

<p>1a. What is the name of the head of this household? — Enter name in first column. Yes* No</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: 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 → Col(s) _____ (Delete) <input type="checkbox"/> No * Apply household membership rules.</p>	<p>1a. First name ① _____</p> <p>Last name _____</p>	<p>RACE 1 W 2 N 3 OT</p> <p>SEX 1 M 2 F</p> <p>AGE</p>																												
<p>2. How is --- related to --- (Head of household)?</p> <p>3. How old was --- on his last birthday? — Enter Age and circle Race and Sex</p>	<p>2. Relationship HEAD</p> <p>3. HEAD</p>																													
<p>C</p> <p>1. Record the number of Hospitalizations, and Doctor Visits.</p> <p>2. Record each condition in the person's column, with the question number(s) where it was reported.</p>	<table border="1"> <tr> <td>Hosp.</td> <td>Dr. visits</td> </tr> <tr> <td>____ (NP)</td> <td>____ (NP)</td> </tr> <tr> <td><input type="checkbox"/> None (NP)</td> <td><input type="checkbox"/> None (NP)</td> </tr> </table> <table border="1"> <thead> <tr> <th>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> <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>	Hosp.	Dr. visits	____ (NP)	____ (NP)	<input type="checkbox"/> None (NP)	<input type="checkbox"/> None (NP)	Q. no.	Condition																					
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<p>If 17 years old or over, ask: 4. Is --- now married, widowed, divorced, separated, or never married? — Mark one box for each person</p>	<p>4.</p> <p>0 <input type="checkbox"/> Under 17 3 <input type="checkbox"/> Never married</p> <p>1 <input type="checkbox"/> Married 4 <input type="checkbox"/> Divorced</p> <p>2 <input type="checkbox"/> Widowed 5 <input type="checkbox"/> Separated</p>																													
<p>H</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?</p> <p>If other eligible respondents are at home, ask: Would you please ask ---, ---, etc., to join us?</p>	<p>0 <input type="checkbox"/> Under 19</p> <p>1 <input type="checkbox"/> At home</p> <p>2 <input type="checkbox"/> Not at home</p>																													
<p>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)</p> <p>The first few questions refer to the past 2 weeks, that is, the 2 weeks outlined in red on that calendar, beginning Monday, _____, and ending this past Sunday, _____.</p> <p>5a. During those 2 weeks, did --- stay in bed because of any illness or injury? _____</p> <p>b. During that 2-week period, how many days did --- stay in bed all or most of the day? _____</p> <p>c. During those 2 weeks, how many days did illness or injury keep --- from work? (If females): not counting work around the house. _____</p> <p>d. During those two weeks, how many days did illness or injury keep --- from school? _____</p> <p>If BOTH bed days AND work or school loss days, ask: e. On how many of these --- days lost from <table style="display: inline-table; vertical-align: middle;"><tr><td style="border: 1px solid black; padding: 2px;">work</td></tr><tr><td style="border: 1px solid black; padding: 2px;">school</td></tr></table> did --- stay in bed all or most of the day? _____</p> <p>f. (NOT COUNTING the day(s) <table style="display: inline-table; vertical-align: middle;"><tr><td style="border: 1px solid black; padding: 2px;">in bed</td></tr><tr><td