

19. Noninterview reason

TYPE A	TYPE B	TYPE C
1 <input type="checkbox"/> Refusal (Describe in a footnote)	1 <input type="checkbox"/> Vacant - nonseasonal	1 <input type="checkbox"/> Demolished
2 <input type="checkbox"/> No one at home - repeated calls	2 <input type="checkbox"/> Vacant - seasonal	2 <input type="checkbox"/> In sample by mistake
3 <input type="checkbox"/> Temporarily absent	3 <input type="checkbox"/> Usual residence elsewhere	3 <input type="checkbox"/> Eliminated in sub-sample
4 <input type="checkbox"/> Other (Specify) _____	4 <input type="checkbox"/> Armed Forces	4 <input type="checkbox"/> Built after April 1, 1960
	5 <input type="checkbox"/> Other (Specify) _____	5 <input type="checkbox"/> Other (Specify) _____

20. Record of calls

	1	Com.	2	Com.	3	Com.	4	Com.	5	Com.	6	Com.	7	Com.
Date														
Beginning time														
Ending time														

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?

Yes* No

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? Y → Col(s) _____ (Delete) N

1a. First name (1) **RACE**
 1 W
 2 N
 3 OT

Last name **SEX**
 1 M
 2 F

2. Relationship HEAD **AGE**

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

C

1. Record the number of Doctor Visits and Hospitalizations.

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 _____

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

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?
 oo N } If age: 17+ (5c)
 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?
 --- Days

c. During those 2 weeks, how many days did illness or injury keep -- from work? (For females): not counting work around the house.
 oo None (5g)

d. During those 2 weeks, how many days did illness or injury keep -- from school?
 oo None (5h)

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?
 --- Days } (5i)
 oo 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?
 1 Y (5j)
 2 N (6)

g. (Again, not counting the day(s) { in bed lost from work } lost from school)
 During that period, how many (other) days did he cut down for as much as a day?
 --- Days (6a)
 oo None (6)

