

<p>1a. What is the name of the head of this household? - Enter name in first column.</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? Yes* No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>d. Have I missed anyone who USUALLY lives here but is now away from home? <input type="checkbox"/> <input type="checkbox"/></p> <p>e. Do any of the people in this household have a home anywhere else? <input type="checkbox"/> <input type="checkbox"/></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? Y → Co(s). _____ (Delete) N</p> <p style="text-align:center">*Apply household membership rules.</p>	<table border="1"> <tr> <td>1a. First name</td> <td style="text-align:center">①</td> <td>RACE</td> </tr> <tr> <td></td> <td></td> <td>1 W</td> </tr> <tr> <td></td> <td></td> <td>2 N</td> </tr> <tr> <td></td> <td></td> <td>3 OT</td> </tr> <tr> <td colspan="2">Last name</td> <td>SEX</td> </tr> <tr> <td colspan="2"></td> <td>1 M</td> </tr> <tr> <td colspan="2"></td> <td>2 F</td> </tr> <tr> <td colspan="2"></td> <td>AGE</td> </tr> </table>	1a. First name	①	RACE			1 W			2 N			3 OT	Last name		SEX			1 M			2 F			AGE						
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<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</p> <p>3. HEAD</p>																														
<p>C</p> <p>1. Record the number of Doctor Visits and Hospitalizations.</p> <p>2. Record each condition in the person's column, with the question number(s) where it was reported.</p> <p>Reference dates</p> <p>2-week period _____, _____,</p> <p>Dentist and Doctor visit probe _____</p> <p>Hospital probe _____</p>	<table border="1"> <tr> <td colspan="2">DOCTOR</td> <td>HOSP.</td> </tr> <tr> <td>2 wks. _____ (NP)</td> <td>12 mos. <input type="checkbox"/> Y <input type="checkbox"/> N (NP)</td> <td>_____ (NP)</td> </tr> <tr> <td>Q. No.</td> <td colspan="2">Condition</td> </tr> <tr><td> </td><td colspan="2"> </td></tr> <tr><td> </td><td colspan="2"> </td></tr> <tr><td> </td><td colspan="2"> </td></tr> <tr><td> </td><td colspan="2"> </td></tr> <tr><td> </td><td colspan="2"> </td></tr> <tr><td> </td><td colspan="2"> </td></tr> <tr><td> </td><td colspan="2"> </td></tr> </table>	DOCTOR		HOSP.	2 wks. _____ (NP)	12 mos. <input type="checkbox"/> Y <input type="checkbox"/> N (NP)	_____ (NP)	Q. No.	Condition																						
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Q. No.	Condition																														
<p>If 17 years old or over, ask:</p> <p>4. Is --- now married, widowed, divorced, separated, or never married? - Mark one box for each person.</p>	<p>0 <input type="checkbox"/> Under 17 3 <input type="checkbox"/> Nev. 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>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 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).</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>5a. 00 N } If age: 17+ (6)</p> <p>b. _____ Days } 6-16 (7)</p> <p style="text-align:right">Under 6 (9)</p>																														
<p>6. During those 2 weeks, how many days did illness or injury keep --- from work? (For females): not counting work around the house.</p>	<p>6. _____ WL days (8)</p> <p>00 <input type="checkbox"/> None (9)</p>																														
<p>7. During those 2 weeks, how many days did illness or injury keep --- from school?</p>	<p>7. _____ SL days</p> <p>00 <input type="checkbox"/> None (9)</p>																														
<p>If "N" in Q. 5a, go to Q. 9.</p> <p>8. On how many of these --- days lost from { work school } did --- stay in bed all or most of the day?</p>	<p>8. _____ Days</p> <p>00 <input type="checkbox"/> None</p>																														

