19. Noninterview reason

TYPE A
1. Refusal (Describe in a footnote)
2. No one at home - repeated calls
3. Temporarily absent
4. Other (Specify)

TYPE B
1. Vacant - nonseasonal
2. Vacant - seasonal
3. Usual residence elsewhere
4. Armed Forces
5. Other (Specify)

TYPE C
1. Demolished
2. In sample by mistake
3. Eliminated in sub-sample
4. Built after April 1, 1960
5. Other (Specify)

20. Record of calls

<table>
<thead>
<tr>
<th>Date</th>
<th>Beginning time</th>
<th>Ending time</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
</table>

1. What is the name of the head of this household? - Enter name in first column.
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

If 17 years old or over, ask:
4. Is --- now married, widowed, divorced, separated, or never married? - Mark one box for each person.

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

If "N" in Q. 5a, go to Q. 9.
8. On how many of these --- days lost from work or school did --- stay in bed all or most of the day?
9a. (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?

b. (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?

---

If 1 or more days in Q's. 5-9, ask 10; otherwise go to next person.

10a. What condition caused --- to stay in bed miss work miss school cut down during the past 2 weeks?

b. Did any other condition cause him to miss work miss school cut down during that period?

c. What condition?

---

11a. During the past 2 weeks did anyone in the family that is you, your ---, etc. have any (other) accidents or injuries?

b. Who was this? — Mark "Accident or injury" box in person's column.

c. What was the injury?

d. Did anyone have any other accidents or injuries during that period?

For each person with "Accident or injury," ask:

- As a result of the accident, did --- see a doctor or did he cut down on the things he usually does?

---

12a. During the past 2 weeks, did anyone in the family, (that is you, your ---, etc.) go to a dentist?

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

c. During the past 2 weeks, did anyone else in the family go to a dentist?

If "Dental visit," ask:

d. During the past 2 weeks, how many times did --- go to a dentist?

---

13a. 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.)

b. ABOUT how long has it been since --- last went to a dentist?

---

FOOTNOTES
14. During the past 2 weeks (the 2 weeks outlined in red on that calendar) how many times did --- see a medical doctor?

<table>
<thead>
<tr>
<th>Question</th>
<th>Response Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>14a.</td>
<td>Y (15b and c)</td>
</tr>
<tr>
<td>14b.</td>
<td>N (16)</td>
</tr>
<tr>
<td>14c.</td>
<td>Y (15b and c)</td>
</tr>
<tr>
<td>14d.</td>
<td>N</td>
</tr>
</tbody>
</table>

15a. 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?

<table>
<thead>
<tr>
<th>Question</th>
<th>Response Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>15a.</td>
<td>Y (15b and c)</td>
</tr>
<tr>
<td>15b.</td>
<td>N (16)</td>
</tr>
<tr>
<td>15c.</td>
<td>Y (15b and c)</td>
</tr>
<tr>
<td>15d.</td>
<td>N</td>
</tr>
</tbody>
</table>

16a. During that period, did anyone in the family get any medical advice from a doctor over the telephone?

<table>
<thead>
<tr>
<th>Question</th>
<th>Response Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>16a.</td>
<td>Y (16b and c)</td>
</tr>
<tr>
<td>16b.</td>
<td>N (17)</td>
</tr>
<tr>
<td>16c.</td>
<td>Y (16b and c)</td>
</tr>
<tr>
<td>16d.</td>
<td>N</td>
</tr>
</tbody>
</table>

17a. For what condition did --- see or talk to a doctor during the past 2 weeks?

<table>
<thead>
<tr>
<th>Question</th>
<th>Response Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>17a.</td>
<td>Y (17a)</td>
</tr>
<tr>
<td>17b.</td>
<td>N (NP)</td>
</tr>
<tr>
<td>17c.</td>
<td>Y (17a)</td>
</tr>
<tr>
<td>17d.</td>
<td>N (NP)</td>
</tr>
</tbody>
</table>

18a. 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.)

<table>
<thead>
<tr>
<th>Question</th>
<th>Response Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>18a.</td>
<td>None</td>
</tr>
<tr>
<td>18b.</td>
<td>Only in hospital</td>
</tr>
<tr>
<td>18c.</td>
<td>None</td>
</tr>
</tbody>
</table>

FOOTNOTES
Please look at this card (Hand respondent Card M)
Which one of these statements fits — best in terms of health? (Circle appropriate number) M.______________

If respondent does not understand or is unable to read the card, ask questions 19–23 for each person.

