

<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? <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>d. Have I missed anyone who USUALLY lives here but is now away from home? <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>e. Do any of the people in this household have a home anywhere else? <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>If any adult males listed, ask: *Apply household membership rules.</p> <p>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</p>		<p>1a. First name 1</p> <p>Last name</p>	<p>AGE</p> <p>RACE</p> <p>1 W</p> <p>2 N</p> <p>3 OT</p> <p>SEX</p> <p>1 M</p> <p>2 F</p>
<p>2. How is --- related to --- (Head of household)?</p> <p>3. What is ---'s date of birth? (Enter date and Age, and circle Race and Sex)</p>		<p>2. Relationship HEAD</p> <p>3. Month Day Year</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>	<p>DOCTOR</p> <p>HOSP</p> <p>_____(NP) _____(NP)</p> <p>Q. No Condition</p>		
	<p>Refer to Flashcard _____ to determine Sample Person(s); mark SP box(es) at top of persons' column(s).</p>		
<p>H</p> <p>If related persons 17 years old or over are listed in addition to the respondent, say:</p> <p>We would like to have all adults who are at home take part in the interview.</p> <p>Is your ---, your ---, etc., at home now? If "Yes" ask: Please ask them to join us.</p>	<p>0 <input type="checkbox"/> Under 17</p> <p>1 <input type="checkbox"/> At home</p> <p>2 <input type="checkbox"/> Not at home</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>4a. 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>4a. 00 N</p> <p>b. _____ Days</p> <p>If age: 17+ (1) 6-16 (2) Under 6 (2)</p>		
<p>5. During those 2 weeks, how many days did illness or injury keep --- from work? (For females): not counting work around the house?</p>	<p>5. _____ WL days (7)</p> <p>00 <input type="checkbox"/> None (8)</p>		
<p>6. During those 2 weeks, how many days did illness or injury keep --- from school?</p>	<p>6. _____ SL days</p> <p>00 <input type="checkbox"/> None (8)</p>		
<p>If NO days in Q. 4b, go to Q. 8</p> <p>7. On how many of these --- days lost from { work school } did --- stay in bed all or most of the day?</p>	<p>7. _____ Days</p> <p>00 <input type="checkbox"/> None</p>		
<p>8a. (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>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>8a. 1 Y</p> <p>2 N (4)</p> <p>b. _____ Days</p> <p>00 <input type="checkbox"/> None</p>		
<p>If one or more days in Q's. 4-8, ask 9; otherwise go to next person.</p> <p>9a. What condition caused --- to { stay in bed miss work miss school cut down } during the past 2 weeks?</p> <p>b. Did any other condition cause him to { stay in bed miss work miss school cut down } during that period?</p> <p>c. What condition?</p>	<p>9a. _____</p> <p>b. Y</p> <p>N (NP)</p> <p>c. _____</p>		
<p>10a. During the past 2 weeks did anyone in the family, that is you, your ---, etc., have any (other) accidents or injuries? Y N (11)</p> <p>b. Who was this? - Mark "Accident or injury" box in person's column.</p> <p>c. What was the injury?</p> <p>d. Did anyone have any other accidents or injuries during that period? Y (Reask 10b and c) N</p> <p>For each person with "Accident or injury," ask:</p> <p>e. As a result of the accident, did --- see a doctor or did he cut down on the things he usually does?</p>	<p>10b. <input type="checkbox"/> Accident or injury</p> <p>Injury</p> <p>c.</p> <p>d. Y (Reask 10b and c) N</p> <p>e. Y (Reask 10b and c) N</p>		

