	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? .... ☐ ☐

* Apply household membership rules.

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? .... Y ⟶ Col(s). _____ (Delete)   N

	RACE
First name ①	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. 3.	Relationship HEAD	AGE

C

1. Record the number of Doctor Visits and Hospitalizations.

DR. VISITS	HOSP.
_____ (NP)	_____ (NP)

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

Reference dates

2-week period _____ , _____ .

Dentist and Doctor visit probe _____

Hospital probe _____

X-ray probe _____

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 ☐ Nev. married
	1 ☐ Married 4 ☐ Divorced
	2 ☐ Widowed 5 ☐ Separated

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 next few questions refer to the past 2 weeks, the 2 weeks outlined in red on that calendar, beginning Monday, _____(date)_____ , and ending this past Sunday, _____(date)_____ .

5a. During those 2 weeks, did —— stay in bed because of any illness or injury?

5a.	Y (5b)
	00 N If age: 17+(5c) 6—16 (5d) Under 6 (5f)

b. During that 2-week period, how many days did —— stay in bed all or most of the day?

b.	____ Days

c. During those 2 weeks, how many days did illness or injury keep —— from work? (For females): not counting work around the house.

c.	____ WL days (5e)
	00 ☐ None (5f)

d. During those 2 weeks, how many days did illness or injury keep —— from school?

d.	____ SL days (5e)
	00 ☐ None (5f)

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)
	00 ☐ 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 —— cut down on the things he usually does because of illness or injury?

f.	1 Y (5g)
	2 N (6)

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

g.	____ Days (6a)
	00 ☐ 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.	Y (6c)
	N (NP)

c. What condition?

c.	Enter conditions in Item C Reask 6b

FOOTNOTES

7a. During the past 2 weeks, did anyone in the family, (that is you, your —, etc.) go to a dentist? Y *(7b and c)* N *(9)*		
b. Who was this? — Mark "Dental visit," box in person's column.	7b.	☐ Dental visit
c. During the past 2 weeks, did anyone else in the family go to a dentist? Y *(Reask 7b and c)* N		
For each person with "Dental visit," ask: d. During the past 2 weeks, how many times did — go to a 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.	☐ Exam. or cleaning } *(8b)* _____
b. Did — see the dentist for any { other / specific } condition?	b.	Y *(8a)* ☐ No other *(8c)* ☐ No specific *(NP)*
For each condition in 8a, ask: c. During the past 2 weeks was — sick because of his . . .?	c.	Y *(Enter condition in item C)* } *(NP or 8c)* N
Do not ask for children 1 yr. old and under. 9a. During the past 12 months, (that is, since _(date)_ a year ago,) about how many visits did — make to a dentist? (Include the — visits you already told me about.)	9a.	_____ Number of visits
b. ABOUT how long has it been since — last went to a dentist?	b.	1 ☐ 2 week dental visit 2 ☐ Past 2 weeks not reported *(Q.'s 7 and 8)* 3 ☐ 2 weeks — 6 months 4 ☐ Over 6 —12 months 5 ☐ 1 year 6 ☐ 2 — 4 years 7 ☐ 5+ years 8 ☐ Never

FOOTNOTES

10. During the past 2 weeks (the 2 weeks outlined in red on that calendar) how many times did —— see a medical doctor?	10.	☐ None —— Number of visits } (NP)
(Besides those visits) 11a. 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? Y (11b and c) N (12)		
b. Who was this? — Mark "Doctor visit" box in person's column.	11b.	☐ Doctor visit
c. Anyone else? Y (11b and c) N (11d)		
If "Doctor visit," ask: d. How many times did —— visit the doctor during that period?	d.	—— Number of visits (NP)
12a. During that period, did anyone in the family get any medical advice from a doctor over the telephone? Y (12b and c) N (13)		
b. Who was the phone call about? — Mark "Phone call" box in person's column.	12b.	☐ Phone call
c. Any calls about anyone else? Y (12b and c) N (12d)		
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 10–12 for all persons. _ Ask Q. 13a for each person with visits in DR. VISIT box. 13a. For what condition did —— see or talk to a doctor during the past 2 weeks?	13a.	☐ Condition (item C THEN 13d) ☐ Pregnancy (13e) ☐ No condition
b. Did —— see or talk to a doctor about any specific condition?	b.	Y N (NP)
c. What condition?	c.	Enter condition in item C and ask 13d
d. During that period, did —— see or talk to a doctor about any other condition?	d.	Y (13c) N (NP)
e. During the past 2 weeks was —— sick because of her pregnancy?	e.	Y N (NP)
f. What was the matter? — Anything else?	f.	Enter condition in item C (NP)
14a. During the past 2 weeks did anyone in the family have any (other) accidents or injuries? Y (14b, c) N (15)		
b. Who was this? — Mark "Accident or injury" box in person's column.	14b.	☐ Accident or injury
c. Did anyone else have any accidents or injuries during that period? Y (14b, c) N		
If "Accident or injury," ask: d. As a result of the accident, did —— see a doctor or did he cut down on the things he usually does?	d.	1 Y 2 N (NP)
e. What was the injury?	e.	Enter injury in item C (NP)
15a. During the past 12 months, (that is, since (date) a year ago,) about how many times did —— see or talk to a medical doctor? (Do not count doctors seen while a patient in a hospital.) (Include the —— visits you already told me about.)	15a.	000 ☐ Only when in hospital —— Number of visits
b. ABOUT how long has it been since —— last saw or talked to a medical doctor?	b.	1 ☐ 2 week doctor visit 2 ☐ Past 2 weeks not reported (Q.'s 10 and 13) 3 ☐ 2 weeks — 6 months 4 ☐ Over 6 — 12 months 5 ☐ 1 year 6 ☐ 2 — 4 years 7 ☐ 5+ years 8 ☐ Never