19. In terms of health must — stay IN BED all or most of the time?
   19. 1 Y (24a) N

20. In terms of health must — stay IN THE HOUSE all or most of the time?
   20. 2 Y (24a) N

21. Does — need the help of ANOTHER PERSON in getting around inside or outside the house?
   21. 3 Y (24a) N

22. Does — need the help of some SPECIAL AID, such as a cane or wheelchair in getting around inside or outside the house?
   22. 4 Y (24a) N

23. Although — does not need the help of another person or a special aid, does he have trouble getting around freely?
   23. 5 Y (24a) N (NP)

Ask for each person with a limitation reported in Item M or in questions 19–23:

24a. About how long has —

   (1) had to stay in bed because of health?
   24a. 1 _______Mos. 2 _______Yrs.

   (2) had to stay in the house because of health?
   (3–4) needed help getting around inside or outside the house?

   (5) had trouble getting around freely?

b. What (other) condition causes this?

   If “old age” only, ask: Is this caused by any specific condition?

   a. Y (Reask b and c) N

   c. Is this caused by any other condition?

   Mark box or ask:

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

FOOTNOTES
### Ages 17+:

**25a.** What was -- doing most of the past 12 months? (For males): working or doing something else?
- If "something else," ask:
  - What was -- doing?
  - If 45+ years and was not "working," "keeping house," or "going to school," ask:
    - Is -- retired?
    - If "retired," ask: Did he retire because of his health?
- **25b.** What was -- doing most of the past 12 months? (For females): working or doing something else?
  - If "something else," ask:
    - What was -- doing?

### Ages 6-16:

**26a.** What was -- doing most of the past 12 months? (going to school or doing something else)?
- If "something else," ask:
  - What was -- doing?

### Ages under 6:

**27a.** Is -- able to take part at all in ordinary play with other children?
- Is he limited in the kind of play he can do because of his health?
- Is he limited in the amount of play because of his health?

**28a.** Is -- limited in any way because of his health?
- In what way is he limited?

**29a.** Does -- health now keep him from working?
- Is he limited in the kind of work he could do because of his health?
- Is he limited in the amount of work he could do because of his health?

**30a.** Does -- have a job today? (NOW have a job)
- In terms of health, is -- NOW able to (work – keep house) at all?
- Is he limited in the kind of (work – housework) he can do because of his health?
- Is he limited in the amount of (work – housework) he can do because of his health?
- Is he limited in the kind or amount of other activities because of his health?

**31a.** In terms of health would -- be able to go to school?
- Is he limited in the kind or amount of other activities because of his health?

**32a.** Does (would) -- have to go to a certain type of school because of his health?
- Is he (would he) be limited in school attendance because of his health?
- Is he limited in the kind or amount of other activities because of his health?

**33a.** Is -- limited in ANY WAY because of a disability or health?
- In what way is he limited? Record limitation, not condition.

**34a.** About how long has he been limited in -- been unable to -- had to go to a certain type of school?
- What (other) condition causes this limitation?
  - If "old age" only: Is this limitation caused by any specific condition?
  - Is this limitation caused by any other condition?
- Mark box or ask:
  - Which of these conditions would you say is the MAIN cause of his limitation?
<table>
<thead>
<tr>
<th>Question</th>
<th>Y</th>
<th>N (Item C)</th>
</tr>
</thead>
<tbody>
<tr>
<td>35a. Was -- a patient in a hospital at any time since (date) a year ago?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. How many times was -- in a hospital since (date) a year ago?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>36a. Was anyone in the family in a nursing home, convalescent home, or similar place since (date) a year ago?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Who was this? -- Circle &quot;Y&quot; in person's column.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>For each &quot;Y&quot; circled, ask:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. During that period, how many times was -- in a nursing home or similar place?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>36b. Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>36c. For each &quot;Y&quot; circled, ask:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. During that period, how many times was -- in a nursing home or similar place?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>37a. When was -- born? If on or after the hospital reference date, ask 37b.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Was -- born in a hospital?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes&quot; and no hospitalizations entered in his and/or mother's column, enter &quot;1&quot; in 35b and item C.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes&quot; and a hospitalization is entered for the mother and/or baby, ask 37c for each.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Is this hospitalization included in the number you gave me for -- ?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If &quot;No,&quot; correct entries in Q. 35 and item C for mother and/or baby.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>38a. Has anyone in the family (you, your --, etc.) EVER had --</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Who was this? Enter name of condition and letter of line where reported in appropriate person's column(s) in Item C.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Has anyone else ever had -- ?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A. Rheumatic fever?  
B. Rheumatic heart disease?  
C. Hardening of the arteries or arteriosclerosis?  
D. Congenital heart disease?  
E. Coronary heart disease?  
F. High blood pressure?  
G. Stroke or a cerebrovascular accident?  
H. Hemorrhage of the brain?  
I. Angina pectoris?  
J. Myocardial infarction?  
K. Any other heart attack?
These next questions are about health insurance.

