

SP
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<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* <input type="checkbox"/> No <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>f. Are any of the persons in this household now on full-time active duty with the Armed Forces of the United States? 1 Y Col(s). _____ (Delete) 2 N</p> <p style="text-align: right; font-size: small;">*Apply household membership rules.</p>	<p>1a. First name 1</p> <p>Last name</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">AGE</td> </tr> <tr> <td style="text-align: center;">RACE</td> </tr> <tr> <td style="text-align: center;">1 W</td> </tr> <tr> <td style="text-align: center;">2 B</td> </tr> <tr> <td style="text-align: center;">3 OT</td> </tr> <tr> <td style="text-align: center;">SEX</td> </tr> <tr> <td style="text-align: center;">1 M</td> </tr> <tr> <td style="text-align: center;">2 F</td> </tr> </table>	AGE	RACE	1 W	2 B	3 OT	SEX	1 M	2 F										
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<p>2. How is --- related to --- (Head of household)?</p>	<p>2. Relationship HEAD</p>																			
<p>3. What is ---'s date of birth? (Enter date and Age, and circle Race and Sex)</p>	<p>3. Month Date Year</p>																			
<p>C 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>Injury probe _____</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">DOCTOR</td> <td style="text-align: center;">HOSP.</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> None (NP)</td> <td style="text-align: center;"><input type="checkbox"/> None (NP)</td> </tr> <tr> <td style="text-align: center;">_____ (NP)</td> <td style="text-align: center;">_____ (NP)</td> </tr> <tr> <td style="text-align: center;">Q. No.</td> <td style="text-align: center;">Condition</td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> </table>	DOCTOR	HOSP.	<input type="checkbox"/> None (NP)	<input type="checkbox"/> None (NP)	_____ (NP)	_____ (NP)	Q. No.	Condition											
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<p>Refer to Flashcard _____ to determine Sample Persons; mark SP boxes.</p>																				
<p>H 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. Is your ---, your ---, etc., at home now? If "Yes" ask: Please ask them to join us.</p>	<p>H</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 style="font-size: small;">If age: 17+ (5) 6-16 (6) Under 6 (9)</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 one or more days in 4b, ask 7; otherwise go to 8.</p> <p>7. On how many of these --- days lost from <table style="display: inline-table; border: 1px solid black; padding: 2px;"><tr><td style="text-align: center;">work</td></tr><tr><td style="text-align: center;">school</td></tr></table> did --- stay in bed all or most of the day?</p>	work	school	<p>7. _____ Days</p> <p>00 <input type="checkbox"/> None</p>																	
work																				
school																				
<p>8a. (NOT COUNTING the day(s) <table style="display: inline-table; border: 1px solid black; padding: 2px;"><tr><td style="text-align: center;">in bed</td></tr><tr><td style="text-align: center;">lost from work</td></tr><tr><td style="text-align: center;">lost from school</td></tr></table>)</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>	in bed	lost from work	lost from school	<p>8a. 1 Y</p> <p>2 N (9)</p>																
in bed																				
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<p>b. (Again, not counting the day(s) <table style="display: inline-table; border: 1px solid black; padding: 2px;"><tr><td style="text-align: center;">in bed</td></tr><tr><td style="text-align: center;">lost from work</td></tr><tr><td style="text-align: center;">lost from school</td></tr></table>)</p> <p>During that period, how many (other) days did he cut down for as much as a day?</p>	in bed	lost from work	lost from school	<p>b. _____ Days</p> <p>00 <input type="checkbox"/> None</p>																
in bed																				
lost from work																				
lost from school																				
<p>If one or more days in 4-8, ask 9; otherwise go to next person.</p>																				
<p>9a. What condition caused --- to <table style="display: inline-table; border: 1px solid black; padding: 2px;"><tr><td style="text-align: center;">stay in bed</td></tr><tr><td style="text-align: center;">miss work</td></tr><tr><td style="text-align: center;">miss school</td></tr><tr><td style="text-align: center;">cut down</td></tr></table> during the past 2 weeks?</p>	stay in bed	miss work	miss school	cut down	<p>9a. Enter condition in item C Ask 9b</p>															
stay in bed																				
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miss school																				
cut down																				
<p>b. Did any other condition cause him to <table style="display: inline-table; border: 1px solid black; padding: 2px;"><tr><td style="text-align: center;">stay in bed</td></tr><tr><td style="text-align: center;">miss work</td></tr><tr><td style="text-align: center;">miss school</td></tr><tr><td style="text-align: center;">cut down</td></tr></table> during that period?</p>	stay in bed	miss work	miss school	cut down	<p>b. Y</p> <p>N (NP)</p>															
