

<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? <span style="float:right">Yes* <input type="checkbox"/> No <input type="checkbox"/></span></p> <p>d. Have I missed anyone who USUALLY lives here but is now away from home? <span style="float:right"><input type="checkbox"/> <input type="checkbox"/></span></p> <p>e. Do any of the people in this household have a home anywhere else? <span style="float:right"><input type="checkbox"/> <input type="checkbox"/></span>  <small>If any adult males listed, ask: *Apply household membership rules.</small></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? <span style="float:right">..... 1 Y Col(s) _____ (Delete) 2 N</span></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">1a. First name <b>1</b></td> <td style="width:20%;">AGE</td> </tr> <tr> <td style="border-top: 1px dashed black;">Last name</td> <td>RACE</td> </tr> <tr> <td></td> <td>1 W</td> </tr> <tr> <td></td> <td>2 B</td> </tr> <tr> <td></td> <td>3 OT</td> </tr> <tr> <td></td> <td>SEX</td> </tr> <tr> <td></td> <td>1 M</td> </tr> <tr> <td></td> <td>2 F</td> </tr> </table>	1a. First name <b>1</b>	AGE	Last name	RACE		1 W		2 B		3 OT		SEX		1 M		2 F								
1a. First name <b>1</b>	AGE																								
Last name	RACE																								
	1 W																								
	2 B																								
	3 OT																								
	SEX																								
	1 M																								
	2 F																								
2. How is --- related to --- (Head of household)?	2. Relationship HEAD																								
3. What is ---'s date of birth? (Enter date and Age, and circle Race and Sex)	3. Month _____ Date _____ Year _____																								
<p><b>C</b></p> <p>1. Record the number of Doctor Visits, Hospitalizations, and Work loss days.</p> <p>2. Record each condition in the person's column, with the question number(s) where it was reported.</p> <p style="margin-left: 20px;">Reference dates                  2-week period _____, _____                  Dentist and Doctor visit probe _____                  Hospital probe _____</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">DR.</td> <td style="width:33%;">HOSP</td> <td style="width:34%;">WORK LOSS</td> </tr> <tr> <td style="border-top: 1px dashed black;">(NP)</td> <td style="border-top: 1px dashed black;">(NP)</td> <td><input type="checkbox"/> None (8) <input type="checkbox"/> 1+ day(s) (7)</td> </tr> <tr> <td>Q. No.</td> <td colspan="2">Condition</td> </tr> <tr> <td style="border-top: 1px dashed black;"> </td> <td colspan="2" style="border-top: 1px dashed black;"> </td> </tr> <tr> <td style="border-top: 1px dashed black;"> </td> <td colspan="2" style="border-top: 1px dashed black;"> </td> </tr> <tr> <td style="border-top: 1px dashed black;"> </td> <td colspan="2" style="border-top: 1px dashed black;"> </td> </tr> <tr> <td style="border-top: 1px dashed black;"> </td> <td colspan="2" style="border-top: 1px dashed black;"> </td> </tr> <tr> <td style="border-top: 1px dashed black;"> </td> <td colspan="2" style="border-top: 1px dashed black;"> </td> </tr> </table>	DR.	HOSP	WORK LOSS	(NP)	(NP)	<input type="checkbox"/> None (8) <input type="checkbox"/> 1+ day(s) (7)	Q. No.	Condition																
	DR.	HOSP	WORK LOSS																						
(NP)	(NP)	<input type="checkbox"/> None (8) <input type="checkbox"/> 1+ day(s) (7)																							
Q. No.	Condition																								
Refer to Flashcard _____ to determine Sample Persons; mark SP boxes.																									
<p><b>H</b></p> <p>If related persons 17 years old or over are listed in addition to the respondent, say:                  We would like to have all adults who are at home take part in the interview.                  Is your ---, your ---, etc., at home now? If "Yes" ask: Please ask them to join us.</p>	<p><b>H</b></p> <p>0 <input type="checkbox"/> Under 17                  1 <input type="checkbox"/> At home                  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)                  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>																									
4a. During those 2 weeks, did --- stay in bed because of any illness or injury?	4a. 00 N } If age: 17+ (5) 6-16 (6) Under 6 (8)																								
b. During that 2-week period, how many days did --- stay in bed all or most of the day?	b. _____ Days																								
5. During those 2 weeks, how many days did illness or injury keep --- from work? (For females): not counting work around the house?	5. _____ WL days } Item C 00 <input type="checkbox"/> None																								
6. During those 2 weeks, how many days did illness or injury keep --- from school?	6. _____ SL days 00 <input type="checkbox"/> None (8)																								
7. On how many of these --- days lost from { work school } did --- stay in bed all or most of the day?	7. _____ Days 00 <input type="checkbox"/> None																								
8a. (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?	8a. 1 Y 2 N (9)																								
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?	b. _____ Days 00 <input type="checkbox"/> None																								
9a. What condition caused --- to { stay in bed miss work miss school cut down } during the past 2 weeks?	9a. Enter condition in item C Ask 9b																								
b. Did any other condition cause him to { stay in bed miss work miss school cut down } during that period?	b. Y N (NP)																								
c. What condition?	c. Enter condition in item C Reask 9b																								
10a. During the past 2 weeks, did anyone in the family, that is you, your ---, etc., have any (other) accidents or injuries? <span style="float:right">Y <input type="checkbox"/> N (11)</span>																									
b. Who was this? - Mark "Accident or injury" box in person's column.	10b. <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? <span style="float:right">Y (Reask 10b and c) N</span>																									
e. As a result of the accident, did --- see a doctor or did he cut down on the things he usually does? <small>If "Accident or injury," ask:</small>	e. Y (Enter injury in item C) N																								

