	
If "Phone call," ask: **d.** How many telephone calls were made to get medical advice about —?		**d.** ___Number of calls *(NP)*
Make entry from Q.'s 11 — 13 in DV box for all persons. Ask Q. 14a for each person with visits in DV box. **14a.** For what condition did — see or talk to a doctor during the past 2 weeks?		☐ Condition *(Item C THEN 14d)* ☐ Pregnancy *(14e)* ☐ No condition *(14b)* **14a.**
b. Did — see or talk to a doctor about any specific condition?		**b.** ☐ Yes *(14c)* ☐ No *(NP)*
c. What condition?		*Enter condition in item C and ask 14d* **c.**
d. During that period, did — see or talk to a doctor about any other condition?		**d.** ☐ Yes *(14c)* ☐ No *(NP)*
e. During the past 2 weeks was — sick because of her pregnancy?		**e.** ☐ Yes *(14f)* ☐ No *(NP)*
f. What was the matter? — Anything else?		*Enter condition in item C (NP)* **f.**
INTERVIEWER CHECK ITEM Check one box OR ask Q. 15	Doctor visits in Q.'s 11-13 ————————————→ Hospitalized in past 2 weeks (Q. 9) and no visits in Q.'s 11-13 ——→	1 ☐ Doctor visits in Q.'s 11-13 *(NP)* 2 ☐ 2-week hospital stay and no doctor visits *(NP)* *(If neither, ask Q. 15)*

15. ABOUT how long has it been since —— saw or talked to a medical doctor?

(Estimate is acceptable. If less than 1 year. check appropriate "Months" box; if more than 1 year, enter number of whole years).

15.	3☐ Past 2 weeks not reported (Q.'s 11 and 14)
	4☐ 2 weeks — 6 months
	5☐ Over 6 — 12 months
	_____ Years 0☐ Never

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

16a. 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

b. Who was this? — Enter name of condition and letter of line where reported in appropriate persons column(s) in item C.

c. During the past 12 months has anyone else had . . . ?

	Yes	No
A. Gallstones?		
B. Any other gallbladder trouble?		
C. Hemorrhoids or piles?		
D. Cirrhosis of the liver?		
E. Fatty liver?		
F. Hepatitis?		

G. Yellow jaundice?			N. Gastritis?			U. Frequent constipation?		
H. Any other liver trouble?			O. Frequent indigestion?			V. Any other bowel trouble?		
I. Diabetes?			P. Any other stomach trouble?			W. Any other intestinal trouble?		
J. Any disease of the pancreas?			Q. Enteritis?			X. Cancer of the stomach, colon or rectum?		
K. Ulcer?			R. Diverticulitis?			Y. During the past 12 months has anyone in the family had any other condition of the digestive system? If "Yes," ask: Who was this? — What is the condition? (Enter in item C)		
L. Hernia or rupture?			S. Colitis?					
M. A disease of the esophagus?			T. Spastic colon?					