. If 1 or more days in Q. 5, ask 6; otherwise go to next person.																																																
6a. What condition caused -- to $\left\{ \begin{array}{l} \text{stay in bed} \\ \text{miss work} \\ \text{miss school} \\ \text{cut down} \end{array} \right\}$ during the past 2 weeks?		6a.	Enter condition in item C Ask 6b																																													
b. Did any other condition cause him to $\left\{ \begin{array}{l} \text{stay in bed} \\ \text{miss work} \\ \text{miss school} \\ \text{cut down} \end{array} \right\}$ during that period?		b.	Y (6a) N (NP)																																													
c. What condition?		c.	Enter conditions in item C Reask 6b																																													
7a. During the past 2 weeks did anyone in the family that is you, your --, etc. have any (other) accidents or injuries?	Y (7b and c) N (8)																																															
b. Who was this? -- Mark "Accident or injury" box in person's column.		7b.	<input type="checkbox"/> Accident or injury																																													
c. What was the injury?		c.	Injury																																													
d. Did anyone have any other accidents or injuries during that period? For each person with "Accident or injury," ask:	Y (7b and c) N		Y (Enter injury in item C)																																													
e. As a result of the accident, did -- see a doctor or did he cut down on the things he usually does?		e.	N																																													
8a. During the past 2 weeks, did anyone in the family, (that is you, your --, etc.) go to a dentist?	Y (8b and c) N (10)																																															
b. Who was this? -- Mark "Dental visit," box in person's column.		8b.	<input type="checkbox"/> Dental visit																																													
c. During the past 2 weeks, did anyone else in the family go to a dentist?	Y (Reask 8b and c) N																																															
d. If "Dental visit," ask: During the past 2 weeks, how many times did -- go to a dentist?		d.	___ No. of dental visits (NP)																																													
For each dental visit, ask:		9a. & b.	<table border="1"> <thead> <tr> <th></th> <th>1</th> <th>2</th> <th>3</th> <th></th> </tr> </thead> <tbody> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Cleaning teeth</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Exam. (X-ray)</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Fillings</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Extractions or other surgery</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Straightening (Orthodontia)</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Treatment for gums</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Denture work</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Other (Describe)</td> </tr> </tbody> </table>		1	2	3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cleaning teeth		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exam. (X-ray)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fillings		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extractions or other surgery		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Straightening (Orthodontia)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Treatment for gums		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Denture work		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (Describe)
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9a. What did -- have done (the last time, the time before, etc.)? (Mark all that apply for each visit)																																																
b. Anything else?																																																
10a. Do not ask for children 1 yr. old and under. 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.)		10a.	Number of visits																																													
b. ABOUT how long has it been since -- LAST went to a dentist?			<table border="1"> <tbody> <tr> <td>1</td> <td><input type="checkbox"/></td> <td>2-week dental visit</td> <td rowspan="8">} (NP)</td> </tr> <tr> <td>2</td> <td><input type="checkbox"/></td> <td>Past 2 weeks not reported (Q.'s 8 and 9)</td> </tr> <tr> <td>3</td> <td><input type="checkbox"/></td> <td>2 weeks - 6 mos.</td> </tr> <tr> <td>4</td> <td><input type="checkbox"/></td> <td>Over 6 - 12 mos.</td> </tr> <tr> <td>5</td> <td><input type="checkbox"/></td> <td>1 year</td> </tr> <tr> <td>6</td> <td><input type="checkbox"/></td> <td>2 - 4 years</td> </tr> <tr> <td>7</td> <td><input type="checkbox"/></td> <td>5+ years</td> </tr> <tr> <td>8</td> <td><input type="checkbox"/></td> <td>Never</td> </tr> </tbody> </table>	1	<input type="checkbox"/>	2-week dental visit	} (NP)	2	<input type="checkbox"/>	Past 2 weeks not reported (Q.'s 8 and 9)	3	<input type="checkbox"/>	2 weeks - 6 mos.	4	<input type="checkbox"/>	Over 6 - 12 mos.	5	<input type="checkbox"/>	1 year	6	<input type="checkbox"/>	2 - 4 years	7	<input type="checkbox"/>	5+ years	8	<input type="checkbox"/>	Never																				
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8	<input type="checkbox"/>	Never																																														
11a. Is there anyone in the family who has lost ALL of his teeth?	Y N (12)																																															
b. Who is this? Anyone else?		11b.	<input type="checkbox"/> No teeth																																													
c. Does -- have false teeth?		c.	Y N (NP)																																													
d. Does -- have an upper plate, a lower plate, or both?		d.	<input type="checkbox"/> Upper <input type="checkbox"/> Both <input type="checkbox"/> Lower																																													
e. Does -- usually wear $\left\{ \begin{array}{l} \text{the upper} \\ \text{the lower} \\ \text{both} \end{array} \right\}$ plate(s) while eating?		e.	Y N																																													
f. Does -- usually wear $\left\{ \begin{array}{l} \text{the upper} \\ \text{the lower} \\ \text{both} \end{array} \right\}$ plate(s) when not eating?		f.	Y N																																													
g. Does -- need new false teeth?		g.	Y (NP) N																																													
h. Do the ones he has need refitting?		h.	Y N																																													