11a. During the past 2 weeks, did anyone in the family, that is you, your ---, etc., go to a dentist?	Y N (12)	
b. Who was this? - Mark "Dental visit" box in person's column.		11b. <input type="checkbox"/> Dental visit
c. During the past 2 weeks, did anyone else in the family go to a dentist? If "Dental visit," ask:	Y (Reask 11b and c) N	
d. During the past 2 weeks, how many times did --- go to a dentist?		d. ___ No. of dental visits (NP)
Do not ask for children 1 yr. old and under.		
12a. 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.)		12a. 00 <input type="checkbox"/> None ___ Number of visits
b. ABOUT how long has it been since ---LAST went to a dentist?		b. 1 <input type="checkbox"/> 2-week dental visit 2 <input type="checkbox"/> Past 2 weeks not reported (Q.11) 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
FOOTNOTES		
13. During the past 2 weeks (the 2 weeks outlined in red on that calendar) how many times did --- see a medical doctor?		13. 00 <input type="checkbox"/> None ___ Number of visits (NP)
(Besides those visits)		
14a. 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 N (15)	
b. Who was this? - Mark "Doctor visit" box in person's column.		14b. <input type="checkbox"/> Doctor visit
c. Anyone else? If "Doctor visit," ask:	Y (Reask 14b and c) N	
d. How many times did --- visit the doctor during that period?		d. ___ Number of visits (NP)
15a. During that period, did anyone in the family get any medical advice from a doctor over the telephone?	Y N (16)	
b. Who was the phone call about? - Mark "Phone call" box in person's column.		15b. <input type="checkbox"/> Phone call
c. Any calls about anyone else? If "Phone call," ask:	Y (Reask 15b and c) N	
d. How many telephone calls were made to get medical advice about --- ?		d. ___ Number of calls (NP)
Fill item C, (DOCTOR), from Q.'s 13-15 for all persons. Ask Q. 16a for each person with visits in DOCTOR box.		<input type="checkbox"/> Condition (Item C THEN 16d) <input type="checkbox"/> Pregnancy (16e) <input type="checkbox"/> No condition
16a. For what condition did --- see or talk to a doctor during the past 2 weeks?		16a.
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 16d
d. During that period, did --- see or talk to a doctor about any other condition?		d. Y (16c) N (NP)
e. During the past 2 weeks was --- sick because of her pregnancy?		e. Y N (16d)
f. What was the matter?		f. Enter condition in Item C (16d)

<p>17a. 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.)</p> <p>b. ABOUT how long has it been since -- LAST saw or talked to a medical doctor?</p>		<p>17a. 000 <input type="checkbox"/> Only when in hospital 000 <input type="checkbox"/> None _____ Number of visits</p> <p>b. 1 <input type="checkbox"/> 2-week DV 2 <input type="checkbox"/> Past 2 weeks not reported 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</p>
Ages 17+	<p>18a. 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?</p> <p>b. What was -- doing? If 45+ years and was not "working," "keeping house," or "going to school," ask: _____</p> <p>c. Is -- retired?</p> <p>d. If "retired," ask: Did he retire because of his health?</p>	<p>18. & 19. 1 <input type="checkbox"/> Working (23a) 2 <input type="checkbox"/> Keeping house (23b) 3 <input type="checkbox"/> Retired, health (22) 4 <input type="checkbox"/> Retired, other (22) 5 <input type="checkbox"/> Going to school (25) 6 <input type="checkbox"/> 17+ something else (22) 7 <input type="checkbox"/> 6-16 something else (22)</p>
Ages 6-16	<p>19a. What was -- doing most of the past 12 months - going to school or doing something else? If "something else," ask: _____</p> <p>b. What was -- doing?</p>	<p>0 <input type="checkbox"/> 1-5 years (23) 0 <input type="checkbox"/> Under 1 (21)</p>
Ages under 6		
<p>20a. Is -- able to take part at all in ordinary play with other children?</p> <p>b. Is he limited in the kind of play he can do because of his health?</p> <p>c. Is he limited in the amount of play because of his health?</p>		<p>20a. Y 1 N (27)</p> <p>b. 2 Y (27) N</p> <p>c. 2 Y (27) N (26)</p>
<p>21a. Is -- limited in any way because of his health?</p> <p>b. In what way is he limited? Record limitation, not condition.</p>		<p>21a. 1 Y 5 N (NP)</p> <p>b. _____ (27)</p>
<p>22a. Does -- health now keep him from working?</p> <p>b. Is he limited in the kind of work he could do because of his health?</p> <p>c. Is he limited in the amount of work he could do because of his health?</p> <p>d. Is he limited in the kind or amount of other activities because of his health?</p>		<p>22a. 1 Y (27) N</p> <p>b. 2 Y (27) N</p> <p>c. 2 Y (27) N</p> <p>d. 3 Y (27) N (26)</p>
<p>23a. Does -- NOW have a job? #</p> <p>b. In terms of health, is -- NOW able to (work - keep house) at all?</p> <p>c. Is he limited in the kind of (work - housework) he can do because of his health?</p> <p>d. Is he limited in the amount of (work - housework) he can do because of his health?</p> <p>e. Is he limited in the kind or amount of other activities because of his health?</p>		<p>23a. Y (23e) N</p> <p>b. Y 1 N (27)</p> <p>c. 2 Y (27) N</p> <p>d. 2 Y (27) N</p> <p>e. 3 Y (27) N (26)</p>
<p>24. In terms of health would -- be able to go to school?</p>		<p>24. Y 1 N (27)</p>
<p>25a. Does (would) -- have to go to a certain type of school because of his health?</p> <p>b. Is he (would he be) limited in school attendance because of his health?</p> <p>c. Is he limited in the kind or amount of other activities because of his health?</p>		<p>25a. 2 Y (27) N</p> <p>b. 2 Y (27) N</p> <p>c. 3 Y (27) N (26)</p>
<p>26a. Is -- limited in ANY WAY because of a disability or health?</p> <p>b. In what way is he limited? Record limitation, not condition.</p>		<p>26a. 4 Y 5 N (NP)</p> <p>b. _____</p>
<p>27a. About how long has he { been limited in -- been unable to -- had to go to a certain type of school? }</p> <p>b. What (other) condition causes this limitation? If "old age" only, ask: Is this limitation caused by any specific condition?</p> <p>c. Is this limitation caused by any other condition?</p> <p>Mark box or ask:</p> <p>d. Which of these conditions would you say is the MAIN cause of his limitation?</p>		<p>27a. 000 <input type="checkbox"/> Less than 1 month 1 _____ Mos. 2 _____ Yrs.</p> <p>b. Enter condition in item C and ask a <input type="checkbox"/> Old age only (NP)</p> <p>c. Y (Reask b and c) N</p> <p><input type="checkbox"/> Only 1 condition</p> <p>d. Enter main condition</p>