style="border: 1px solid black; padding: 2px;">lost from work</td></tr><tr><td style="border: 1px solid black; padding: 2px;">lost from school</td></tr></table>) Were there any (other) days during the past 2 weeks that --- cut down on the things he usually does because of illness or injury? _____</p> <p>g. (Again, not counting the day(s) <table style="display: inline-table; vertical-align: middle;"><tr><td style="border: 1px solid black; padding: 2px;">in bed</td></tr><tr><td style="border: 1px solid black; padding: 2px;">lost from work</td></tr><tr><td style="border: 1px solid black; padding: 2px;">lost from school</td></tr></table>) During that period, how many days did he cut down for as much as a day? _____</p>	work	school	in bed	lost from work	lost from school	in bed	lost from work	lost from school	<p>5a. <input type="checkbox"/> Yes (5b) <input type="checkbox"/> No</p> <p>b. _____ Days } If age: 17+ (5c) 6 - 16 (5d) Under 6 (5f)</p> <p>c. _____ WL days (5e) <input type="checkbox"/> None (5f)</p> <p>d. _____ SL days (5e) <input type="checkbox"/> None (5f)</p> <p>e. _____ Days } (5f) <input type="checkbox"/> None</p> <p>f. <input type="checkbox"/> Yes (5g) <input type="checkbox"/> No (5f)</p> <p>g. _____ Days (5g) <input type="checkbox"/> None (5f)</p>																					
work																														
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<p>If 1+ days in Q. 5, ask 6; otherwise go to next person.</p> <p>6a. What condition caused --- to <table style="display: inline-table; vertical-align: middle;"><tr><td style="border: 1px solid black; padding: 2px;">stay in bed</td></tr><tr><td style="border: 1px solid black; padding: 2px;">miss work</td></tr><tr><td style="border: 1px solid black; padding: 2px;">miss school</td></tr><tr><td style="border: 1px solid black; padding: 2px;">cut down</td></tr></table> during the past 2 weeks? _____</p> <p>b. Did any other condition cause him to <table style="display: inline-table; vertical-align: middle;"><tr><td style="border: 1px solid black; padding: 2px;">stay in bed</td></tr><tr><td style="border: 1px solid black; padding: 2px;">miss work</td></tr><tr><td style="border: 1px solid black; padding: 2px;">miss school</td></tr><tr><td style="border: 1px solid black; padding: 2px;">cut down</td></tr></table> during that period? _____</p> <p>c. What condition? _____</p>	stay in bed	miss work	miss school	cut down	stay in bed	miss work	miss school	cut down	<p>6a. Enter condition in Item C Ask 6b</p> <p>b. <input type="checkbox"/> Yes (6c) <input type="checkbox"/> No (NP)</p> <p>c. Enter conditions in Item C Reask 6b</p>																					
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7a. During the past 2 weeks, did anyone in the family, (that is you, your —, etc.) go to a dentist? ----- ----- -----	<input type="checkbox"/> Yes (7b and c) <input type="checkbox"/> No (9)		
b. Who was this? — Mark "Dental visit," box in person's column. ----- -----		7b.	<input type="checkbox"/> Dental visit
c. During the past 2 weeks, did anyone else in the family go to a dentist? ----- -----	<input type="checkbox"/> Yes (Reask 7b and c) <input type="checkbox"/> No		
For each person with "Dental visit," ask: d. During the past 2 weeks, how many times did — go to dentist? ----- -----		d.	___ No. of dental visits (NP)
