1. What is the name of the head of this household? Enter name in first column.
   a. First name
   b. Last name
   c. Relationship
   d. Age
   e. Race
   f. Sex

2. How is related to (Head of household)?
3. How old was on his last birthday? Enter Age and circle Race and Sex
4. Is now married, widowed, divorced, separated, or never married? Mark one box for each person
   a. Married
   b. Divorced
   c. Widowed
   d. Separated
   e. Never married

5. During those two weeks, did stay in bed because of any illness or injury?
   a. If yes, how many days did stay in bed all or most of the day?
   b. 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?
   c. How many days did he have to cut down for as much as a day?

6. What condition caused during the past 2 weeks?
   a. Enter condition in item C ask 6b
   b. Did any other condition cause him to during that period?
   c. What condition?

7. Record the number of Hospitalizations, Doctor Visits, and days lost from work when reported.
8. Record each condition in the person's column, with the question number(s) where it was reported.
7a. During the past 2 weeks, did anyone in the family go to a dentist?  
   - No (9)  
   - Yes (7b and c)  

b. Who was this? — Mark "Dental visit," box in person's column.  
   - Dental visit  

7c. During the past 2 weeks, did anyone else in the family visit a dentist?  
   - No (7d)  
   - Yes (Reask 7b and c)  

For each person with "Dental visit," ask:  
   d. During the past 2 weeks, how many times did — visit a dentist?  
      - No of dental visits (NP)  

If "Dental visit," ask:  
   e. Did visit the dentist for any other condition?  
      - No other condition (NP)  
      - Yes (Other condition in item C)  

NOTES  
1. 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.)  
   - None  
   - Number of visits (NP)  

(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?  
   - No (12b)  
   - Yes (12b and c)  

b. Who was this? — Mark "Doctor visit" box in person's column.  
   - Doctor visit  

12c. Anyone else?  
   - No (12d)  
   - Yes (12b and c)  

If "Doctor visit," ask:  
   d. How many times did — visit the doctor during that period?  
      - Number of visits (NP)  

13a. During that period, did anyone in the family get any medical advice from a doctor over the telephone?  
   - No (14)  
   - Yes (13b and c)  

b. Who was the phone call about? — Mark "Phone call" box in person's column.  
   - Phone call  

13b. Any calls about anyone else?  
   - No (13d)  
   - Yes (13b and c)  

If "Phone call," ask:  
   d. How many telephone calls were made to get medical advice about —?  
      - 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?  
   - No condition (NP)  
   - Yes (14c)  

b. Did — see or talk to a doctor about any specific condition?  
   - No (14d)  
   - Yes (14c)  

If "See or talk," ask:  
   c. What condition?  
   - Condition (Item C)  
   - No condition (14b)  

14b. During that period, did — see or talk to a doctor about any other condition?  
   - No (14b)  
   - Yes (14d)  

If "See or talk," ask:  
   d. During the past 2 weeks was — sick because of her pregnancy?  
   - No (14b)  
   - Yes (14c and d)  

If "Pregnancy," ask:  
   e. What was the matter? — Anything else?  
      - Condition (Item C)  
      - No condition (14b)  

Check one box OR ask Q. 15  

1. Doctor visits in Q.'s 11-13  
2. Ssick week hospital stay and no doctor visits (NP)  

(If neither, ask Q. 15)
15. ABOUT how long has it been since you or talked to a medical doctor?  
(Estimate is acceptable. If less than 1 year, check appropriate "Month" box; 
if more than 1 year, enter number of whole years).

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 . . . ?

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallstones?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any other gallbladder trouble?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hemorrhoids or piles?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cirrhosis of the liver?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fatty liver?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

G. Yellow jaundice?  
H. Any other liver trouble?  
I. Diabetes?  
J. Any disease of the pancreas?  
K. Ulcer?  
L. Hernia or rupture?  
M. A disease of the esophagus?  
N. Gastritis?  
O. Frequent indigestion?  
P. Any other stomach trouble?  
Q. Enteritis?  
R. Diverticulitis?  
S. Colitis?  
T. Spastic colon?  
U. Frequent constipation?  
V. Any other bowel trouble?  
W. Any other intestinal trouble?  
X. Cancer of the stomach, colon or rectum?  
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)

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?

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?

20a. Is limited in any way because of his health?

b. In what way is he limited?

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?

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?

23. In terms of health, would be able to go to school?

24a. Does (would) have to go to (I certain type of school because of his health?

b. Is he limited in school attendance because of his health?

c. Is he limited in the kind or amount of other activities because of his health?

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?

[Table with options]

c. What conditions?