12. During the past 2 weeks (the 2 weeks outlined in red on that calendar) how many times did -- see a medical doctor? (Besides those visits)	Y (13b and c) N (14)	12. <input type="checkbox"/> None _____ Number of visits } (NP)
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?		
b. Who was this? - Mark "Doctor visit" box in person's column.	Y (13b and c) N	13b. <input type="checkbox"/> Doctor visit
c. Anyone else? 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?	Y (14b and c) N (15)	
b. Who was the phone call about? - Mark "Phone call" box in person's column.	Y (14b and c) N	14b. <input type="checkbox"/> Phone call
c. Any calls about anyone else? If "Phone call," ask:		
d. How many telephone calls were made to get medical advice about -- ?		d. _____ Number of calls (NP)
15a. For what condition did -- see or talk to a doctor during the past 2 weeks? Fill item C, (DOCTOR), from Q.'s 12-14 for all persons. Ask Q. 15a for each person with visits in DOCTOR box.		15a. <input type="checkbox"/> Condition (Item C THEN 15d) <input type="checkbox"/> Pregnancy (15e) <input type="checkbox"/> 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 15d
d. During that period, did -- see or talk to a doctor about any other condition?		d. Y (15c) 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)
16a. 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.)		16a. 000 <input type="checkbox"/> 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 <input type="checkbox"/> 2-week doctor visit 2 <input type="checkbox"/> Past 2 weeks not reported (Q.'s 12 and 15) 3 <input type="checkbox"/> 2 weeks - 6 months 4 <input type="checkbox"/> Over 6 - 12 months 5 <input type="checkbox"/> 1 year 6 <input type="checkbox"/> 2 - 4 years 7 <input type="checkbox"/> 5+ years 8 <input type="checkbox"/> Never
17a. Does anyone in the family (that is you, your --, etc.) stay IN BED all or most of the time because of health?	Y N (18)	
b. Who is this?		17b. 1 <input type="checkbox"/> Stays in bed
c. Does anyone else in the family stay in bed?	Y (Reask b and c) N	
18a. (Besides --) Does anyone stay IN THE HOUSE all or most of the time because of health?	Y N (19)	
b. Who is this?		18b. 2 <input type="checkbox"/> Stays in the house
c. Does anyone else stay in the house?	Y (Reask b and c) N	
19a. (Besides --) Does anyone need the help of ANOTHER PERSON in getting around inside or outside the house?	Y N (20)	
b. Who is this?		19b. 3 <input type="checkbox"/> Needs help getting around
c. Does anyone else need the help of another person in getting around?	Y (Reask b and c) N	
20a. (Besides --) Does anyone in the family need the help of a SPECIAL AID, such as a cane or wheelchair in getting around inside or outside the house?	Y N (21)	
b. Who is this?		20b. 4 <input type="checkbox"/> Needs help getting around
c. Does anyone else need the help of a special aid in getting around?	Y (Reask b and c) N	

21a. (Besides ---) Does anyone have trouble getting around freely by himself?		Y	N (22)	
b. Who is this?		21b. <input type="checkbox"/> Has trouble getting around freely		
c. Does anyone else have trouble getting around freely by himself?		Y (Reask b and c)	N	
Ask for each person with a limitation reported in questions 17-21.				
22a. About how long has ---		<input type="checkbox"/> had to stay in bed because of health? <input type="checkbox"/> had to stay in the house because of health? <input type="checkbox"/> needed help getting around inside or outside the house? <input type="checkbox"/> had trouble getting around freely by himself?		22a. <input type="checkbox"/> Less than 1 month 1 ___ Mos. 2 ___ Yrs.
b. What (other) condition causes this?		b. Enter condition in item C and ask c <input type="checkbox"/> Old age only (NP)		
If "old age" only, ask: Is this caused by any specific condition?		c. Y (Reask b and c) N		
c. Is this caused by any other condition?		c. <input type="checkbox"/> Only 1 condition		
Mark box or ask:		d. Enter main condition		
d. Which of these conditions would you say is the MAIN cause of his limitation?		d. Enter main condition		
Ages 17+	23a. 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? d. If "Retired," ask: Did he retire because of his health?	23. & 24.	<input type="checkbox"/> Working (28a) <input type="checkbox"/> Keeping house (28b) <input type="checkbox"/> Retired, health (27) <input type="checkbox"/> Retired, other (27) <input type="checkbox"/> Going to school (30) <input type="checkbox"/> 17+ something else (27) <input type="checkbox"/> 6-16 something else (29)	
Ages 6 - 16	24a. What was --- doing most of the past 12 months - going to school or doing something else? If "something else," ask: b. What was --- doing?		<input type="checkbox"/> 1-5 yrs. (25) <input type="checkbox"/> Under 1 (26)	
Ages under 6				
25a. Is --- able to take part at all in ordinary play with other children?		25a.		Y 1 N (32)
b. Is he limited in the kind of play he can do because of his health?		b. 2 Y (32)		N
c. Is he limited in the amount of play because of his health?		c. 2 Y (32)		N (31)
26a. Is --- limited in any way because of his health?		26a.		Y 3 N (NP)
b. In what way is he limited?		b. (32)		
27a. Does --- health now keep him from working?		27a.		1 Y (32) N
b. Is he limited in the kind of work he could do because of his health?		b. 2 Y (32)		N
c. Is he limited in the amount of work he could do because of his health?		c. 2 Y (32)		N
d. Is he limited in the kind or amount of other activities because of his health?		d. 3 Y (32)		N (31)
28a. Does --- NOW have a job?		28a.		Y (28c) N
b. In terms of health, is --- NOW able to (work - keep house) at all?		b.		Y 1 N (32)
c. Is he limited in the kind of (work - housework) he can do because of his health?		c. 2 Y (32)		N
d. Is he limited in the amount of (work - housework) he can do because of his health?		d. 2 Y (32)		N
e. Is he limited in the kind or amount of other activities because of his health?		e. 3 Y (32)		N (31)
29. In terms of health would --- be able to go to school?		29.		Y 1 N (32)
30a. Does (would) --- have to go to a certain type of school because of his health?		30a.		2 Y (32) N
b. Is he (would he be) limited in school attendance because of his health?		b. 2 Y (32)		N
c. Is he limited in the kind or amount of other activities because of his health?		c. 3 Y (32)		N (31)
31a. Is --- limited in ANY WAY because of a disability or health?		31a.		4 Y 5 N (NP)
b. In what way is he limited? Record limitation, not condition.		b.		
32a. About how long has he		32a.		<input type="checkbox"/> been limited in --- <input type="checkbox"/> been unable to --- <input type="checkbox"/> had to go to a certain type of school?
b. What (other) condition causes this limitation?		32a. <input type="checkbox"/> Less than 1 month 1 ___ Mos. 2 ___ Yrs.		
If "old age" only, ask: Is this limitation caused by any specific condition?		b. Enter condition in item C and ask c <input type="checkbox"/> Old age only (NP)		
c. Is this limitation caused by any other condition?		c. Y (Reask b and c) N		
Mark box or ask:		c. <input type="checkbox"/> Only 1 condition		
d. Which of these conditions would you say is the MAIN cause of his limitation?		d. Enter main condition		