If "Dental visit," ask: 8a. For what (other) condition did — see the dentist? — Enter condition in 8a. ----- -----		8a.	<input type="checkbox"/> Exam. or cleaning } (8b) -----
b. Did — see the dentist for any { other specific condition? ----- -----		b.	<input type="checkbox"/> Yes (8a) <input type="checkbox"/> No other (8c) <input type="checkbox"/> No specific (NP)
For each condition in 8a, ask: c. During the past 2 weeks was — sick because of his . . . ? ----- -----		c.	<input type="checkbox"/> Yes (Enter condition in item C) (NP or 8c) <input type="checkbox"/> No
INTERVIEWER CHECK ITEM			1 <input type="checkbox"/> 2 week dental visit (9b) <input type="checkbox"/> No dental visit (9a)
9a. ABOUT how long has it been since — went to a dentist? Estimate is acceptable. If less than 1 year, mark appropriate box. ----- -----		9a.	2 <input type="checkbox"/> Past 2 weeks not reported (Q's 7 and 8) 3 <input type="checkbox"/> 2 weeks — 6 months 4 <input type="checkbox"/> Over 6 — 12 months ___ Years (NP) 0 <input type="checkbox"/> Never (NP)
b. During the past 12 months, about how many times did — go to a dentist? ----- -----		b.	___ Number of visits (NP)
10a. Was anyone in the family a patient in a hospital during the past 2 weeks? ----- -----	<input type="checkbox"/> Yes (10b and c) <input type="checkbox"/> No (12)		
b. Who was this? — Mark "In hospital" box in person's column. ----- -----		10b.	<input type="checkbox"/> In hospital (item C)
c. During the 2 weeks, was anyone else a patient in a hospital? ----- -----	<input type="checkbox"/> Yes (Reask 10b and c) <input type="checkbox"/> No		
If "In hospital," ask: 11a. For what condition was — in the hospital? ----- -----		11a.	Enter condition in item C
b. While — was in the hospital did he talk to a doctor about any other condition? ----- -----		b.	<input type="checkbox"/> Yes <input type="checkbox"/> No (NP)
c. What condition? ----- -----		c.	Enter condition in item C Reask 11b
NOTES			
12. During the past 2 weeks (the 2 weeks outlined in red on that calendar) how many times did — see a medical doctor? (Do not count the doctors he saw while he was in the hospital.) (Besides those visits)		12.	<input type="checkbox"/> None } (NP) ___ Number of visits
13a. During that 2-week period did anyone in the family go to a doctor's office or clinic for shots, X-rays, tests, or examinations? ----- -----	<input type="checkbox"/> Yes (13b and c) <input type="checkbox"/> No (14)		
b. Who was this? — Mark "Doctor visit" box in person's column. ----- -----		13b.	<input type="checkbox"/> Doctor visit
c. Anyone else? ----- -----	<input type="checkbox"/> Yes (13b and c) <input type="checkbox"/> No (13d)		
If "Doctor visit," ask: d. How many times did — visit the doctor during that period? ----- -----		d.	___ Number of visits (NP)
14a. During that period, did anyone in the family get any medical advice from a doctor over the telephone? ----- -----	<input type="checkbox"/> Yes (14b and c) <input type="checkbox"/> No (15)		
b. Who was the phone call about? — Mark "Phone call" box in person's column. ----- -----		14b.	<input type="checkbox"/> Phone call
c. Any calls about anyone else? ----- -----	<input type="checkbox"/> Yes (14b and c) <input type="checkbox"/> No (14d)		
If "Phone call," ask: d. How many telephone calls were made to get medical advice about —? ----- -----		d.	___ Number of calls (NP)