28a. Was -- a patient in a hospital at any time since <u> </u> (date) <u> </u> a year ago?		28a.	Y	N (Item C)
b. How many times was -- in a hospital since <u> </u> (date) <u> </u> a year ago?		b.	<u> </u> Times (Item C)	
29a. Was anyone in the family in a nursing home, convalescent home, or similar place since <u> </u> (date) <u> </u> 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.	<u> </u> Times (Item C)	
Ask for each child 1 year old or under if date of birth is on or after reference date.				
30a. Was -- born in a hospital?		30a.	Y	N (NP)
If "Yes," and no hospitalizations entered in his and/or mother's column, enter "1" in 28b and item C.				
If "Yes," and a hospitalization is entered for the mother and/or baby, ask 30b for each.				
b. Is this hospitalization included in the number you gave me for -- ?		b.	Y	N
If "No," correct entries in Q. 28 and item C for mother and/or baby.				
31a. DURING THE PAST 12 MONTHS, did anyone in the family (you, your --, etc.) have - 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 in item C. c. During the past 12 months, did anyone else have . . . ?	A. Goiter or other thyroid trouble?		} Glandular disorder	
	B. Diabetes?			
	C. Cystic fibrosis?			
	D. Anemia?			
	E. Epilepsy?			
	F. Multiple sclerosis?			
	G. Migraine?			
32. Compared to other persons --'s age, would you say that his health is excellent, good, fair, or poor?		32.	<div style="text-align: center;">①</div> 1 E 2 G 3 F 4 P	
R Q.'s 4-32	For persons 17 years old or over, show who responded for (or was present during the asking of) Q.'s 4-32. If persons responded for self, show whether entirely or partly. For persons under 17 show who responded for them.		1 <input type="checkbox"/> Responded for self-entirely 2 <input type="checkbox"/> Responded for self-partly Person <u> </u> was respondent	
FOOTNOTES				

Y N (Item C)	28a.	Y N (Item C)	Y N (Item C)	28a.	Y N (Item C)	Y N (Item C)
___ Times (Item C)	b.	___ Times (Item C)	___ Times (Item C)	b.	___ Times (Item C)	___ Times (Item C)
Y	29b.	Y	Y	29b.	Y	Y
___ Times (Item C)	c.	___ Times (Item C)	___ Times (Item C)	c.	___ Times (Item C)	___ Times (Item C)
Y N (NP)	30a.	Y N (NP)	Y N (NP)	30a.	Y N (NP)	Y N (NP)
Y N	b.	Y N	Y N	b.	Y N	Y N
<p>31a. DURING THE PAST 12 MONTHS, did anyone in the family have –</p> <p>If "Yes," ask b and c</p> <p>b. Who was this? Enter in item C</p> <p>c. During the past 12 months, did anyone else have . . . ?</p>				<p>H. Neuralgia or neuritis</p> <p>I. Sciatica?</p> <p>J. Nephritis?</p> <p>K. Kidney stones?</p> <p>L. Any other kidney trouble?</p> <p>M. Bladder trouble?</p> <p>N. Prostate trouble?</p> <p>O. Disease of the uterus or ovary?</p> <p>P. Any other female trouble?</p>		<p>Condition affecting the nervous system</p> <p>Genito-urinary condition</p>
②	32.	③	④	32.	⑤	⑥
1 E 2 G 3 F 4 P	1 E 2 G 3 F 4 P	1 E 2 G 3 F 4 P	1 E 2 G 3 F 4 P	1 E 2 G 3 F 4 P	1 E 2 G 3 F 4 P	1 E 2 G 3 F 4 P
1 <input type="checkbox"/> Responded for self-entirely 2 <input type="checkbox"/> Responded for self-partly Person _____ was respondent	1 <input type="checkbox"/> Responded for self-entirely 2 <input type="checkbox"/> Responded for self-partly Person _____ was respondent	1 <input type="checkbox"/> Responded for self-entirely 2 <input type="checkbox"/> Responded for self-partly Person _____ was respondent	1 <input type="checkbox"/> Responded for self-entirely 2 <input type="checkbox"/> Responded for self-partly Person _____ was respondent	1 <input type="checkbox"/> Responded for self-entirely 2 <input type="checkbox"/> Responded for self-partly Person _____ was respondent	1 <input type="checkbox"/> Responded for self-entirely 2 <input type="checkbox"/> Responded for self-partly Person _____ was respondent	1 <input type="checkbox"/> Responded for self-entirely 2 <input type="checkbox"/> Responded for self-partly Person _____ was respondent