Ages 17 +	17a. What was —— doing MOST OF THE PAST 12 MONTHS (For males): working or doing something else? (For females): keeping house, working or doing something else? If "something else," ask: b. What was —— doing? If 45+ years and was not "working," "keeping house" or "going to school," ask: c. Is —— retired?	17. and 18.	1☐ Working (22) 2☐ Keeping house (22) 3☐ Retired (21) 4☐ Going to school (24) 5☐ 17+ something else (21) 6☐ 6-16 something else (23)
Ages 6 — 16	18a. What was —— doing MOST OF THE PAST 12 MONTHS — going to school or doing something else? If "something else," ask: b. What was —— doing?		
Ages 1 — 5	19a. Is —— able to take part at all in ordinary play with other children? b. Is he limited in the kind of play he can do because of his health? c. Is he limited in the amount of play because of his health?	19a. b. c.	☐ Yes(19b) 1☐ No (25) 2☐ Yes (25) ☐ No (19c) 2☐ Yes (25) 4☐ No (NP)
Ages Under 1 yr.	20a. Is —— limited in any way because of his health? b. In what way is he limited?	20a. b.	☐ Yes(20b) 4☐ No (NP) _____(25)
	21a. Does —— health keep him from working? b. Is he limited in the kind of work he COULD do because of his health? c. Is he limited in the amount of work he COULD do because of his health? d. Is he limited in the kind or amount of other activities because of his health?	21a. b. c. d.	1☐ Yes (25) ☐ No (21b) 2☐ Yes (25) ☐ No (21c) 2☐ Yes (25) ☐ No (21d) 3☐ Yes (25) 4☐ No (NP)
	22a. In terms of health, is —— PRESENTLY able to (work - keep house) at all? b. Is he limited in the kind of (work - housework) he can do because of his health? c. Is he limited in the amount of (work - housework) he can do because of his health? d. Is he limited in the kind or amount of other activities because of his health?	22a. b. c. d.	☐ Yes(22b) 1☐ No (25) 2☐ Yes (25) ☐ No (22c) 2☐ Yes (25) ☐ No (22d) 3☐ Yes (25) 4☐ No (NP)
	23. In terms of health, would —— be able to go to school?	23.	☐ Yes(24a) 1☐ No (25)
	24a. Does (would) —— have to go to a certain type of school because of his health? b. Is he (would he be) limited in school attendance because of his health? c. Is he limited in the kind or amount of other activities because of his health?	24a. b. c.	2☐ Yes (25) ☐ No (24b) 2☐ Yes (25) ☐ No (24c) 3☐ Yes (25) 4☐ No (NP)
	25a. What condition causes this limitation? If "old age," ask: Is this limitation caused by any specific condition? b. Is this limitation caused by any other conditions? c. What conditions? If 2+ conditions reported in 25, ask: d. Which of these conditions would you say is the MAIN cause of his limitation?	25a. b. c. d.	Enter condition in item C and ask 25b ☐ Old age only (NP) ☐ Yes(25c) ☐ No (25d) Enter condition in item C and reask 25b and c ☐ Only one condition Enter main condition

26a. Has -- been in a hospital at any time since _____ a year ago?	26a.	☐ Yes *(26b)* ☐ No *(Item C)*
b. How many times was -- in a hospital since _____ a year ago?	b.	_____ Times *(Item C)*
27a. Has anyone in the family been in a nursing home, convalescent home or similar place since _____ a year ago? ☐ Yes *(27b)* ☐ No *(28)*		
b. Who was this? – Mark "Yes" in person's column.	27b.	☐ Yes
For each "Yes" marked, ask: **c.** During that period, how many times was -- in a nursing home or similar place?	c.	_____ Times *(Item C)*

		Month	Day	Year
For each child 1 year old or under, ask: **28a.** When was -- born? If on or after the date stamped in 26, ask 28b.	28a.			

b. Was -- born in a hospital? If "Yes" and no hospitalizations entered in his and/or mother's column, enter "1" in 26 and item C. If "Yes" and a hospitalization is entered for the mother and/or baby, ask 28c.	b.	☐ Yes ☐ No
c. Is this hospitalization included in the number you gave me for --? If "No," correct entries in Q. 26 and item C for mother and/or baby.	c.	☐ Yes ☐ No

29. Not applicable – Use for footnotes

These next questions are about motor vehicle accidents, that is, accidents involving cars, trucks, buses, motor-cycles, and so forth. We are interested in all types of motor vehicle accidents even if no one was injured. **30a.** During the past 12 months, has -- been in a motor vehicle accident either as a (driver), passenger or pedestrian?	30a.	☐ Yes *(30b)* ☐ No *(NP)*
b. How many motor vehicle accidents has -- been in during the past 12 months?	b.	_____ Number of accidents

		Month	Day	Year
c. On what date(s) did the accident(s) happen?	c.			
	1.			
	2.			
	3.			

d. Was -- in any other motor vehicle accident during the past 12 months?	d.	☐ Yes *(30c and d)* ☐ No *(NP)*

For all persons 14 years of age and older, ask: **31a.** Has -- driven a motor vehicle during the past 12 months?	31a.	x0 ☐ Under 14 years *(NP)* ☐ Yes *(31b)* x1 ☐ No *(NP)*
b. How many years has -- been driving?	b.	00 ☐ Less than 1 year _____ Number of years
R **Q.5-31**	For persons 19 years old or over, show who responded for (or was present during the asking of) Q. 5-31. 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.	1 ☐ Responded for self-entirely 2 ☐ Responded for self-partly Person _____ was resp. ▢

DOCTOR VISITS (1)

1. Person number		First Visit	Dum.

Record each date on which a doctor was visited in a separate question 2a.