If 2+ conditions reported in 25, ask:

[Table with options]

d. Which of these conditions would you say is the MAIN cause of his limitation?
26a. Has —— been in a hospital at any time since a year ago?

b. How many times was — in a hospital since a year ago?

<table>
<thead>
<tr>
<th></th>
<th>Yes (27a)</th>
<th>No (28)</th>
</tr>
</thead>
</table>

27a. Has anyone in the family been in a nursing home, convalescent home or similar place since a year ago?

b. Who was this? — Mark "Yes" in person's column.

c. During that period, how many times was — in a nursing home or similar place?

<table>
<thead>
<tr>
<th></th>
<th>Yes (27b)</th>
<th>No (28)</th>
</tr>
</thead>
</table>

28a. When was — born? If on or after the date stamped in 26, ask 28b.

b. Was born in a hospital?

c. Is this hospitalization included in the number you gave me for —?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

29. Not applicable — Use for footnotes

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.

30a. During the past 12 months, has —— been in a motor vehicle accident either as a (driver), passenger or pedestrian?

b. How many motor vehicle accidents has —— been in during the past 12 months?

c. On what date(s) did the accident(s) happen?

d. Was —— in any other motor vehicle accident during the past 12 months?

|  | Yes (30a and d) | No (NP) |

31a. Has —— driven a motor vehicle during the past 12 months?

b. How many years has —— been driving?

|  | Under 14 years (NP) | 14 or older (NP) | Less than 1 year | 1 Year or over |

R 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 in "at home" but did not respond for self, enter the reason in a footnote.
DOCTOR VISITS (1)

1. Person number

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

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

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

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

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

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
</tr>
</thead>
</table>

3. Where did —— see the doctor on (the)(date), at a doctor's office, a clinic or some other place?

- [ ] While inpatient in hospital (Specify)
- [ ] Doctor's office
- [ ] Pre-paid ins. Group
- [ ] Company or Industry
- [ ] Hospital Out-Patient Clinic
- [ ] Hospital Emergency Room

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

b. How much do you expect the doctor's bill to be for that visit (call)?

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

- [ ] General Practitioner
- [ ] Specialist

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

- [ ] Diag. or treatment (6A)
- [ ] Eye exam (glances)
- [ ] Pre or Post natal care (Next DV)
- [ ] General check-up (Next DV)
- [ ] Other

Write in and mark appropriate boxes.

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

c. (Again not counting Medicare)

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

For each person, check Q's 32 through 35 and determine if "Covered" by any 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?

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

32b. (Not counting Social Security Medicare)
   Is anyone in the family covered by surgical insurance?

   - [ ] Yes
   - [ ] No

32c. (Not counting Social Security Medicare)
   Is anyone in the family covered by a health insurance plan which pays any part of a surgeon's bill?

   - [ ] Yes
   - [ ] No

32d. Is anyone else in the family covered by a health insurance plan which pays any part of a surgeon's bill?

   - [ ] Yes
   - [ ] No

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

   - [ ] Yes (NP)
   - [ ] No (NP)

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

   - [ ] Covered
   - [ ] Not covered

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

   - [ ] Yes
   - [ ] No

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

   - [ ] No
   - [ ] Yes (NP)
   - [ ] No (NP)

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

b. Did —— finish the —— grade (year)?

<table>
<thead>
<tr>
<th>Grade</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

Ask for all males 17 years or over:

38a. Did —— ever serve in the Armed Forces of the United States?

b. Was any of his service during a war?

c. Was any of his service between June 27, 1950, and January 31, 1955?

d. Was any of his service after January 31, 1955?
**Interviewer Check Item**

If under 17 years, or not in Labor Force (Q. 40a - d blank)

If in Labor Force (Q. 40 filled), refer to WL in item C and make appropriate entry.

Earlier you said that work of --- lost days from work during the past 2 weeks

- (If self-employed, ask question (If other workers, ask 40a)

41a. On how many of these --- days that he lost from work was he paid any wages by his employer?

41b. On how many of these --- days was he paid his full day's pay?

41c. (In addition to this sick leave pay) Will be paid for some of the income he lost on these days, through some (other) source, such as, loss of pay insurance, workers' compensation or state temporary disability insurance?

41d. Who will pay this? (Enter verbatim response)

41e. How much income did he lose because of the --- days lost from work?

41f. Is this before or after taxes?

42a. Which of these income groups represents your total combined family income for the past 12 months - that is yours, your ---', etc.? (Show Card D) Include income from all sources such as wages, salaries, social security or retirement benefits, help from relatives, rent from property, and so forth.

42b. At present, are you or any member of your family receiving any of this aid?

42c. Which family members receive this aid? Anyone else?

42d. What kind of aid does --- receive?