<p>11a. During the past 2 weeks, did anyone in the family, that is you, your --, etc., go to a dentist? <span style="float: right;">Y <span style="margin-left: 100px;">N (12)</span></span></p>	
<p>b. Who was this? - Mark "Dental visit" box in person's column</p>	<p>11b. <input type="checkbox"/> Dental visit</p>
<p>c. During the past 2 weeks, did anyone else in the family go to a dentist? <span style="float: right;">Y (Reask 11b and c) <span style="margin-left: 100px;">N</span></span> If "Dental visit," ask.</p>	
<p>d. During the past 2 weeks, how many times did -- go to a dentist?</p>	<p>d. _____ No. of dental visits (NP)</p>
<p>Do not ask for children 1 yr. old and under.</p>	
<p>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.)</p>	<p>00 <input type="checkbox"/> None 12a. _____ Number of visits</p>
<p>b. ABOUT how long has it been since -- LAST went to a dentist?</p>	<p>b. 1 <input type="checkbox"/> 2-week dental visit (NP) 2 <input type="checkbox"/> Past 2 weeks not reported (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 } NP</p>
<p><input type="radio"/> Mark one box in each person's column.</p>	<p><input type="radio"/> 25+ years (NP) <input type="radio"/> 5-24 years (13) <input type="radio"/> Under 5 years (NP)</p>
<p>13a. Has -- ever had his teeth straightened or had bands on his teeth?</p>	<p>13a. 1 Y <span style="margin-left: 100px;">2 N (14)</span></p>
<p>b. During the past 12 months, about how many visits did he make to an orthodontist?</p>	<p>b. _____ Number of visits</p>
<p>c. How many of these visits were in the past two weeks - that is, the two weeks outlined in red on that calendar? If one or more visits in 11d, ask, otherwise, go to NP.</p>	<p>00 <input type="checkbox"/> None (NP) c. _____ Number of visits</p>
<p>d. How many of these orthodontic visits were included in the -- dental visits -- had during the past 2 weeks that you told me about earlier?</p>	<p>00 <input type="checkbox"/> None d. _____ Number of visits } NP</p>
<p>14a. Do you think --'s teeth need to be straightened? (Even though you don't think his teeth need to be straightened)</p>	<p>14a. 1 Y <span style="margin-left: 100px;">2 N</span></p>
<p>b. Have you ever been told by a dentist or orthodontist that his teeth needed to be straightened? If "Y" circled in 14a or b, ask: otherwise, go to NP.</p>	<p>b. 1 Y <span style="margin-left: 100px;">2 N</span></p>
<p>c. We are interested in the various reasons why people do not have their teeth straightened when they need this type of care. (Hand Card O) Which of those statements describes why -- is not NOW receiving this care? Any other reason?</p>	<p>c. 1 2 3 4 5 6 7 8 Other (Specify) _____</p>
<p>Mark box or ask: d. What is the MAIN reason -- is not NOW receiving this care?</p>	<p>00 <input type="checkbox"/> Only one reason d. 1 2 3 4 5 6 7 8 Other (Specify) _____</p>