Earlier, you told me that -- had seen or talked to a doctor during the past 2 weeks.

2a. On what (other) dates during that 2-week period did -- visit or talk to a doctor?

Month	Day

Ask and record the answer to question 2b on the last set of Doctor Visits questions for each person.

b. Were there any other doctor visits for -- during that period?

☐ Yes *(Reask 2a and b)*   ☐ No *(Ask 3-6 for each visit)*

FOOTNOTES:

3. Where did -- see the doctor on the (date), at a doctor's office, a clinic or some other place? *(Mark one box)*

- X0 ☐ While inpatient in hospital *(STOP)*
- 01 ☐ Home
- 10 ☐ Telephone
- 20 ☐ Doctor's office
- 30 ☐ Pre-paid Ins. Group
- 40 ☐ Hospital Out-Patient Clinic
- 50 ☐ Hospital Emergency Room
- 60 ☐ Health Department
- 70 ☐ Company or Industry
- 80 ☐ Other *(Specify)*

4a. How much was the doctor's bill for that visit (call)?

Dollars	Cents

If bill not received, ask:
b. How much do you expect the doctor's bill to be for that visit (call)?

Dollars	Cents

5. Is the doctor a general practitioner or a specialist?

01 ☐ General Practitioner   ☐ Specialist
What kind of specialist is he? →

6a. Why did you visit (call) a doctor on (date)?

Write in and mark appropriate box(es)

- 1 ☐ Diag. or treatment *(6b)*
- 2 ☐ Pre or Post natal care *(Next DV)*
- 3 ☐ General check-up *(Next DV)*
- 4 ☐ Eye exam.(glasses)
- 5 ☐ Immunization
- 6 ☐ Other

(Next DV)

If 2 or more doctor visits for person and no condition reported in 6a, ask: Write in

b. For what condition did you visit the doctor on this date?

Washington Use

These next questions are about health insurance. We are interested in all kinds of HEALTH insurance plans except those which pay only for accidents.

32a. (Not counting Social Security Medicare)
Is anyone in the family covered by hospital insurance, that is, a health insurance plan which pays any part of a hospital bill?

☐ Yes   ☐ No *(32d)* | 32a.

b. Who (else) is covered by hospital insurance?
If all persons are covered, go to 32d

c. (Again not counting Medicare)
Is anyone else in the family covered by a health insurance plan which pays any part of a hospital bill?

☐ Yes *(32b)*   ☐ No | b,c. 8 ☐ Covered 0 ☐ Not covered

d. (Besides Medicare)
Is anyone in the family covered by any health insurance plan which pays any part of a surgeon's bill?

☐ Yes   ☐ No *(33)*

e. Who (else) is covered by surgical insurance?
If all persons are covered, go to 33

f. Is anyone else in the family covered by a health insurance plan (besides Medicare) which pays any part of a surgeon's bill?

☐ Yes *(32e)*   ☐ No | e,f. 8 ☐ Covered 0 ☐ Not covered

0 ☐ Under 65 *(NP)*

IF 65 OR OVER, ASK:

33. (These next questions are about Social Security Medicare.) Does -- have a Medicare card?

33. ☐ Yes *(NP)*   ☐ No *(NP)*

If "Yes" for one or more persons in Q. 33, ask:

34. It would be helpful if I could see --, --, Medicare card(s) to determine the coverage. May I please see this (these) card(s)?

(Transcribe the information from the card or check the appropriate "No card" box.)

34.
From card: 1 ☐ Hospital 2 ☐ Medical } NP
No card: 4 ☐ Can't loc. 5 ☐ Refused } NP
6 ☐ Other

For each person with BOTH "Hospital" and "Medical" boxes BLANK in Q. 34, ask:

35a. Is -- covered by that part of Social Security Medicare which pays for hospital bills?

35a. ☐ Yes   ☐ No

b. Is -- covered by that part of Medicare which pays for doctor's bills, that is, the Medicare plan for which he or some agency must pay $4.00 a month?

b. ☐ Yes *(NP)*   ☐ No *(NP)*

I For each person, check Q's 32 through 35 and determine if "Covered" by either insurance or Medicare or "Not covered."

0 ☐ Covered *(NP)* ☐ Not covered *(36)*

36. (Many people do not carry health insurance for various reasons). Would you mind telling me why -- does not have health insurance?

36.