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<p>c. What condition?</p>	<p>c. Enter condition in item C Reask 9b</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>10a. <input type="checkbox"/> Accident or injury</p>																			
<p>b. Who was this? - Mark "Accident or injury" box in person's column.</p>	<p>Injury</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>If "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>e. Y (Enter injury in item C)</p> <p>N</p>																			

<p>13. During the past 2 weeks (the 2 weeks outlined in red on that calendar) how many times did -- see a medical doctor? Do not count doctors seen while a patient in a hospital.</p>	<p>13. 00 <input type="checkbox"/> None _____ Number of visits } NP</p>
(Besides those visits)	
<p>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?</p>	<p>Y N (15)</p>
<p>b. Who was this? - Mark "Doctor visit" box in person's column.</p>	<p>14b. <input type="checkbox"/> Doctor visit</p>
<p>c. Anyone else?</p>	<p>Y (Reask 14b and c) N</p>
<p>If "Doctor visit," ask:</p>	
<p>d. How many times did -- visit the doctor during that period?</p>	<p>d. _____ Number of visits (NP)</p>
<p>15a. During that period, did anyone in the family get any medical advice from a doctor over the telephone?</p>	<p>Y N (16)</p>
<p>b. Who was the phone call about? - Mark "Phone call" box in person's column.</p>	<p>15b. <input type="checkbox"/> Phone call</p>
<p>c. Any calls about anyone else?</p>	<p>Y (Reask 15b and c) N</p>
<p>If "Phone call," ask:</p>	
<p>d. How many telephone calls were made to get medical advice about -- ?</p>	<p>d. _____ Number of calls (NP)</p>
<p>Fill item C, (DOCTOR), from 13-15 for all persons. Ask 16a for each person with visits in DOCTOR box.</p>	
<p>16a. For what condition did -- see or talk to a doctor during the past 2 weeks?</p>	<p>16a. <input type="checkbox"/> Condition (Item C THEN 16d) <input type="checkbox"/> Pregnancy (16e) <input type="checkbox"/> No condition</p>
<p>b. Did -- see or talk to a doctor about any specific condition?</p>	<p>b. Y N (NP)</p>
<p>c. What condition?</p>	<p>c. Enter condition in item C Ask 16d</p>
<p>d. During that period, did -- see or talk to a doctor about any other condition?</p>	<p>d. Y (16c) N (NP)</p>
<p>e. During the past 2 weeks was -- sick because of her pregnancy?</p>	<p>e. Y N (16d)</p>
<p>f. What was the matter?</p>	<p>f. Enter condition in item C (16d)</p>
<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>17a. 000 <input type="checkbox"/> Only when in hospital 000 <input type="checkbox"/> None _____ Number of visits</p>
<p>b. ABOUT how long has it been since -- LAST saw or talked to a medical doctor? Include doctors seen while a patient in a hospital.</p>	<p>b. 1 <input type="checkbox"/> 2-week DV 2 <input type="checkbox"/> Past 2 weeks not reported (13 and 16) 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+	18a. 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?	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 (24)
Ages 6-16	19a. 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 (20) 0 <input type="checkbox"/> Under 1 (21)
20a. Is --- able to take part at all in ordinary play with other children?	20a.	Y _____ 1 N (27)
b. Is he limited in the kind of play he can do because of his health?	b.	2 Y (27) _____ N
c. Is he limited in the amount of play because of his health?	c.	2 Y (27) _____ N (26)
21a. Is --- limited in any way because of his health?	21a.	1 Y _____ 5 N (NP)
b. In what way is he limited? Record limitation, not condition.	b.	_____ (27)
22a. Does --- health now keep him from working?	22a.	1 Y (27) _____ N
b. Is he limited in the kind of work he could do because of his health?	b.	2 Y (27) _____ N
c. Is he limited in the amount of work he could do because of his health?	c.	2 Y (27) _____ N
d. Is he limited in the kind or amount of other activities because of his health?	d.	3 Y (27) _____ N (26)
23a. Does --- NOW have a job?	23a.	Y (23a) _____ N
b. In terms of health, is --- NOW able to (work - keep house) at all?	b.	Y _____ 1 N (27)
c. Is he limited in the kind of (work - housework) he can do because of his health?	c.	2 Y (27) _____ N
d. Is he limited in the amount of (work - housework) he can do because of his health?	d.	2 Y (27) _____ N
e. Is he limited in the kind or amount of other activities because of his health?	e.	3 Y (27) _____ N (26)
24. In terms of health would --- be able to go to school?	24.	Y _____ 1 N (27)
25a. Does (would) --- have to go to a certain type of school because of his health?	25a.	2 Y (27) _____ N
b. Is he (would he be) limited in school attendance because of his health?	b.	2 Y (27) _____ N
c. Is he limited in the kind or amount of other activities because of his health?	c.	3 Y (27) _____ N
26a. Is --- limited in ANY WAY because of a disability or health?	26a.	4 Y _____ 5 N (NP)
b. In what way is he limited? Record limitation, not condition.	b.	_____
27a. About how long has he { been limited in --- been unable to --- had to go to a certain type of school? }	27a.	000 <input type="checkbox"/> Less than 1 month 1 _____ Mos. 2 _____ Yrs.