15. During the past 2 weeks (the 2 weeks outlined in red on that calendar) how many times did --- see a medical doctor?	15. 00 <input type="checkbox"/> None ____ Number of visits } NP
(Besides those visits)	
16a. 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 (17)
b. Who was this? - Mark "Doctor visit" box in person's column.	16b. <input type="checkbox"/> Doctor visit
c. Anyone else?	Y (Reask 16b and c) N
If "Doctor visit," ask:	
d. How many times did --- visit the doctor during that period?	d. ____ Number of visits (NP)
17a. During that period, did anyone in the family get any medical advice from a doctor over the telephone?	Y N (18)
b. Who was the phone call about? - Mark "Phone call" box in person's column.	17b. <input type="checkbox"/> Phone call
c. Any calls about anyone else?	Y (Reask 17b 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, (DR), from 15-17 for all persons. Ask 18a for each person with visits in DR box.	
18a. For what condition did --- see or talk to a doctor during the past 2 weeks?	18a. <input type="checkbox"/> Condition (Item C THEN 18d) <input type="checkbox"/> Pregnancy (18e) <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 Ask 18d
d. During that period, did --- see or talk to a doctor about any other condition?	d. Y (18c) N (NP)
e. During the past 2 weeks was --- sick because of her pregnancy?	e. Y N (18d)
f. What was the matter?	f. Enter condition in item C (18d)
19a. 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.)	19a. 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 DV 2 <input type="checkbox"/> Past 2 weeks not reported (15 and 18) 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

Ages 17+	<p>20a. What was --- doing <b>MOST OF THE PAST 12 MONTHS</b> - (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?</p>	20. & 21.	<p>1 <input type="checkbox"/> Working (25a)          2 <input type="checkbox"/> Keeping house (25b)          3 <input type="checkbox"/> Retired, health (24)          4 <input type="checkbox"/> Retired, other (24)          5 <input type="checkbox"/> Going to school (27)          6 <input type="checkbox"/> 17+ something else (24)          7 <input type="checkbox"/> 6-16 something else (26)</p>
Ages 6-16	<p>21a. What was --- doing <b>MOST OF THE PAST 12 MONTHS</b> - going to school or doing something else?          If "something else," ask:          b. What was --- doing?</p>		<p>0 <input type="checkbox"/> 1-5 years (22)          0 <input type="checkbox"/> Under 1 (23)</p>
Ages under 6			
22a. Is --- able to take part at all in ordinary play with other children?		22a.	Y 1 N (29)
b. Is he limited in the kind of play he can do because of his health?		b.	2 Y (29) N
c. Is he limited in the amount of play because of his health?		c.	2 Y (29) N (28)
23a. Is --- limited in any way because of his health?		23a.	1 Y 5 N (NP)
b. In what way is he limited? Record limitation, not condition.		b.	_____ (29)
24a. Does --- health now keep him from working?		24a.	1 Y (29) N
b. Is he limited in the kind of work he could do because of his health?		b.	2 Y (29) N
c. Is he limited in the amount of work he could do because of his health?		c.	2 Y (29) N
d. Is he limited in the kind or amount of other activities because of his health?		d.	3 Y (29) N (28)
25a. Does --- NOW have a job?		25a.	Y (25c) N
b. In terms of health, is --- NOW able to (work - keep house) at all?		b.	Y 1 N (29)
c. Is he limited in the kind of (work - housework) he can do because of his health?		c.	2 Y (29) N
d. Is he limited in the amount of (work - housework) he can do because of his health?		d.	2 Y (29) N
e. Is he limited in the kind or amount of other activities because of his health?		e.	3 Y (29) N (28)
26. In terms of health would --- be able to go to school?		26.	Y 1 N (29)
27a. Does (would) --- have to go to a certain type of school because of his health?		27a.	2 Y (29) N
b. Is he (would he be) limited in school attendance because of his health?		b.	2 Y (29) N
c. Is he limited in the kind or amount of other activities because of his health?		c.	3 Y (29) N
28a. Is --- limited in ANY WAY because of a disability or health?		28a.	4 Y 5 N (NP)
b. In what way is he limited? Record limitation, not condition.		b.	_____
29a. About how long has he { been limited in --- been unable to --- had to go to a certain type of school? }		29a.	000 <input type="checkbox"/> Less than 1 month 1 _____ Mos. 2 _____ Yrs.
b. What (other) condition causes this limitation? If "old age" only, ask: Is this limitation caused by any specific condition?		b.	Enter condition in Item C Ask c <input type="checkbox"/> Old age only (NP)
c. Is this limitation caused by any other condition?		c.	Y (Reask 29b 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?		d.	Enter main condition