PREVENTIVE CARE

S1

- 40+ years (1)
- 17-39 years (3)
- 3-16 years (7)
- Under 3 years (8)

<p>1. About how long has it been since -- had an electrocardiogram, or EKG, which involves placing wires on the chest and arms?</p>	<p>1.</p>	<p>98 <input type="checkbox"/> Never 00 <input type="checkbox"/> Less than 1 year ____ Years</p>
<p>2. About how long has it been since -- had a test for glaucoma - this is sometimes referred to as an eye pressure test?</p>	<p>2.</p>	<p>98 <input type="checkbox"/> Never 00 <input type="checkbox"/> Less than 1 year ____ Years</p>
<p>3. About how long has it been since -- had a chest X-ray?</p>	<p>3.</p>	<p>98 <input type="checkbox"/> Never 00 <input type="checkbox"/> Less than 1 year ____ Years</p>
<p>4a. Does -- have eyeglasses or contact lenses?</p>	<p>4a.</p>	<p>1 Y 2 N</p>
<p>b. About how long has it been since -- had his eyes examined to see if he needed (new) glasses?</p>	<p>b.</p>	<p>98 <input type="checkbox"/> Never 00 <input type="checkbox"/> Less than 1 year ____ Years</p>
<p>Ask only of FEMALES 17+ years of age; otherwise, go to next person. 5. About how long has it been since -- had a Pap smear test for cancer?</p>	<p>5.</p>	<p>98 <input type="checkbox"/> Never 00 <input type="checkbox"/> Less than 1 year ____ Years</p>
<p>6. About how long has it been since -- had a breast examination by a doctor?</p>	<p>6.</p>	<p>98 <input type="checkbox"/> Never 00 <input type="checkbox"/> Less than 1 year ____ Years } (NP)</p>
<p>7a. Does -- have eyeglasses or contact lenses?</p>	<p>7a.</p>	<p>1 Y 2 N</p>
<p>b. About how long has it been since -- had his eyes examined to see if he needed (new) glasses? (Include any eye exams given in school.)</p>	<p>b.</p>	<p>98 <input type="checkbox"/> Never 00 <input type="checkbox"/> Less than 1 year * ____ Years</p>
<p>8a. During the past 12 months, was -- taken to a doctor for a ROUTINE physical examination, that is, not for a particular illness but for a general checkup?</p>	<p>8a.</p>	<p>1 Y (9) 2 N</p>
<p>b. About how long has it been since -- was taken to a doctor for a routine physical examination or general checkup?</p>	<p>b.</p>	<p>98 <input type="checkbox"/> Never ____ Years</p>
<p>9. About how old was -- when you FIRST took him to a dentist?</p>	<p>9.</p>	<p>98 <input type="checkbox"/> Never ____ Years old</p>