33a. Was -- a patient in a hospital at any time since (date) a year ago?	33a.	Y	N (Item C)
b. How many times was -- in a hospital since (date) a year ago?	b.	___ Times (Item C)	
34a. Was anyone in the family in a nursing home, convalescent home or similar place since (date) a year ago?		Y	N (35)
b. Who was this? - Circle "Y" in person's column. For each "Y" circled, ask:	34b.	Y	
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:		Month	Day
35a. When was -- born? If on or after the hospital reference date, ask 35b.	35a.		Year
b. Was -- born in a hospital? If "Yes" and no hospitalizations entered in his and/or mother's column, enter "1" in 33b and item C. If "Yes" and a hospitalization is entered for the mother and/or baby, ask 35c for each.	b.	Y	N (NP)
c. Is this hospitalization included in the number you gave me for -- ? If "No," correct entries in Q. 33 and item C for mother and/or baby.	c.	Y	N

36a. Does anyone in the family (you, your --, etc.) NOW have - If "Yes," ask b and c b. Who is this? - Enter name of condition and letter of line where reported in appropriate person's column(s) in item C. c. Does anyone else have . . . ?	A. Deafness in one or both ears?	Y	N
	B. Any other trouble hearing with one or both ears?	Y	N
	C. Tinnitus or ringing in the ears?	Y	N
	D. Blindness in one or both eyes?	Y	N
	E. Cataracts?	Y	N
	F. Glaucoma?	Y	N

Does anyone in the family NOW have . . . ? If "Yes," ask b and c											
G. Color blindness?	Y	N	M. A missing finger, hand, or arm, toe, foot, or leg?	Y	N	S. Any TROUBLE with fallen arches or flatfeet?	Y	N			
H. A detached retina or any other condition of the retina?	Y	N	N. A missing (breast), kidney, or lung?	Y	N	T. A clubfoot?	Y	N			
I. Any other trouble seeing with one or both eyes even when wearing glasses?	Y	N	O. Palsy or cerebral palsy?	Y	N	U. Permanent stiffness or any deformity of the back, foot, or leg?	Y	N			
J. A cleft palate or harelip?	Y	N	P. Paralysis of any kind?	Y	N	V. Permanent stiffness or any deformity of the fingers, hand, or arm?	Y	N			
K. Stammering or stuttering?	Y	N	Q. Curvature of the spine?	Y	N	W. Mental retardation?	Y	N			
L. Any other speech defect?	Y	N	R. REPEATED trouble with back or spine?	Y	N	X. Any condition caused by an old accident or injury? If "Yes," ask: What is the condition?	Y	N			