<p>9a. (NOT COUNTING the day(s) { in bed lost from work lost from school })</p> <p>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>9a. 1 Y 2 N (10)</p>
<p>b. (Again, not counting the day(s) { in bed lost from work lost from school })</p> <p>During that period, how many (other) days did he cut down for as much as a day?</p>	<p>b. ____ Days 00 <input type="checkbox"/> None</p>
<p>If 1 or more days in Q's. 5-9, ask 10; otherwise go to next person.</p>	
<p>10a. What condition caused -- to { stay in bed miss work miss school cut down } during the past 2 weeks?</p>	<p>10a. Enter condition in item C Ask 10b</p>
<p>b. Did any other condition cause him to { stay in bed miss work miss school cut down } during that period?</p>	<p>b. Y N (NP)</p>
<p>c. What condition?</p>	<p>c. Enter conditions in item C Reask 10b</p>
<p>11a. During the past 2 weeks did anyone in the family that is you, your --, etc. have any (other) accidents or injuries? Y (11b and c) N (12)</p>	
<p>b. Who was this? - Mark "Accident or injury" box in person's column.</p>	<p>11b. <input type="checkbox"/> Accident or injury</p>
<p>c. What was the injury?</p>	<p>Injury</p>
<p>d. Did anyone have any other accidents or injuries during that period? Y (11b and c) N</p>	
<p>For each person with "Accident or injury," ask: e. As a result of the accident, did -- see a doctor or did he cut down on the things he usually does? Y (Enter injury in item C) N</p>	
<p>12a. During the past 2 weeks, did anyone in the family, (that is you, your --, etc.) go to a dentist? Y (12b and c) N (13)</p>	
<p>b. Who was this? - Mark "Dental visit," box in person's column.</p>	<p>12b. <input type="checkbox"/> Dental visit</p>
<p>c. During the past 2 weeks, did anyone else in the family go to a dentist? Y (Reask 12b and c) N</p>	
<p>If "Dental visit," ask: d. During the past 2 weeks, how many times did -- go to a dentist?</p>	
<p>Do not ask for children 1 yr. old and under. 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.)</p>	<p>00 <input type="checkbox"/> None 13a. ____ Number of visits</p>
<p>b. ABOUT how long has it been since -- last went to a dentist?</p>	<p>1 <input type="checkbox"/> 2-week dental visit 2 <input type="checkbox"/> Past 2 weeks not reported (Q. 12) 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</p>
<p>FOOTNOTES</p>	

14. During the past 2 weeks (the 2 weeks outlined in red on that calendar) how many times did -- see a medical doctor?		14. <input type="checkbox"/> None _____ Number of visits } (NP)
(Besides those visits)	Y (15b and c) N (16)	
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?		
b. Who was this? -- Mark "Doctor visit" box in person's column.		15b. <input type="checkbox"/> Doctor visit
c. Anyone else?	Y (15b and c) N	
If "Doctor visit," ask:		
d. How many times did -- visit the doctor during that period?		d. _____ Number of visits (NP)
16a. During that period, did anyone in the family get any medical advice from a doctor over the telephone?	Y (16b and c) N (17)	
b. Who was the phone call about? -- Mark "Phone call" box in person's column.		16b. <input type="checkbox"/> Phone call
c. Any calls about anyone else?	Y (16b and c) N	
If "Phone call," ask:		
d. How many telephone calls were made to get medical advice about --?		d. _____ Number of calls (NP)
Fill item C, (DOCTOR), from Q.'s 14-16 for all persons. Ask Q. 17a for each person with visits in DOCTOR box.		<input type="checkbox"/> Condition (Item C THEN 17d) <input type="checkbox"/> Pregnancy (17e) <input type="checkbox"/> No condition
17a. For what condition did -- see or talk to a doctor during the past 2 weeks?		17a. <input type="checkbox"/> Condition (Item C THEN 17d) <input type="checkbox"/> Pregnancy (17e) <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 17d
d. During that period, did -- see or talk to a doctor about any other condition?		d. Y (17c) 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)
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.)		18a. 000 <input type="checkbox"/> Only when in hospital 000 <input type="checkbox"/> None _____ 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 14 and 17) 3 <input type="checkbox"/> 2 wks.-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 } (Item C)
FOOTNOTES		

