### 19. Noninterview reason

<table>
<thead>
<tr>
<th>TYPE A</th>
<th>TYPE B</th>
<th>TYPE C</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 ☐ Refusal (Describe in a footnote)</td>
<td>1 ☐ Vacant – nonseasonal</td>
<td>1 ☐ Demolished</td>
</tr>
<tr>
<td>2 ☐ No one at home – repeated calls</td>
<td>2 ☐ Vacant – seasonal</td>
<td>2 ☐ In sample by mistake</td>
</tr>
<tr>
<td>3 ☐ Temporarily absent</td>
<td>3 ☐ Usual residence elsewhere</td>
<td>3 ☐ Eliminated in sub-sample</td>
</tr>
<tr>
<td>4 ☐ Other (Specify)</td>
<td>4 ☐ Armed Forces</td>
<td>4 ☐ Built after April 1, 1960</td>
</tr>
</tbody>
</table>

### 20. Record of calls

<table>
<thead>
<tr>
<th>Date</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Begin</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>End</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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
   - Doctor and hospital probe
   - Hospital probe

If 17 years old or over, ask:

4. Is -- now married, widowed, divorced, separated, or never married? - Mark one box for each occurrence

   - 0 ☐ Under 17
   - 1 ☐ Married
   - 2 ☐ Widowed
   - 3 ☐ Divorced
   - 4 ☐ Never married
   - 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?

5b. During that 2-week period, how many days did -- stay in bed all or most of the day?

5c. During those 2 weeks, how many days did illness or injury keep -- from work? (For females): not counting work around the house.

5d. During those 2 weeks, how many days did illness or injury keep -- from school?

If BOTH bed days AND work or school loss days, ask:

6a. On how many of these -- days lost from work did -- stay in bed all or most of the day?

6b. (Not counting the day(s) lost from work)

   - In bed
   - Lost from work

Were there any (other) days during the past 2 weeks that -- cut down on the things he usually does because of illness or injury?

7a. During that period, how many (other) days did he cut down for as much as a day?
If 1 or more days in Q. 5, ask 6 otherwise go to next person.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes (Y)</th>
<th>No (N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6a.</td>
<td>Y (6b)</td>
<td>N (N6)</td>
</tr>
<tr>
<td>7b.</td>
<td>Accident or injury</td>
<td>Injury</td>
</tr>
<tr>
<td>8a.</td>
<td>Y (8b and c) N (10)</td>
<td></td>
</tr>
<tr>
<td>8b.</td>
<td>Dental visit</td>
<td></td>
</tr>
<tr>
<td>9a.</td>
<td>Y (8b and c) N (10)</td>
<td></td>
</tr>
<tr>
<td>10a.</td>
<td>Number of visits</td>
<td></td>
</tr>
<tr>
<td>10b.</td>
<td>(NP)</td>
<td></td>
</tr>
<tr>
<td>11a.</td>
<td>Y N (12)</td>
<td></td>
</tr>
<tr>
<td>11b.</td>
<td>Y N (NP)</td>
<td></td>
</tr>
<tr>
<td>12b.</td>
<td>Y N</td>
<td></td>
</tr>
</tbody>
</table>

### 6a. What condition caused —— to stay in bed, miss work, or cut down during the past 2 weeks?

- **Stay in bed**
- **Miss work**
- **Cut down**

**Enter condition in item C**

**Ask 6b**

### 7b. Who was this? — Mark “Accident or injury” box in person’s column.

**Accident or injury**

### 8b. Who was this? — Mark “Dental visit” box in person’s column.

**Dental visit**

### 9a. 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)**

### 10b. During the past 12 months, (that is, since [date] a year ago,) about how many visits did —— make to a dentist?

- **2-week dental visit**
- **Past 2 weeks not reported (Q. 8 and 9)**
- **2 weeks to 6 mos.**
- **Over 6 to 12 mos.**
- **1 year**
- **2 to 4 years**
- **5+ years**
- **Never**

### 11b. Is there anyone in the family who has lost ALL of his teeth?

- **Y**
- **N**

**Enter injury in item C**

**Ask 6b**

### 12b. Who is this? Anyone else?

**Ask 6b**

### 12b. Does —— have false teeth?

- **Y**
- **N**

**Ask 6b**

### 12b. Does —— have an upper plate, a lower plate, or both?

- **Y**
- **N**

**Ask 6b**

### 11b. Is there anyone in the family who has lost ALL of his teeth?

- **Y**
- **N**

**Ask 6b**

### 11b. Who is this? Anyone else?

- **Y**
- **N**

**Ask 6b**

### 11b. Does —— have false teeth?

- **Y**
- **N**

**Ask 6b**

### 11b. Does —— have an upper plate, a lower plate, or both?

- **Y**
- **N**

**Ask 6b**

### 11b. Does —— need new false teeth?

- **Y**
- **N**

**Ask 6b**

### 11b. Do the ones he has need refitting?

- **Y**
- **N**

**Ask 6b**
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)

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?

|   | Y (13b and c) | N (14) |

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

c. Anyone else?