<p>If 17 years old or over, ask</p> <p>33a. During the past 12 months, has -- given or sold any blood to a blood bank, a hospital, the Red Cross, or anywhere else?</p> <hr/> <p>b. During the past 12 months, how many times has -- given or sold his blood?</p> <p>For each donation reported in Q. 33b, ask:</p> <p>c. Which of the reasons listed on this card (Hand Card B) best describes why -- gave blood (the last time, the time before that, etc.)?</p>	<p>0 <input type="checkbox"/> Under 17 (NP)</p> <p>33a. 1 Y 2 N (NP)</p> <hr/> <p>b. _____ Times</p> <p>(Last time)</p> <p>c. 1 1 2 3 4 5 - Specify <input checked="" type="checkbox"/></p> <p>2 1 2 3 4 5 - Specify <input checked="" type="checkbox"/></p> <p>3 1 2 3 4 5 - Specify <input checked="" type="checkbox"/></p> <p>4 1 2 3 4 5 - Specify <input checked="" type="checkbox"/></p>						
<p>If 17 years old or over, ask:</p> <p>34a. What is the highest grade or year -- attended in school?</p> <hr/> <p>b. Did -- finish the -- grade (year)?</p>	<p><input type="checkbox"/> Under 17 (NP)</p> <p>00 <input type="checkbox"/> None (35)</p> <p>34a. Elem: 1 2 3 4 5 6 7 8</p> <p>High: 9 10 11 12</p> <p>College: 1 2 3 4 5 6+</p> <hr/> <p>b. 1 Y 2 N</p>						
<p>Ask for all males 17 years or over</p> <p>35a. Did -- ever serve in the Armed Forces in the United States?</p> <hr/> <p>b. When did he serve?</p> <p>Circle code in descending order of priority. Thus if person served in Vietnam and in Korea, circle VN.</p>	<p>35a. 2 Y 1 N (NP)</p> <hr/> <p>b.</p> <table border="0"> <tr> <td>1 VN</td> <td>4 WWI</td> </tr> <tr> <td>2 KW</td> <td>5 OS</td> </tr> <tr> <td>3 WWII</td> <td>6 DK</td> </tr> </table> <p>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</p>	1 VN	4 WWI	2 KW	5 OS	3 WWII	6 DK
1 VN	4 WWI						
2 KW	5 OS						
3 WWII	6 DK						
<p>FOOTNOTES</p>							

<p>If 17 years old or over, ask:</p> <p>36a. Did --- work at any time last week or the week before -- (For females): not counting work around the house?</p>		<p><input type="checkbox"/> Under 17 (NFI)</p> <p>1 <input type="checkbox"/> Y (27) 2 <input type="checkbox"/> N</p>
<p>b. Even though --- did not work during these 2 weeks, does he have a job or business?</p>		<p>b. 1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N</p>
<p>c. Was he looking for work or on layoff from a job?</p>		<p>c. 1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (27)</p>
<p>d. Which -- looking for work or on layoff from a job?</p>		<p>1 <input type="checkbox"/> Looking 3 <input type="checkbox"/> Both 2 <input type="checkbox"/> Layoff</p>
<p>Ask for all persons with a "Yes" in 36a, b, or c.</p> <p>If "Yes" in 36c only, questions 37a through 37d apply to this person's LAST full-time civilian job.</p>	<p>37a. Who does (did) --- work for?</p> <p>-----</p>	<p>37a. Employer</p>
	<p>b. What kind of business or industry is this?</p> <p>-----</p>	<p>b. Industry</p>
	<p>c. What kind of work is (was) --- doing?</p> <p>-----</p>	<p>c. Occupation</p>
	<p>Fill 37d from entries in 37a-37c; if not clear, ask:</p> <p>d. Class of worker</p>	<p>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 - 11 part - farm, 25-1 Is the business incorporated? Y <input type="checkbox"/> N <input type="checkbox"/></p>
<p>Please look at this card -- (Show Card I)</p> <p>38. 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.</p>		<p>38. 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</p>
<p>39a. Which (other) family members received some income during the past 12 months? Mark "Income" box in person's column.</p>		<p>39a. <input type="checkbox"/> Income</p>
<p>b. Did any other family members receive any income during the past 12 months? Y (Reask 39a and b) N</p>		
<p>If only one person with "Income" box marked, go to Q. 41. If 2 or more persons with "Income" box marked, ask Q. 40 for each:</p> <p>40. Which of these income groups represents ---'s income for the past 12 months?</p>		<p>40. 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</p>
<p>If 17 years old or over, ask:</p> <p>41. Is --- now married, widowed, divorced, separated, or never married? -- Mark one box for each person.</p>		<p>41. 0 <input type="checkbox"/> Under 17 (NFI) 1 <input type="checkbox"/> Married -- spouse present 6 <input type="checkbox"/> Married -- spouse absent 2 <input type="checkbox"/> Widowed 4 <input type="checkbox"/> Divorced 5 <input type="checkbox"/> Separated 3 <input type="checkbox"/> Never married (NFI)</p>
<p>42. How many times has --- been married?</p>		<p>42. _____ Times</p>

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