Fill item C, (Dr. visits), from Q.'s 12-14 for all persons. Ask Q. 15a for each person with visits in Dr. visit box.		<input type="checkbox"/> Condition (item C, THEN 15d) <input type="checkbox"/> Pregnancy (15e) <input type="checkbox"/> No condition	
15a. For what condition did --- see or talk to a doctor during the past 2 weeks?		15a.	
b. Did --- see or talk to a doctor about any specific condition?		b. <input type="checkbox"/> Yes <input type="checkbox"/> No (NP)	
c. What condition?		c. Enter condition in item C and ask 15d	
d. During that period, did --- see or talk to a doctor about any other condition?		d. <input type="checkbox"/> Yes (15c) <input type="checkbox"/> No (NP)	
e. During the past 2 weeks was --- sick because of her pregnancy?		e. <input type="checkbox"/> Yes <input type="checkbox"/> No (NP)	
f. What was the matter? - Anything else?		f. Enter condition in item C (NP)	
INTERVIEWER CHECK ITEM		1 <input type="checkbox"/> Doctor visits in Q.'s 12 - 14 (16b) 2 <input type="checkbox"/> 2-week hospital stay and no doctor visits (16b) <input type="checkbox"/> No visit reported (16a)	
16a. ABOUT how long has it been since --- saw or talked to a medical doctor?		16a.	
b. During the past 12 months, about how many times did --- see or talk to a medical doctor, not counting doctors seen while a patient in a hospital?		3 <input type="checkbox"/> Past 2 weeks not reported (Q.'s 12 and 15) 4 <input type="checkbox"/> 2 weeks - 6 months 5 <input type="checkbox"/> Over 6 - 12 months --- Years (NP) 0 <input type="checkbox"/> Never (NP) <input type="checkbox"/> Only when in hospital --- Number of visits (NP)	
17. INTERVIEWER: READ CARDS A and B		READ CARDS A and B	
Enter name of condition and "17" in item C in appropriate person's column.			
Ages 17 +	18a. What was --- doing most of the past 12 months - (For males): 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?	18 and 19	1 <input type="checkbox"/> Working (NP-23) 2 <input type="checkbox"/> Keeping house (NP-23) 3 <input type="checkbox"/> Retired (NP-22) 4 <input type="checkbox"/> Going to school (NP-25) 5 <input type="checkbox"/> 17+ something else (NP-22) 6 <input type="checkbox"/> 6-16 something else (NP-24)
Ages 6 - 16	19a. What was --- doing most of the past 12 months - going to school or doing something else? If "something else," ask: b. What was --- doing?		0 <input type="checkbox"/> 1-5 yrs. (NP-20) 0 <input type="checkbox"/> Under 1 (NP-21)
Ages under 6			
	20a. 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. <input type="checkbox"/> Yes <input type="checkbox"/> No (27) b. 2 <input type="checkbox"/> Yes (27) <input type="checkbox"/> No c. 2 <input type="checkbox"/> Yes (27) <input type="checkbox"/> No (26)	
	21a. Is --- limited in anyway because of his health? b. In what way is he limited?	21a. <input type="checkbox"/> Yes <input type="checkbox"/> No (NP) b. _____ (27)	
	22a. 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. 1 <input type="checkbox"/> Yes (27) <input type="checkbox"/> No b. 2 <input type="checkbox"/> Yes (27) <input type="checkbox"/> No c. 2 <input type="checkbox"/> Yes (27) <input type="checkbox"/> No d. 3 <input type="checkbox"/> Yes (27) <input type="checkbox"/> No (26)	
	23a. In terms of health, is --- 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?	23a. <input type="checkbox"/> Yes <input type="checkbox"/> No (27) b. 2 <input type="checkbox"/> Yes (27) <input type="checkbox"/> No c. 2 <input type="checkbox"/> Yes (27) <input type="checkbox"/> No d. 3 <input type="checkbox"/> Yes (27) <input type="checkbox"/> No (26)	
	24. In terms of health would --- be able to go to school? 25a. 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?	24. <input type="checkbox"/> Yes <input type="checkbox"/> No (27) 25a. 2 <input type="checkbox"/> Yes (27) <input type="checkbox"/> No b. 2 <input type="checkbox"/> Yes (27) <input type="checkbox"/> No c. 3 <input type="checkbox"/> Yes (27) <input type="checkbox"/> No (26)	
	26a. Is --- limited in ANY WAY because of a disability or health? b. In what way is he limited?	26a. 4 <input type="checkbox"/> Yes <input type="checkbox"/> No (NP) b. Record verbatim response	