37a. Does anyone in the family use - If "Yes," ask b and c	1. Contact lenses? . . . Y	N	1	2	3	4	5	6	7	8	9	10
b. Who is this? Circle person's number	2. Eyeglasses? Y	N	1	2	3	4	5	6	7	8	9	10
c. Anyone else?	3. A hearing aid? . . . Y	N	1	2	3	4	5	6	7	8	9	10
For "hearing aid," with no hearing problem reported, ask: For what condition does he need this? Enter condition in item C												

		①
		<input type="checkbox"/> Und. 17 (NP)
		00 <input type="checkbox"/> None (43)
		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: 42a. What is the highest grade or year -- attended in school?		42a.
b. Did -- finish the -- grade (year)?		b. 1 Y 2 N
Ask for all males 17 years or over: 43a. Did -- ever serve in the Armed Forces of the United States?		43a. 2 Y 1 N (44)
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
44a. Did -- work at any time last week or the week before - (For females): not counting work around the house?		44a. 1 Y (45a) 2 N
b. Even though -- did not work during these 2 weeks, does he have a job or business?		b. 1 Y 2 N
c. Was he looking for work or on layoff from a job?		c. 1 Y 2 N (Omit 44d)
d. Which - looking for work or on layoff from a job?		d. 1 <input type="checkbox"/> Looking 3 <input type="checkbox"/> Both 2 <input type="checkbox"/> Layoff
Ask for all persons with a "Yes" in 44a, b, or c. If "Yes" in 44c only, questions 45a through 45d apply to this person's LAST full-time civilian job.	45a. Who does (did) -- work for?	45a. Employer
	b. What kind of business or industry is this?	b. Industry
	c. What kind of work is (was) -- doing?	c. Occupation
	Fill 45d from entries in 45a - 45c; if not clear, ask: d. Class of worker	d. 1 <input type="checkbox"/> Pvt. pd. 5 <input type="checkbox"/> Non-pd. 2 <input type="checkbox"/> Gov. Fed. 6 <input type="checkbox"/> Nev. wkd. 3 <input type="checkbox"/> Gov. oth. 4 <input type="checkbox"/> Own - If not a farm, ask: Is the business incorporated? Y N
Please look at this card - (Show Card I)		46. Group 03 <input type="checkbox"/> D 07 <input type="checkbox"/> H 00 <input type="checkbox"/> A 04 <input type="checkbox"/> E 08 <input type="checkbox"/> I 01 <input type="checkbox"/> B 05 <input type="checkbox"/> F 09 <input type="checkbox"/> J 02 <input type="checkbox"/> C 06 <input type="checkbox"/> G 10 <input type="checkbox"/> K
46. 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.		

CARD C

C

CARD H

Conditions reported for which questions 3a-3e need not be asked:

Acne	Hernia (all types)
Appendicitis	High blood pressure
Arteriosclerosis	Hypertension
Athlete's foot	Kidney stones
Bronchitis (any kind)	Laryngitis
Bunions	Migraine headache
Bursitis	Mumps
Calluses	Phlebitis (Thrombophlebitis)
Chickenpox	Pneumonia
Cold	Pregnancy
Corns	Sciatica
Croup	Sinus trouble (Sinusitis)
Diabetes	Strep (Streptococcus) throat
Epilepsy	Tonsillitis
Gallstones	Ulcer (duodenal, stomach, peptic or gastric only)
Goiter	Warts
Hardening of the arteries	Whooping cough
Hay fever	
Hemorrhoids or piles	

Which statement best describes your hearing in your LEFT ear (without a hearing aid)?

1. HEARING IS GOOD
2. LITTLE TROUBLE HEARING
3. LOT OF TROUBLE HEARING
4. DEAF

Which statement best describes your hearing in your RIGHT ear (without a hearing aid)?

1. HEARING IS GOOD
2. LITTLE TROUBLE HEARING
3. LOT OF TROUBLE HEARING
4. DEAF

H

CARD I

Under \$1,000 (including loss) . . .	Group A
\$ 1,000 - \$ 1,999	Group B
\$ 2,000 - \$ 2,999	Group C
\$ 3,000 - \$ 3,999	Group D
\$ 4,000 - \$ 4,999	Group E
\$ 5,000 - \$ 5,999	Group F
\$ 6,000 - \$ 6,999	Group G
\$ 7,000 - \$ 9,999	Group H
\$10,000 - \$14,999	Group I
\$15,000 - \$24,999	Group J
\$25,000 and over	Group K

I
INCOME