If "Doctor visit," ask:

d. How many times did --- visit the doctor during that period?

13b. Doctor visit

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) |

14b. Phone call

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

c. Any calls about anyone else?

If "Phone call," ask:

d. How many telephone calls were made to get medical advice about --- ?

14c. Enter condition in item C and ask 15d

15a. For what condition did --- see or talk to a doctor during the past 2 weeks?

|   | Y N (NP) |

b. Did --- see or talk to a doctor about any specific condition?

c. What condition?

d. During that period, did --- see or talk to a doctor about any other condition?

e. During the past 2 weeks was --- sick because of her pregnancy?

15b. (13b and c)

f. What was the matter? — Anything else?

15c. Enter condition in item C (NP)

15d. How many telephone calls were made to get medical advice about --- ?

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.)

b. ABOUT how long has it been since --- LAST saw or talked to a medical doctor?

16b. 000 Only when in hospital

|   | Y N (NP) |

b. Did --- see or talk to a doctor about any specific condition?

c. What condition?

d. During that period, did --- see or talk to a doctor about any other condition?

e. During the past 2 weeks was --- sick because of her pregnancy?

16c. Enter condition in item C (NP)

16d. What was the matter? — Anything else?

16e. (15c and d)

16f. Enter condition in item C (NP)

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?

c. Does anyone else in the family stay in bed?

17b. (17a and b)

18a. (Besides ---) Does anyone stay IN THE HOUSE all or most of the time because of health?

|   | Y N (19) |

b. Who is this?

c. Does anyone else stay in the house?

18b. (18a and b)

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?

c. Does anyone else need the help of another person in getting around?

19b. (19a and b)

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?

c. Does anyone else need the help of a special aid in getting around?

20b. (19c and 20a)
### Questionnaire on Mobility Limitations

#### 21a. (Besides --) Does anyone have trouble getting around freely by himself?  

<table>
<thead>
<tr>
<th></th>
<th>Y</th>
<th>N (22)</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. Who is this?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Does anyone else have trouble getting around freely by himself?</td>
<td>Y (Refer b and c)</td>
<td>N</td>
</tr>
</tbody>
</table>

**Ask for each person with a limitation reported in questions 17-21.**

#### 22a. About how long has – had to stay in bed because of health?  

<table>
<thead>
<tr>
<th></th>
<th>_____</th>
<th>_____</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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</tbody>
</table>

**b. What other condition causes this?**

- If "Old age" only, ask: Is this caused by any specific condition?  
  - Y | N

**c. Is this caused by any other condition?**

- Mask box or ask:
  - Y (Refer N: b and c)
  - N

**d. Which of these conditions would you say is the MAIN cause of his limitation?**

<p>| | | |</p>
<table>
<thead>
<tr>
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<tbody>
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</tbody>
</table>

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#### Ages 17+

#### Ages 6-16

#### Ages under 6

---

#### 25a. Is — able to take part at all in ordinary play with other children?  

<table>
<thead>
<tr>
<th></th>
<th>Y</th>
<th>N (22)</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. Is he limited in the kind of play he can do because of his health?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Is he limited in the amount of play because of his health?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 26a. Is — limited in any way because of his health?  

<table>
<thead>
<tr>
<th></th>
<th>Y</th>
<th>N (NP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. In what way is he limited?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 27a. Does — health now keep him from working?  

<table>
<thead>
<tr>
<th></th>
<th>Y</th>
<th>N (22)</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. Is he limited in the kind of work he can do because of his health?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Is he limited in the amount of work he can do because of his health?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 28a. Does — NOW have a job?  

<table>
<thead>
<tr>
<th></th>
<th>Y (24c)</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. In terms of health, is — NOW able to work — keep house — at all?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Is he limited in the kind of work — housework — he can do because of his health?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Is he limited in the amount of work — housework — he can do because of his health?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 29. In terms of health would — be able to go to school?  

<table>
<thead>
<tr>
<th></th>
<th>Y</th>
<th>N (22)</th>
</tr>
</thead>
</table>

#### 30a. Does (would) — have to go to a certain type of school because of his health?  

<table>
<thead>
<tr>
<th></th>
<th>Y</th>
<th>N (22)</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. Is he (would he be) limited in school attendance because of his health?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Is he limited in the kind or amount of other activities because of his health?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 31a. Is — limited in ANY WAY because of a disability or health?  