<p>M</p> <p>Please look at this card (Hand respondent Card M)</p> <p>Which one of these statements fits -- best in terms of health? ----- (Circle appropriate number)</p> <p>If respondent does not understand or is unable to read the card, ask questions 19-23 for each person.</p>	<p>M.</p> <p>1 } 2 } 3 } (24a) 4 } 5 }</p> <p>6 (NP)</p>
<p>19. In terms of health must -- stay IN BED all or most of the time?</p>	<p>19. 1 Y (24a) N</p>
<p>20. In terms of health must -- stay IN THE HOUSE all or most of the time?</p>	<p>20. 2 Y (24a) N</p>
<p>21. Does -- need the help of ANOTHER PERSON in getting around inside or outside the house?</p>	<p>21. 3 Y (24a) N</p>
<p>22. Does -- need the help of some SPECIAL AID, such as a cane or wheelchair in getting around inside or outside the house?</p>	<p>22. 4 Y (24a) N</p>
<p>23. Although -- does not need the help of another person or a special aid, does he have trouble getting around freely?</p>	<p>23. 5 Y (24a) 6 N (NP)</p>
<p>Ask for each person with a limitation reported in item M or in questions 19-23:</p>	
<p>24a. About how long has -- { (1) had to stay in bed because of health? (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? }</p>	<p>24a. 000 <input type="checkbox"/> Less than 1 month 1 ____ Mos. 2 ____ Yrs.</p>
<p>b. What (other) condition causes this?</p>	<p>b. Enter condition in item C and ask c</p>
<p>If "old age" only, ask: Is this caused by any specific condition?</p>	<p><input type="checkbox"/> Old age only (NP)</p>
<p>c. Is this caused by any other condition?</p>	<p>c. Y (Reask b and c) N</p>
<p>Mark box or ask:</p>	<p><input type="checkbox"/> Only 1 condition</p>
<p>d. Which of these conditions would you say is the MAIN cause of his limitation?</p>	<p>d. _____ Enter main condition</p>
<p>FOOTNOTES</p>	

Ages 17+	25a. 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?	25. & 26. 1 <input type="checkbox"/> Working (30a) 2 <input type="checkbox"/> Keeping house (30b) 3 <input type="checkbox"/> Retired, health (29) 4 <input type="checkbox"/> Retired, other (29) 5 <input type="checkbox"/> Going to school (32) 6 <input type="checkbox"/> 17+ something else (29) 7 <input type="checkbox"/> 6-16 something else (31)			
Ages 6-16	26a. 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 <input type="checkbox"/> 1-5 years (27) 0 <input type="checkbox"/> Under 1 (28)			
27a.	Is -- able to take part at all in ordinary play with other children?	Y 1 N (34)			
b.	Is he limited in the kind of play he can do because of his health?	2 Y (34) N			
c.	Is he limited in the amount of play because of his health?	2 Y (34) N (33)			
28a.	Is -- limited in any way because of his health?	1 Y 5 N (NP)			
b.	In what way is he limited?	_____ (34)			
29a.	Does -- health now keep him from working?	1 Y (34) N			
b.	Is he limited in the kind of work he could do because of his health?	2 Y (34) N			
c.	Is he limited in the amount of work he could do because of his health?	2 Y (34) N			
d.	Is he limited in the kind or amount of other activities because of his health?	3 Y (34) N (33)			
30a.	Does -- NOW have a job?	Y (30c) N			
b.	In terms of health, is -- NOW able to (work - keep house) at all?	Y 1 N (34)			
c.	Is he limited in the kind of (work - housework) he can do because of his health?	2 Y (34) N			
d.	Is he limited in the amount of (work - housework) he can do because of his health?	2 Y (34) N			
e.	Is he limited in the kind or amount of other activities because of his health?	3 Y (34) N (33)			
31.	In terms of health would -- be able to go to school?	Y 1 N (34)			
32a.	Does (would) -- have to go to a certain type of school because of his health?	2 Y (34) N			
b.	Is he (would he be) limited in school attendance because of his health?	2 Y (34) N			
c.	Is he limited in the kind or amount of other activities because of his health?	3 Y (34) N (33)			
33a.	Is -- limited in ANY WAY because of a disability or health?	4 Y 5 N (NP)			
b.	In what way is he limited? Record limitation, not condition.				
34a.	About how long has he <table border="0" style="display: inline-table; vertical-align: middle;"><tr><td style="font-size: 2em; vertical-align: middle;">}</td><td style="padding: 0 5px;">been limited in -- been unable to -- had to go to a certain type of school?</td><td style="font-size: 2em; vertical-align: middle;">}</td></tr></table>	}	been limited in -- been unable to -- had to go to a certain type of school?	}	000 <input type="checkbox"/> Less than 1 month 1 _____ Mos. 2 _____ Yrs.
}	been limited in -- been unable to -- had to go to a certain type of school?	}			
b.	What (other) condition causes this limitation?	Enter condition in item C and ask c			
	If "old age" only, ask: Is this limitation caused by any specific condition?	<input type="checkbox"/> Old age only (NP)			
c.	Is this limitation caused by any other condition?	Y (Reask b and c) N			
	Mark box or ask:	<input type="checkbox"/> Only 1 condition			
d.	Which of these conditions would you say is the MAIN cause of his limitation?	Enter main condition			