b. What (other) condition causes this limitation?	b.	Enter condition in Item C Ask 27c
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?	c.	Y (Reask 27b 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

28a. Was -- a patient in a hospital at any time since (date) a year ago?		28a. Y N (Item C)																																
b. How many times was -- in a hospital since (date) a year ago?		b. _____ Times (Item C)																																
29a. Was anyone in the family in a nursing home, convalescent home, or similar place since (date) a year ago?	Y N (30)																																	
b. Who was this? - Circle "Y" in person's column. If "Y," ask:		29b. Y																																
c. During that period, how many times was -- in a nursing home or similar place?		c. _____ 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? 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.		30a. Y N (NP)																																
b. Is this hospitalization included in the number you gave me for --? If "No," correct entries in 28 and item C for mother and/or baby.		b. Y N																																
31a. DURING THE PAST 12 MONTHS, did anyone in the family (you, your --, etc.) have - If "Yes," ask 31b 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 . . . ?	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">A. Gallstones?</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">B. Any other gallbladder trouble?</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">C. Cirrhosis of the liver?</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">D. Fatty liver?</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">E. Hepatitis?</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">F. Yellow jaundice?</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">G. Any other liver trouble?</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">H. Diabetes?</td><td style="padding: 2px;"></td></tr> </table>	A. Gallstones?		B. Any other gallbladder trouble?		C. Cirrhosis of the liver?		D. Fatty liver?		E. Hepatitis?		F. Yellow jaundice?		G. Any other liver trouble?		H. Diabetes?		<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">I. Any disease of the pancreas?</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">J. Ulcer?</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">K. Hernia or rupture?</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">L. A disease of the esophagus?</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">M. Gastritis?</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">N. FREQUENT indigestion?</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">O. Any other stomach trouble?</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">P. Enteritis?</td><td style="padding: 2px;"></td></tr> </table>	I. Any disease of the pancreas?		J. Ulcer?		K. Hernia or rupture?		L. A disease of the esophagus?		M. Gastritis?		N. FREQUENT indigestion?		O. Any other stomach trouble?		P. Enteritis?	
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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																																
<div style="display: flex; align-items: center;"> <div style="text-align: center; margin-right: 10px;"> R Q.'s 4-32 </div> <div> 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. </div> </div>	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: 33a. What is the highest grade or year -- attended in school?		33a.	<input type="checkbox"/> Under 17 (NP) <input type="checkbox"/> None (34) Elem: 1 2 3 4 5 6 7 8 High: 9 10 11 12 College: 1 2 3 4 5 6+
b. Did -- finish the -- grade (year)?		b.	1 Y 2 N
Ask for all males 17 years or over: 34a. Did -- ever serve in the Armed Forces of the United States?		34a.	1 Y 2 N (35)
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 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
35a. Did -- work at any time last week or the week before -- not counting work around the house?		35a.	1 Y (36) 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 (36)
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 35a, b, or c. If "Yes" in 35c only, questions 36a through 36d apply to this person's LAST full-time civilian job.	36a. For whom did -- work? Name of company, business, organization, or other employer	36a.	Employer
	b. What kind of business or industry is this? For example, TV and radio manufacturing, retail shoe store, State Labor Dept., farm	b.	Industry
	c. What kind of work was -- doing? For example, electrical engineer, stock clerk, typist, farmer	c.	Occupation
	d. What were --'s most important activities or duties? For example, types, keeps account books, files, sells cars, operates printing press, finishes concrete	d.	Duties
	Complete from entries in 36a-d; if not clear, ask: e. Was -- an employee of PRIVATE company, business, or individual for wages, salary, or commission? P -- 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	e.	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>37. 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>	37.	<p>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>38a. Which (other) family members received some income during the past 12 months? Mark "Income" box in person's column.</p> <hr style="border-top: 1px dashed black;"/> <p>b. Did any other family members receive any income during the past 12 months? Y (Reask 38a and b) N</p>	38a.	<p><input type="checkbox"/> Income</p>
<p>If only one person with "Income" box marked, go to 40. If 2 or more persons with "Income" box marked, ask 39 for each:</p> <p>39. Which of these income groups represents —'s income for the past 12 months?</p>	39.	<p>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>40. Is — now married, widowed, divorced, separated, or never married?</p>	40.	<p>0 <input type="checkbox"/> Under 17 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</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