30a. Was -- a patient in a hospital at any time since (date) a year ago?		30a.	Y N (Item C)
b. How many times was -- in a hospital since (date) a year ago?		b.	--- Times (Item C)
31a. Was anyone in the family in a nursing home, convalescent home, or similar place since (date) a year ago? Y N (32)			
b. Who was this? - Circle "Y" in person's column. If "Y," ask:		31b.	Y
c. During that period, how many times was -- in a nursing home or similar place? Ask for each child 1 year old or under if date of birth is on or after reference date.		c.	--- Times (Item C)
32a. Was -- born in a hospital? If "Yes," and no hospitalizations entered in his and/or mother's column, enter "1" in 30b and Item C. If "Yes," and a hospitalization is entered for the mother and/or baby, ask 32b for each.		32a.	Y N (NP)
b. Is this hospitalization included in the number you gave me for -- ? If "No," correct entries in 30 and Item C for mother and/or baby.		b.	Y N
33. Compared to other persons --'s age, would you say that his health is excellent, good, fair, or poor?		33.	<b>①</b> 1 E 2 G 3 F 4 P
R Q.'s 4-33	For persons 17 years old or over, show who responded for (or was present during the asking of) Q.'s 4-33. If persons responded for self, show whether entirely or partly. For persons under 17 show who responded for them.	R	1 <input type="checkbox"/> Responded for self-entirely 2 <input type="checkbox"/> Responded for self-partly Person --- was respondent
		FOOTNOTES	

If 17 years old or over, ask: <b>34a. What is the highest grade or year -- attended in school?</b>		<b>34a.</b> <input type="checkbox"/> Under 17 (NP) <input type="checkbox"/> None (35) Elem: 1 2 3 4 5 6 7 8 High: 9 10 11 12 College: 1 2 3 4 5 6+
----- <b>b. Did -- finish the -- grade (year)?</b>		<b>b.</b> 1 Y 2 N
Ask for all males 17 years or over: <b>35a. Did -- ever serve in the Armed Forces of the United States?</b>		<b>35a.</b> 1 Y 2 N (36)
<b>b. When did he serve?</b> Circle code in descending order of priority. Thus if person served in Vietnam and in Korea, circle VN.		<b>b.</b> 1 VN 4 WWI 2 KW 5 OS 3 WWII 9 DK 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>36a. Did -- work at any time last week or the week before -- not counting work around the house?</b>		<b>36a.</b> 1 Y (CE then 37a) 2 N
<b>b. Even though -- did not work during these 2 weeks, does he have a job or business?</b>		<b>b.</b> 1 Y (CE then 36c) 2 N
<b>c. Was he looking for work or on layoff from a job?</b>		<b>c.</b> 1 Y 2 N (37)
<b>d. Which -- looking for work or on layoff from a job?</b>		<b>d.</b> 1 <input type="checkbox"/> Looking 3 <input type="checkbox"/> Both 2 <input type="checkbox"/> Layoff
Ask for all persons with a "Yes" in 36a, b, or c.  If "Yes" in 36c only, questions 37a through 37d apply to this person's LAST full-time civilian job.	<b>37a. For whom did -- work? Name of company, business, organization, or other employer</b>	<b>37a.</b> Employer
	<b>b. What kind of business or industry is this? For example, TV and radio manufacturing, retail shoe store, State Labor Dept., farm</b>	<b>b.</b> Industry
	<b>c. What kind of work was -- doing? For example, electrical engineer, stock clerk, typist, farmer</b>	<b>c.</b> Occupation
	<b>d. What were --'s most important activities or duties? For example, types, keeps account books, files, sells cars, operates printing press, finishes concrete</b>	<b>d.</b> Duties
	Complete from entries in 37a-d; if not clear, ask: <b>e. Was -- an employee of PRIVATE company, business, or individual for wages, salary, or commission? . . . . . P</b> -- a FEDERAL government employee? . . . . . F -- a STATE government employee? . . . . . S -- a LOCAL government employee? . . . . . L -- self-employed in OWN business, professional practice, or farm? If not a farm, ask: Is the business incorporated? Yes . . . . . I No (or farm) . . . . . SE -- working WITHOUT PAY in family business or farm? . . . . . WP -- NEVER WORKED . . . . . NEV	<b>e.</b> Class of worker 1 <input type="checkbox"/> P 5 <input type="checkbox"/> I 2 <input type="checkbox"/> F 6 <input type="checkbox"/> SE 3 <input type="checkbox"/> S 7 <input type="checkbox"/> WP 4 <input type="checkbox"/> L 8 <input type="checkbox"/> NEV