16a. Now I'm going to read a list of conditions;

During the past 12 months, did anyone in the family (you, your -- , etc.) have any of these 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 did anyone else have . . .?

A. Bronchitis?	Y	N
B. Bronchiectasis?	Y	N
C. Asthma?	Y	N
D. Hay fever?	Y	N
E. Nasal polyp?	Y	N

Do not circle "Y" and make no entry in item C for cold; flu; red, sore, or strep throat; or "virus" reported in answer to question 16.

During the past 12 months did anyone in the family have . . .? If "Yes," ask b and c

F. Sinus trouble?	Y	N	J. Tumor, cyst, or growth of the bronchial tube or lung?	Y	N	O. Tumor, cyst, or growth of the throat, lar-ynx, or trachea?	Y	N	
G. Deflected or deviated nasal septum?	Y	N	K. Emphysema?	Y	N	P. Any work-related respiratory condition such as dust on the lungs, silicosis or pneu-mo-co-ni-o-sis?	Y	N	
H. *Tonsillitis or enlargement of the tonsils or adenoids?	Y	N	L. Pleurisy?	Y	N	Q. During the past 12 months did anyone in the family have any other respiratory, lung, or pulmonary condition? If "Yes," ask: Who was this? — What was the condition? *(Enter in item C)*	Y	N	
		.	M. Tuberculosis?	Y	N				
I. *Laryngitis?	Y	N	N. Abscess of the lung?	Y	N				

*If reported in question 16 only, ask:

1. How many times did -- have . . . in the past 12 months? — If 2+, enter in item C.

If only 1 time, ask:

2. How long did it last? — If 1 month or longer, enter in item C.
If less than 1 month, do not record.

If tonsils or adenoids removed during the past 12 months, enter in item C.

Do not circle "Y" and make no entry in item C for cold; flu; red, sore, or strep throat; or "virus" reported in answer to question 16.

Ages 17+	17a. What was — — doing most of the past 12 months — (For males): working or doing something else? If "something else," ask: (For females): keeping house, working or doing something else? b. What was — — doing? If 45+ years and was not "working," "keeping house," or "going to school," ask: c. Is — — retired? d. If "Retired," ask: Did he retire because of his health?	17. and 18.	1 ☐ Working (22a) 2 ☐ Keeping house (22b) 3 ☐ Retired, health (21) 4 ☐ Retired, other (21) 5 ☐ Going to school (24) · 6 ☐ 17+ something else (21) 7 ☐ 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 under 6			0 ☐ 1—5 yrs. (19) 0 ☐ Under 1 (20)