(NP)

If 17 years old or over, ask:

☐ None *(38a)* ☐ Und. 17 *(NP)*
Elem: 1 2 3 4 5 6 7 8
High: 9 10 11 12
College: 1 2 3 4 5+

37a. What is the highest grade -- attended in school? | 37a.

b. Did -- finish the -- grade (year)? | b. ☐ Yes   ☐ No

Ask for all males 17 years or over:
38a. Did -- ever serve in the Armed Forces of the United States?

38a. ☐ Female *(NP)* ☐ Yes *(38b)* ☐ No *(NP)*

b. Was any of his service during a war? | b. ☐ Yes *(NP)* ☐ No ☐ DK } *(38c)*

c. Was any of his service between June 27, 1950, and January 31, 1955? | c. ☐ Yes *(NP)* ☐ No ☐ DK } *(38d)*

d. Was any of his service after January 31, 1955? | d. ☐ Yes ☐ No ☐ DK

Ask for all persons 17 years old or over:

39a. Did — work at any time last week or the week before — (For females): not counting work around the house?	39a.	1☐ Yes *(40a)* 0☐ Und.17 *(NP)* 2☐ No *(39b and c)*
b. Even though — did not work during these 2 weeks, does he have a job or business?	b.	1☐ Yes *(39c)* 2☐ No *(39c)*
c. Was he looking for work or on layoff from a job?	c.	☐ Yes *(39d)* ☐ No *(Omit 39d)*
d. Which — looking for work or on layoff from a job?	d.	1☐ Looking 3☐ Both 2☐ Layoff

If "Yes" in 39c only, questions 40a through 40d apply to this person's LAST full-time civilian job.	Ask for all persons with a "Yes" in 39a, b, or c. 40a. Who does (did) — work for?	40a.	Employer
	b. What kind of business or industry is this?	b.	Industry
	c. What kind of work is (was) — doing?	c.	Occupation
	Fill 40d from entries in 40a – 40c, if not clear, ask: d. Class of worker	d.	1☐ Pv't. pd. 4☐ Own 2☐ Gov. Fed. 5☐ Non-pd. 3☐ Gov. oth. 6☐ Nev. wkd.

INTERVIEWER CHECK ITEM	If under 17 years, or not in Labor Force (Q. 40a – d blank) —————————→	0☐ Not in Labor Force or Under 17 *(NP)*
	If in Labor Force (Q. 40 filled), refer to WL in item C and make appropriate entry.	In Labor Force: 1☐ No work-loss days *(NP)* ——— Work-loss days *(41)*

Earlier you said that — lost — days from work during the past 2 weeks — (If self-employed, ask c; for other workers, ask a) 41a. On how many of these — days that he lost from work was he paid any wages by his employer?	41a.	00☐ None *(41c)* ——— Days *(41b)*
b. On how many of these — days was he paid his full day's pay?	b.	00☐ None *(41c)* 15☐ All of them *(41g)* ——— Days *(41c)*
c. (In addition to this sick leave pay) Will — be paid for some of the income he lost on these days, through same (other) source, such as, loss of pay insurance, workman's compensation or State temporary disability insurance?	c.	☐ Yes *(41d)* ☐ No *(41e)*
d. Who will pay this? (Enter verbatim response)	d.	*(41e)*
e. How much income did he lose because of the — days lost from work?	e.	$ _____
f. Is this before or after taxes?	f.	1☐ Before 2☐ After
g. How much does — usually earn per week? If not regularly employed, ask: How much would — have earned in a week if he wasn't sick?	g.	$ _____
h. Is this before or after taxes?	h.	1☐ Before *(NP)* 2☐ After *(NP)*

42. 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, rent from property, and so forth.	42.	Group 0☐ A* 3☐ D* 6☐ G 7☐ H 1☐ B* 4☐ E* 8☐ I 2☐ C* 5☐ F 9☐ J

* For each family with A through E checked in question 42, ask: 43a. During the past 12 months, has anyone in the family (you, your —, etc.) received any public assistance, relief, or welfare money from State or local governments? ☐ Yes *(43b)* ☐ No *(Household page)*		
b. At present, are you or any member of your family receiving any of this aid? ☐ Yes *(43c)* ☐ No *(Household page)*		
c. Which family members receive this aid? Anyone else?	43c.	☐ Receives aid
If "Receives aid," ask: d. What kind of aid does — receive?	d.	