<p>Hand Card I</p> <p>38. Which of those 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.</p> <table border="0"> <tr> <td>Group</td> <td>03 <input type="checkbox"/> D</td> <td>07 <input type="checkbox"/> H</td> </tr> <tr> <td>00 <input type="checkbox"/> A</td> <td>04 <input type="checkbox"/> E</td> <td>08 <input type="checkbox"/> I</td> </tr> <tr> <td>01 <input type="checkbox"/> B</td> <td>05 <input type="checkbox"/> F</td> <td>09 <input type="checkbox"/> J</td> </tr> <tr> <td>02 <input type="checkbox"/> C</td> <td>06 <input type="checkbox"/> G</td> <td>10 <input type="checkbox"/> K</td> </tr> </table>	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
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>39a. Which (other) family members received some income during the past 12 months? Mark "Income" box in person's column.</p> <p>-----</p> <p>b. Did any other family members receive any income during the past 12 months?      Y (Reask 39a and b)      N</p>	<p>39a.</p> <p><input type="checkbox"/> Income</p>												
<p>If only one person with "Income" box marked, go to 41. If 2 or more persons with "Income" box marked, ask 40 for each</p> <p>40. Which of those income groups represents ---'s income for the past 12 months?</p>	<p>40.</p> <table border="0"> <tr> <td>Group</td> <td>03 <input type="checkbox"/> D</td> <td>07 <input type="checkbox"/> H</td> </tr> <tr> <td>00 <input type="checkbox"/> A</td> <td>04 <input type="checkbox"/> E</td> <td>08 <input type="checkbox"/> I</td> </tr> <tr> <td>01 <input type="checkbox"/> B</td> <td>05 <input type="checkbox"/> F</td> <td>09 <input type="checkbox"/> J</td> </tr> <tr> <td>02 <input type="checkbox"/> C</td> <td>06 <input type="checkbox"/> G</td> <td>10 <input type="checkbox"/> K</td> </tr> </table>	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
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>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.</p> <p>0 <input type="checkbox"/> Under 17</p> <p>1 <input type="checkbox"/> Married – spouse present</p> <p>6 <input type="checkbox"/> Married – spouse absent</p> <p>2 <input type="checkbox"/> Widowed</p> <p>4 <input type="checkbox"/> Divorced</p> <p>5 <input type="checkbox"/> Separated</p> <p>3 <input type="checkbox"/> Never married</p>												
<p>FOOTNOTES</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

**CARD N**

1. CAN'T OBTAIN INSURANCE BECAUSE OF AGE, ILLNESS, OR POOR HEALTH.
2. DON'T BELIEVE IN INSURANCE.
3. DISSATISFIED WITH PREVIOUS INSURANCE.
4. DON'T NEED HEALTH INSURANCE BECAUSE CARE RECEIVED THROUGH MEDICARE, MEDICAID OR WELFARE.
5. HAVE BEEN HEALTHY, NOT MUCH SICKNESS IN THE FAMILY, HAVEN'T NEEDED HEALTH INSURANCE.
6. TOO EXPENSIVE, CAN'T AFFORD HEALTH INSURANCE.
7. OTHER REASON.

**CARD O**

1. DON'T KNOW WHO TO GO TO.
2. IT COSTS TOO MUCH.
3. NO ONE IN THIS AREA STRAIGHTENS TEETH.
4. CANNOT GET APPOINTMENT.
5. THINKS BRACES OR BANDS WOULD BE UNATTRACTIVE.
6. DENTIST OR ORTHODONTIST ADVISED US TO WAIT.
7. DON'T HAVE TIME.
8. TOO MUCH PAIN AND DISCOMFORT INVOLVED.
9. OTHER REASON

**CARD M**

1. HEALTH CARE IS TOO EXPENSIVE.
2. HAVE PROBLEMS GETTING TO AND FROM THE DOCTOR.
3. CAN'T GET APPOINTMENTS WHEN WANTED.
4. OFFICE HOURS ARE INCONVENIENT
5. DOCTORS NEVER SPEND ENOUGH TIME WITH ME WHEN I SEE THEM.
6. OTHER REASON.