35a. Was -- a patient in a hospital at any time since (date) a year ago?	35a.	Y N (Item C)
b. How many times was -- in a hospital since (date) a year ago?	b.	____ Times (Item C)
36a. Was anyone in the family in a nursing home, convalescent home, or similar place since (date) a year ago?		Y N (37)
b. Who was this? - Circle "Y" in person's column.	36b.	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:		Month Day Year
37a. When was -- born? If on or after the hospital reference date, ask 37b.	37a.	
b. Was -- born in a hospital? If "Yes" and no hospitalizations entered in his and/or mother's column, enter "1" in 35b and item C. If "Yes" and a hospitalization is entered for the mother and/or baby, ask 37c for each.	b.	Y N (NP)
c. Is this hospitalization included in the number you gave me for -- ? If "No," correct entries in Q. 35 and item C for mother and/or baby.	c.	Y N
38a. Has anyone in the family (you, your --, etc.) EVER had - If "Yes," ask b and c. b. Who was this? Enter name of condition and letter of line where reported in appropriate person's column(s) in item C. c. Has anyone else ever had . . . ?	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.

Und. 65 (NP)

IF 65 OR OVER, ASK:

1a. Is -- covered by that part of Social Security Medicare which pays for hospital bills? 1a. 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 a certain amount each month? b. 1 Y 2 N 9 DK (NP) (NP) (NP)

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? 2. 1 Hospital 2 Medical 3 Card not seen } (NP)

(Transcribe the information from the card or mark the "Card not seen" box.)

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 N (Complete Table H.I. for each plan. If no plans reported, go to I)

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

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

Table H.I.—Continued

Does this -- plan pay any part of hospital expenses?	Does this -- plan pay any part of doctor's or surgeon's bills for operations?	Does this plan pay any part of a doctor's bill for office visits or home calls?	Does this plan pay any part of a doctor's bill for office visits or home calls after a certain amount has been paid by the family?	What do you like most about this -- plan?	What do you like least about this -- plan?	When was the last time any member of your family used this -- plan?
(f)	(g)	(h)	(i)	(j)	(k)	(l)
1 Y 2 N 9 DK	1 Y 2 N 9 DK	1 Y (j) 2 N 9 DK	1 Y 2 N 9 DK			000 <input type="checkbox"/> Nev. used 2 ___ Wks. 3 ___ Mos. 4 ___ Yrs.
1 Y 2 N 9 DK	1 Y 2 N 9 DK	1 Y (j) 2 N 9 DK	1 Y 2 N 9 DK			000 <input type="checkbox"/> Nev. used 2 ___ Wks. 3 ___ Mos. 4 ___ Yrs.

I

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 N) 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? 1 Y 2 N (4l)

5b. Which members of the family are covered? Covered

		<input type="checkbox"/> Under 17 (NP) 00 <input type="checkbox"/> None (42) 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: 41a. What is the highest grade or year --- attended in school?		41a.
b. Did --- finish the --- grade (year)?		b. 1 Y 2 N
Ask for all males 17 years or over: 42a. Did --- ever serve in the Armed Forces of the United States?		42a. 2 Y 1 N (43)
b. When did he serve? Circle code in descending order of priority. Thus if person served in Vietnam and in Korea, circle VN.		b. 1 VN 4 WWI 2 KW 5 OS 3 WWII 6 DK
43a. Did --- work at any time last week or the week before - (For females): not counting work around the house?		43a. 1 Y (44a) 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 43d)
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 43a, b, or c. If "Yes" in 43c only, questions 44a through 44d apply to this person's LAST full-time civilian job.	44a. Who does (did) --- work for?	44a. Employer
	b. What kind of business or industry is this?	b. Industry
	c. What kind of work is (was) --- doing?	c. Occupation
	Fill 44d from entries in 44a-44c; if not clear, ask: d. Class of worker	d. 1 <input type="checkbox"/> Pv't. pd. 5 <input type="checkbox"/> Non-pd. 2 <input type="checkbox"/> Gov. Fed. 6 <input type="checkbox"/> Nev. wk'd. 3 <input type="checkbox"/> Gov. oth. 4 <input type="checkbox"/> Own - If not a farm, ask: is the business Y incorporated? N
Please look at this card - (Show Card 1)		Group 03 <input type="checkbox"/> D 07 <input type="checkbox"/> H
45. 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.		45. 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

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