	19a.	
19a. Is — — able to *take part at all in ordinary play* with other children?	19a.	Y 1 N (26)
b. Is he limited in *the kind of play he can do* because of his health?	b.	2 Y (26) N
c. Is he limited in *the amount of play* because of his health?	c.	2 Y (26) N (25)
20a. Is — — limited in any way because of his health?	20a.	Y 5 N (NP)
b. In what way is he limited?	b.	——————— (26)
21a. Does — — health now keep him from working?	21a.	1 Y (26) N
b. Is he limited in *the kind of work he could do* because of his health?	b.	2 Y (26) N
c. Is he limited in *the amount of work he could do* because of his health?	c.	2 Y (26) N
d. Is he limited in *the kind or amount of other activities* because of his health?	d.	3 Y (26) N (25)
22a. Does — — now have a job?	22a.	Y (22c) N
b. In terms of health, is — — able to *(work — keep house)* at all?	b.	Y 1 N (26)
c. Is he limited in *the kind of (work — housework)* he can do because of his health?	c.	2 Y (26) N
d. Is he limited in *the amount of (work — housework)* he can do because of his health?	d.	2 Y (26) N
e. Is he limited in *the kind or amount of other activities* because of his health?	e.	3 Y (26) N (25)
23. In terms of health would — — be able to *go to school?*	23.	Y 1 N (26)
24a. Does (would) — — have to go to a certain type of school because of his health?	24a.	2 Y (26) N
b. Is he (would he be) limited in *school attendance* because of his health?	b.	2 Y (26) N
c. Is he limited in *the kind or amount of other activities* because of his health?	c.	3 Y (26) N (25)
25a. Is — — limited in ANY WAY because of a disability or health?	25a.	4 Y 5 N (NP)
b. In what way is he limited? Record limitation, not condition	b.	
26. About how long has he { been limited in — — been unable to — — had to go to a certain type of school? }	26.	000 ☐ Less than 1 month 1___Mos. 2___Yrs.
27a. What (other) condition causes this limitation? If "old age" only, ask: Is this limitation caused by any specific condition?	27a.	*Enter condition in item C and ask b* ☐ Old age only (NP)
b. Is this limitation caused by any other condition?	b.	Y (Reask a and b) N
If 2+ conditions reported in Q. 27a, ask: c. Which of these conditions would you say is the MAIN cause of his limitation?	c.	☐ Only 1 condition —————— Enter main condition

28a. Was —— a patient in a hospital at any time since _____ (date) _____ a year ago?	28a.	Y	N (Item C)
b. How many times was —— in a hospital since _____ (date) _____ a year ago?	b.	_____ Times (Item C)	
29a. Was anyone in the family in a nursing home, convalescent home or similar place since _____ (date) _____ a year ago? Y N (30)			
b. Who was this? — Circle "Y" in person's column.	29b.	Y	
For each "Y" circled, ask: c. During that period, how many times was —— in a nursing home or similar place?	c.	_____ Times (Item C)	
For each child 1 year old or under, ask: 30a. When was —— born? If on or after the hospital reference date, ask 30b.	30a.	Month	Day	Year
b. Was —— born in a hospital? If "Yes" and no hospitalizations entered in his and/or mother's column, enter "1" in 28 and item C. If "Yes" and a hospitalization is entered for the mother and/or baby, ask 30c for each.	b.	Y	N (NP)
c. Is this hospitalization included in the number you gave me for —— ? If "No," correct entries in Q. 28 and item C for mother and/or baby.	c.	Y	N

R Q.'s 5–30	For persons 19 years old or over, show who responded for (or was present during the asking of) Q.'s 5–30. If persons responded for self, show whether entirely or partly. For persons under 19 show who responded for them.	1 ☐ Responded for self-entirely 2 ☐ Responded for self-partly Person _____ was respondent

FOOTNOTES

These next questions are about health insurance.

□ Und. 65 *(NP)*

IF 65 OR OVER, ASK:	31a. Is — covered by that part of Social Security Medicare which pays for hospital bills?	31a.	1 Y 2 N 9 DK
	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.	1 Y *(NP)* 2 N *(NP)* 9 DK
	For each person with "DK" in Q. 31a or b, ask: 32. May I please see — (and —) Social Security Medicare card(s) to determine the type of coverage? (Transcribe the information from the card or mark the "Card not seen" box.)	32.	1 □ Hospital 2 □ Medical *(NP)* 3 □ Card not seen

We are interested in all kinds of health insurance plans except those which pay only for accidents.

(Not counting Medicare)

33a. Is anyone in the family covered by hospital insurance, that is, a health insurance plan which pays any part of a hospital bill?   Y *(33b, c)*   N *(33d)*

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

c. Is anyone in the family covered by any other hospital insurance plan?   Y *(33b, c)*   N *(33d)*

d. Is anyone in the family covered by a health insurance plan which pays any part of a doctor's or surgeon's bill?   Y   N *(Complete Table H.I. for each plan)*

e. What is the name of the plan? (Record in Table H.I.; complete Table H.I. for each plan)

①
□ Und. 17 *(NP)*

00 □ None *(35a)*

Elem: 1 2 3 4 5 6 7 8

High: 9 10 11 12

College: 1 2 3 4 5+

If 17 years old or over, ask: 34a. What is the highest grade or year — attended in school?	34a.	
b. Did — finish the — grade (year)?	b.	1 Y 2 N
Ask for all males 17 years or over: 35a. Did — ever serve in the Armed Forces of the United States?	35a.	2 Y 1 N *(NP)*

b. When did he serve?