<table>
<thead>
<tr>
<th></th>
<th>Y</th>
<th>N (NP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. In what way is he limited? Record limitation, not condition.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 32a. About how long has — been limited in —  

- Been unable to —  
  - Had to go to a certain type of school  

<table>
<thead>
<tr>
<th></th>
<th>_____</th>
<th>_____</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**b. What other condition causes this limitation?**

- If "Old age" only, ask: Is this limitation caused by any specific condition?  
  - Y | N

**c. Is this limitation caused by any other condition?**

- Mask box or ask:
  - Y (Refer N: b and c)
  - N

**d. Which of these conditions would you say is the MAIN cause of his limitation?**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
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</tbody>
</table>

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33a. Was a patient in a hospital at any time since (date) a year ago?  
33b. How many times was a patient in a hospital since (date) a year ago?  
34a. Was anyone in the family in a nursing home, convalescent home, or similar place since (date) a year ago?  
34b. Who was this? Circle "Y" in person's column.  
34c. During that period, how many times was in a nursing home or similar place?  
35a. When was born? If on or after the hospital reference date, ask 35b.  
35b. Was born in a hospital?  
35c. Is this hospitalization included in the number you gave me for ---?  
36a. Does anyone in the family (you, your ---, etc.) NOW have ---?  
36b. Who is this? Enter name of condition and letter of line where reported in appropriate person's column(s) in item C.  
36c. Does anyone else have ---?  
36d. Deafness in one or both ears?  
36e. Any other trouble hearing with one or both ears?  
36f. Tinnitus or ringing in the ears?  
36g. Blindness in one or both eyes?  
36h. Cataracts?  
36i. Glaucoma?  
36j. Color blindness?  
36k. A detached retina or any other condition of the retina?  
36l. Any other trouble seeing with one or both eyes even when wearing glasses?  
36m. A cleft palate or hare lip?  
36n. Stammering or stuttering?  
36o. Any other speech defect?  
36p. Does anyone in the family NOW have ---? If "Yes," ask b and c  
37a. Does anyone in the family use ---?  
37b. Who is this? Circle person's number  
37c. Anyone else?  
37d. For "hearing aid," without problem reported, asked:  
37e. For what condition does he need this?  
37f. Enter condition in item C.
6. For what condition did -- enter the hospital (nursing home) - do you know the medical name? If medical name unknown, enter an adequate description.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Cause</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal delivery</td>
<td>Normal at birth</td>
</tr>
</tbody>
</table>

For delivery, ask:
- Was this a normal delivery?
- For newborn, ask:
  - Was the baby normal at birth?

If "No," ask:
- What was the matter?

Show CAUSE, KIND, and PART OF BODY in same detail as required for the Condition page.

7a. Were any operations performed on -- during this stay at the hospital (nursing home)?

b. What was the name of the operation?

If name of operation is not known, describe what was done.

c. Any other operations during this stay?

8. NOTE: If the condition in Q. 6 or 7 is in Q. 36 and is NOW present or there is "1" or more nights in Q. 5b, a Condition page is required. If there is no Condition page, fill one after completing columns for all required hospitalizations.

7a. Were any operations performed on -- during this stay at the hospital (nursing home)?

b. What was the name of the operation?

If name of operation is not known, describe what was done.

c. Any other operations during this stay?

8. NOTE: If the condition in Q. 6 or 7 is in Q. 36 and is NOW present or there is "1" or more nights in Q. 5b, a Condition page is required. If there is no Condition page, fill one after completing columns for all required hospitalizations.

4. Did -- ever serve in the Armed Forces of the United States?

b. When did he serve?

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

2 Y 1 N (46)
1 VN 4 WWII
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?)

b. Even though -- did not work during these 2 weeks, does he have a job or business?

c. Was he looking for work or on layoff from a job?

d. Which -- looking for work or on layoff from a job?

Ask for all persons with a "Yes" in 44a, b, or c.

45a. Who does (did) -- work for?

b. What kind of business or industry is this?

c. What kind of work is (was) -- doing?

Fill 45d from entries in 45a - 45c; if not clear, ask:

d. Class of worker

e. Occupation

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.

Please look at this card - (Show Card I)
Conditions reported for which questions 3a–3e need not be asked:

Acne  
Appendicitis  
Arteriosclerosis  
Athlete's foot  
Bronchitis (any kind)  
Bunions  
Bursitis  
Calluses  
Chickenpox  
Cold  
Corns  
Croup  
Diabetes  
Epilepsy  
Gallstones  
Goiter  
Hardening of the arteries  
Hay fever  
Hemorrhoids or piles  

Hernia (all types)  
High blood pressure  
Hypertension  
Kidney stones  
Laryngitis  
Migraine headache  
Mumps  
Phlebitis (Thrombophlebitis)  
Pneumonia  
Pregnancy  
Sciatica  
Sinusitis  
Strep (Streptococcus) throat  
Tonsillitis  
Ulcer (duodenal, stomach, peptic or gastric only)  
Warts  
Whooping cough

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

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