<p>27. About how long has he } been limited in . . . been unable to . . . had to go to a certain type of school?</p>	<p>27. <input type="checkbox"/> Less than 1 month ____ Mos. ____ Yrs.</p>
<p>28a. What (other) condition causes this limitation? If "old age" only, ask: Is this limitation caused by any specific condition? ----- b. Is this limitation caused by any other condition? ----- If 2+ conditions reported in Q. 28a, ask: c. Which of these conditions would you say is the MAIN cause of his limitation?</p>	<p>28a. Enter condition in item C and ask b <input type="checkbox"/> Old age only (NP) <input type="checkbox"/> Yes (Reask a and b) <input type="checkbox"/> No b. <input type="checkbox"/> Only 1 condition (NP) c. Enter main condition (NP)</p>
<p>29a. Was --- a patient in a hospital at any time since _____ a year ago? b. How many times was --- in a hospital since _____ a year ago?</p>	<p>29a. <input type="checkbox"/> Yes (29b) <input type="checkbox"/> No (item C) b. ____ Times (item C)</p>
<p>30a. Was anyone in the family in a nursing home, convalescent home or similar place since _____ a year ago? <input type="checkbox"/> Yes <input type="checkbox"/> No (32) b. Who was this? - Mark "Yes" in person's column. For each "Yes" marked, ask: c. During that period, how many times was --- in a nursing home or similar place?</p>	<p>30b. <input type="checkbox"/> Yes c. ____ Times (item C)</p>
<p>For each child 1 year old or under, ask: 31a. When was --- born? If on or after the date stamped in 29, ask 31b. b. Was --- born in a hospital? If "Yes" and no hospitalizations entered in his and/or mother's column, enter "1" in 29 and item C. If "Yes" and a hospitalization is entered for the mother and/or baby, ask 31c for each. c. Is this hospitalization included in the number you gave me for --- ? If "No," correct entries in Q. 29 and item C for mother and/or baby.</p>	<p>31a. Month Day Year b. <input type="checkbox"/> Yes <input type="checkbox"/> No (NP) c. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>32a. Does anyone in the family (that is you, your ---, etc.) stay in bed all or most of the time because of health? <input type="checkbox"/> Yes <input type="checkbox"/> No (33) b. Who is this? c. Does anyone else in the family stay in bed? <input type="checkbox"/> Yes (Reask b) <input type="checkbox"/> No</p>	<p>32b. 1 <input type="checkbox"/> Stays in bed</p>
<p>33a. (Besides ---) Does anyone stay in the house all or most of the time because of health? <input type="checkbox"/> Yes <input type="checkbox"/> No (34) b. Who is this? c. Does anyone else stay in the house? <input type="checkbox"/> Yes (Reask b) <input type="checkbox"/> No</p>	<p>33b. 2 <input type="checkbox"/> Stays in the house</p>
<p>34a. (Besides ---) Does anyone need help getting around inside or outside the house either from another person or from a special aid, such as a cane or wheelchair? <input type="checkbox"/> Yes <input type="checkbox"/> No (35) b. Who is this? c. Does anyone else need the help of another person or special aid? <input type="checkbox"/> Yes (Reask b) <input type="checkbox"/> No</p>	<p>34b. 3 <input type="checkbox"/> Needs help getting around</p>
<p>35a. (Besides ---) Does anyone have trouble in getting around freely by himself? <input type="checkbox"/> Yes <input type="checkbox"/> No (36) b. Who is this? c. Does anyone else have trouble in getting around freely by himself? <input type="checkbox"/> Yes (Reask b) <input type="checkbox"/> No</p>	<p>35b. 4 <input type="checkbox"/> Has trouble getting around freely</p>
<p>Ask for each person with a limitation reported in questions 32-35: 36a. About how long has --- } had to remain in bed? had to stay in the house? needed help in getting around inside or outside the house? had trouble in getting around freely by himself? b. What (other) condition causes this? If "old age" only, ask: Is this caused by any specific condition? ----- c. Is this caused by any other condition? ----- If 2+ conditions reported in Q. 36b, ask: d. Which of these conditions would you say is the MAIN cause of his limitation?</p>	<p>36a. <input type="checkbox"/> Less than 1 month ____ Months ____ Years b. Enter condition in item C and ask c <input type="checkbox"/> Old age only (NP) c. <input type="checkbox"/> Yes (Reask b and c) <input type="checkbox"/> No <input type="checkbox"/> Only 1 condition (NP) d. Enter main condition (NP)</p>