Circle code in descending order of priority. Thus if person served in Vietnam and in Korea, circle VN.

Vietnam Era (Aug. '64 to present) . . . VN
Korean War (June '50 — Jan. '55) . . . . KW
World War II (Sept. '40 — July '47) . . . WWII
World War I (April '17 — Nov. '18). . . . WWI
Other Service (All other periods) . . . . OS

b.   1 VN   4 WWI
      2 KW   5 OS
      3 WWII   6 DK

Exposure to all kinds of X-rays is a matter of particular interest to the Public Health Service, and I have some questions about X-rays and fluoroscopes.

39a. Did anyone in the family have his teeth X-rayed during the past 3 months, that is from ___(date)___ through last Sunday? Y   N (40)

39b.	☐ Dental ☐ Other (Specify)

b. Who was this? *Mark "Dental" in person's column*   c. Anyone else?

_____
Part of body

40a. During the past 3 months did anyone in the family have a chest X-ray? Y   N (41)

40b.	☐ Chest ☐ Other (Specify)

b. Who was this? *Mark "Chest" in person's column*   c. Anyone else?

_____
Part of body

41a. Did — — have any (other) kind of X-ray at all during the past 3 months? If "Yes," ask:
b. What part of the body was X-rayed? *Enter part of body in person's column*
c. Did — — have any other X-ray during the past 3 months?

41a, c.	Y N (NP)
b.	_____ Part of body

42a. Did — — have a fluoroscope during the past 3 months? If "Yes," ask:
b. What part of the body was it for? *Enter part of body in person's column*
c. Did — — have any other fluoroscope during the past 3 months?

42a, c.	Y N (NP)
b.	_____ Part of body

43a. During those 3 months, did anyone in the family have any X-rays for the TREATMENT of a condition? Y   N (43d,44)
b. Who was this? *Mark "Treatment" in person's column*   c. Anyone else?
d. What part of the body was treated? *Enter part of body in person's column*

43b.	☐ Treatment
d.	_____ Part of body

For each person with X-rays, fluoroscopes, or treatment in 39-43, ask:
44. What is — —'s height and weight?

44.	Feet	Height Inches	Weight (Lbs.)

Table R – FILL ONE LINE FOR EACH "PART OF BODY" ENTRY FROM QUESTIONS 39–43

Line number	Col. No. of person (a)	Question No. (b)	Part of body (c)	How many different times did — — have his . . . X-rayed during the past 3 months? (d)	For dental X-rays, ask: Where did he have the X-rays taken — at a dentist's office or some other place? For X-rays other than dental, ask: Where did he have the X-rays taken — at a doctor's office, a hospital, or some other place? (If "Some other place," determine place.) If more than one place given, ask for each place: How many X-rays were taken at the (hospital, doctor's office, etc.)? (e)	If more than one time at any one place, ask: Were all these X-rays taken at the same (dentist's office, doctor's office, etc.)? (f)	What is the name and address of the (dentist, doctor, hospital, etc.) where the X-rays were taken? For X-rays taken at hospitals, clinics, or similar places, ALSO enter the name of the doctor who took the X-rays. For X-rays taken at mobile units, enter: "Mobile unit" on name line; location of unit at time of X-ray on address line; and name and address of sponsoring organization and date of X-ray in footnote. Verify name and address in telephone directory. Check "Verified" box. If unable to verify, give reason in a footnote. Enter the telephone number if available. (g1)
1			_____ Times		☐ Dentist's office _____ Times ☐ Doctor's office _____ Times ☐ Hospital _____ Times ☐ Other (Specify) _____ Times	Y N (g1, g2)	Name and title Address City / State / ZIP code ☐ Verified / Telephone No.
2			_____ Times		☐ Dentist's office _____ Times ☐ Doctor's office _____ Times ☐ Hospital _____ Times ☐ Other (Specify) _____ Times	Y N (g1, g2)	Name and title Address City / State / ZIP code ☐ Verified / Telephone No.
3			_____ Times		☐ Dentist's office _____ Times ☐ Doctor's office _____ Times ☐ Hospital _____ Times ☐ Other (Specify) _____ Times	Y N (g1, g2)	Name and title Address City / State / ZIP code ☐ Verified / Telephone No.

Ask after completing Table R for all related persons with X-rays.
45. May we contact the (doctor, dentist, hospital, etc.) you have mentioned to obtain additional information about the X-rays? (Present form for signature) Will you please sign this form?

☐ Signed   ☐ Not signed (Enter reason)