If 65 or over, ask:

1a. Is — covered by that part of Social Security Medicare which pays for hospital bills? [ ] Y [ ] N [ ] 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 a certain amount each month? [ ] Y [ ] N [ ] DK

For each person with “DK” in Q. 1a or b, ask:

2. May I please see the Social Security Medicare card(s) for — (and — ) to determine the type of coverage? [ ] Hospital [ ] Medical [ ] Card not seen

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

3a. (Not counting Medicare) Is anyone in the family covered by hospital insurance, that is, a health insurance plan which pays any part of a hospital bill? Y [ ] (3b, c) N [ ] (3d)

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 [ ] (3b, c) N [ ] (3d)

d. Is anyone in the family covered by a (any other) health insurance plan which pays any part of a doctor’s or surgeon’s bill? Y [ ] (3a) N [ ] (3c)

e. What is the name of the plan? (Record in Table H.I.; reask 3d)

Table H.I.—Continued

<table>
<thead>
<tr>
<th>TABLE H.I.</th>
<th>Which members of the family are covered by (name of plan)?</th>
<th>Was this insurance plan obtained through an employer, union, or some other group?</th>
<th>Is this plan now carried through a group or as an individual plan?</th>
<th>To receive services under this plan must you and your family go to certain clinics or doctors?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of plan (a)</td>
<td>Circle person numbers Is anyone else in the family covered under this policy? (b)</td>
<td>(c)</td>
<td>(d)</td>
<td>(e)</td>
</tr>
<tr>
<td>A</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td>Y [ ] N [ ] DK</td>
<td>1 Group [ ] 2 Ind. [ ] DK</td>
<td>1 Y [ ] 2 N [ ] 9 DK</td>
</tr>
<tr>
<td>B</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td>Y [ ] N [ ] DK</td>
<td>1 Group [ ] 2 Ind. [ ] DK</td>
<td>1 Y [ ] 2 N [ ] 9 DK</td>
</tr>
</tbody>
</table>

For each person, review Q’s. 1 and 2 and Table H.I. and determine if “Covered” by either Medicare or insurance or “Not covered.”

Ask for each person “Not covered” (Many people do not carry health insurance for various reasons)

4. Which of these statements (Hand Card H) best describes why — is not covered by any health insurance plan? Any other reason? Circle all reasons given

5a. Is anyone in the family covered by an insurance plan which pays any part of a dentist bill for routine or regular care? Y [ ] (41) N [ ]

b. Which members of the family are covered?

---

For each person, review Q’s. 1 and 2 and Table H.I. and determine if “Covered” by either Medicare or insurance or “Not covered.”

Ask for each person “Not covered” (Many people do not carry health insurance for various reasons)

4. Which of these statements (Hand Card H) best describes why — is not covered by any health insurance plan? Any other reason? Circle all reasons given

5a. Is anyone in the family covered by an insurance plan which pays any part of a dentist bill for routine or regular care? Y [ ] (41) N [ ]

b. Which members of the family are covered?
If 17 years old or over, ask:

54a. What is the highest grade or year you attended in school?

b. Did you finish the grade (year)?

Ask for all males 17 years or over:

54b. Did you ever serve in the Armed Forces of the United States?

b. When did you serve?

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

54c. Did you work at any time last week or the week before? (For females): not counting work around the house?

b. Even though you 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 was looking for work or on layoff from a job?

Ask for all persons with a “Yes” in 54a, b, or c.

54d. Who does (did) work for?

b. What kind of business or industry is this?

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

Fill 44c from entries in 44a–44c; if not clear, ask:

d. Class of worker

Please look at this card—(Show Card 1)

54e. Group

00 A 02 B 04 D 06 G 07 H 08 I 09 J 03 C 05 F 01 E
CARD C

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

CARD E

“EXTRA CASH” INSURANCE PLAN DEFINED

It is a health insurance plan which pays a fixed amount of money for each day or week the policy holder is a patient overnight in the hospital. This type of health insurance almost always pays the money directly to the policy holder. Payments are made to the policy holder regardless of what other types of health insurance coverage the person may have.

CARD H

1. Total or partial payment by self or family
2. Social Security Medicare
3. Hospital insurance or Doctor Visit insurance
4. Workmen’s Compensation
5. Accident insurance carried by family or someone outside the family
6. Armed Forces Dependent Care (CHAMPUS)
7. Veteran’s Benefits
8. Medicaid
9. Welfare
10. Other (Some other source)

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

INCOME