37a. Does anyone in the family now use any of the following special aids -

- | | Yes | No |
|--|-----|----|
| 1. An artificial arm? | | |
| 2. An artificial leg? | | |
| 3. A brace of any kind? | | |
| 4. Crutches? | | |
| 5. A cane or walking stick? | | |
| 6. Special shoes? | | |
| 7. A wheel chair? | | |
| 8. A walker? | | |
| 9. Any other kind of aid for getting around? | | |
- If "Yes," specify: 7

b. Who is this? Enter in Table SA _____

c. Anyone else?

Table SA

Person No. (a)	Type of aid (b)	If 1-6 in (b), ASK: Does he use one or two ____ (at a time)? (c)		If 3-9 in (b) ASK: For what condition does he need this ____? (item C) (d)	
		1 <input type="checkbox"/>	2 <input type="checkbox"/>	Other _____	
		1 <input type="checkbox"/>	2 <input type="checkbox"/>	Other _____	
		1 <input type="checkbox"/>	2 <input type="checkbox"/>	Other _____	
		1 <input type="checkbox"/>	2 <input type="checkbox"/>	Other _____	

R
Q.'s 5-37

For persons 19 years old or over, show who responded for (or was present during the asking of) Q.'s 5-37. 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.

FOOTNOTES

If 17 years old or over, ask:		00 <input type="checkbox"/> None (39a) <input type="checkbox"/> Und. 17 (NP) Elem 1 2 3 4 5 6 7 8 High 9 10 11 12 College: 1 2 3 4 5+
38a. What is the highest grade -- attended in school?		38a.
b. Did -- finish the -- grade (year)?		b. <input type="checkbox"/> Yes <input type="checkbox"/> No
Ask for all males 17 years or over:		
39a. Did -- ever serve in the Armed Forces of the United States?		39a. <input type="checkbox"/> Yes 1 <input type="checkbox"/> No (40)
b. Was any of his service during a war?		b. <input type="checkbox"/> Yes (40) <input type="checkbox"/> DK
c. Was any of his service between June 27, 1950, and January 31, 1955?		c. <input type="checkbox"/> Yes (40) <input type="checkbox"/> DK
d. Was any of his service after January 31, 1955?		d. <input type="checkbox"/> Yes <input type="checkbox"/> DK (40)
e. Was any of his service after August 4, 1964?		e. <input type="checkbox"/> No (40) <input type="checkbox"/> DK
Ask for all persons 17 years old or over:		
40a. Did -- work at any time last week or the week before -- (For females): not counting work around the house?		40a. 1 <input type="checkbox"/> Yes (41a) 2 <input type="checkbox"/> No
b. Even though -- did not work during these 2 weeks, does he have a job or business?		b. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
c. Was he looking for work or on layoff from a job?		c. <input type="checkbox"/> Yes <input type="checkbox"/> No (Omit 40d)
d. Which -- looking for work or on layoff from a job?		d. 1 <input type="checkbox"/> Looking 2 <input type="checkbox"/> Layoff 3 <input type="checkbox"/> Both
If "Yes in 40c only, questions 41a through 41d apply to this person's LAST full-time civilian job.	Ask for all persons with a "Yes" in 40a, b, or c.	
	41a. Who does (did) -- work for?	41a. Employer
	b. What kind of business or industry is this?	b. Industry
	c. What kind of work is (was) -- doing?	c. Occupation
Fill 41d from entries in 41a-41c, if not clear, ask:		
d. Class of worker		d. 1 <input type="checkbox"/> Pvt. pd. 4 <input type="checkbox"/> Own 2 <input type="checkbox"/> Gov. Fed. 5 <input type="checkbox"/> Non-pd. 3 <input type="checkbox"/> Gov. oth. 6 <input type="checkbox"/> Nev. wkd.
Please look at this card --		
42. Which of these income groups represents your total combined family income for the past 12 months -- that is yours, your --'s, etc.? 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 <input type="checkbox"/> A* 3 <input type="checkbox"/> D* 6 <input type="checkbox"/> G 1 <input type="checkbox"/> B* 4 <input type="checkbox"/> E* 7 <input type="checkbox"/> H 2 <input type="checkbox"/> C* 5 <input type="checkbox"/> F 9 <input type="checkbox"/> 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?	<input type="checkbox"/> Yes (43b) <input type="checkbox"/> No (check item)	
b. At present, are you or any member of your family receiving any of this aid?	<input type="checkbox"/> Yes (43c) <input type="checkbox"/> No (check item)	
43c. Which family members receive this aid? Anyone else?		43c. <input type="checkbox"/> Receives aid
d. What kind of aid does -- receive?		d.
SUPPLEMENT CHECK ITEM		
Fill an Arthritis Supplement for each person for whom one or more of the following conditions has been reported:		
1. Arthritis	4. Dermatomyositis	7. Psoriatic arthritis
2. Lupus erythematosus	5. Polyarteritis	8. Rheumatism
3. Scleroderma	6. Periarteritis	9. Gout
Number of Arthritis Supplements required _____ <input type="checkbox"/> None (Fill all required supplements)		
FOOTNOTES		