

		SC <input type="checkbox"/>	SCHOOL <input type="checkbox"/>												
<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 * No</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></p> <p style="text-align: center;">* 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? ..... 1 Y Col(s) _____ (Delete) 2 N</p>		<p>1a. First name <span style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">1</span></p> <p>Last name _____</p> <p>AGE</p> <p>RACE</p> <p>1 W</p> <p>2 B</p> <p>3 OT</p>													
<p>2. How is — related to — (Head of household)?</p>		<p>2. Relationship</p> <p>HEAD</p> <p>SEX</p> <p>1 M</p> <p>2 F</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><b>L</b> Ask Condition list _____ Determine sample child; mark SC box.</p>		<p><b>C</b></p> <p>BED DAYS DV HOSP.</p> <p><input type="checkbox"/> None (NP) <input type="checkbox"/> None (NP) <input type="checkbox"/> None (NP)</p> <p>____ (NP) ____ (NP) ____ (NP)</p> <p>Q. No. Condition</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>													
<p><b>C</b></p> <p>1. Record the number of Bed Days, 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>12-month Bed Days and Doctor visit probe _____</p> <p>Hospital probe _____</p>		<p>4. Is — now married, widowed, divorced, separated, or never married?</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>If 17+, ask:</p> <p><b>H</b> 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</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>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>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>7. During those 2 weeks, how many days did illness or injury keep — from school?</p> <p>If one or more days in 5b, ask 8; otherwise go to 9</p> <p>8. On how many of these — days lost from <span style="border: 1px solid black; padding: 2px;">in bed lost from work lost from school</span> did — stay in bed all or most of the day?</p> <p>9a. (NOT COUNTING the day(s) <span style="border: 1px solid black; padding: 2px;">in bed lost from work lost from school</span>) 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) <span style="border: 1px solid black; padding: 2px;">in bed lost from work lost from school</span>) During that period, how many (other) days did he cut down for as much as a day?</p> <p>If one or more days in 5–9, ask 10; otherwise go to next person.</p> <p>10a. What condition caused — to <span style="border: 1px solid black; padding: 2px;">stay in bed miss work miss school cut down</span> during the past 2 weeks?</p> <p>b. Did any other condition cause him to <span style="border: 1px solid black; padding: 2px;">stay in bed miss work miss school cut down</span> during that period?</p> <p>c. What condition?</p>		<p>5a. 00 N } If age: 17+ (6) 6–16 (7) Under 6 (9)</p> <p>b. _____ Days</p> <p>6. _____ WL days (8) 00 <input type="checkbox"/> None (9)</p> <p>7. _____ SL days 00 <input type="checkbox"/> None (9)</p> <p>8. _____ Days 00 <input type="checkbox"/> None</p> <p>9a. 1 Y 2 N (10)</p> <p>b. _____ Days 00 <input type="checkbox"/> None</p> <p>10a. Enter condition in item C Ask 10b</p> <p>b. Y N (NP)</p> <p>c. Enter condition in item C (10b)</p>													
<p>Fill item C, (BED DAYS), from 5b for all persons.</p>															

11a. During the past 2 weeks, did anyone in the family, that is you, your --, etc., have any (other) accidents or injuries? Y N (12)			
b. Who was this? -- Mark "Accident or injury" box in person's column.		11b.	<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? Y (Reask 11b and c) N			
If "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?		e.	Y (Enter injury in item C) N
12a. During the past 2 weeks, did anyone in the family go to the dentist? Y N (13)			
b. Who was this? -- Mark "Dental visit" box in person's column.		12b.	<input type="checkbox"/> Dental visit
c. During the past 2 weeks, did anyone else in the family go to a dentist? Y (Reask 12b and c) N			
If "Dental visit," ask:			
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.  Mark box or ask:		13.	1 <input type="checkbox"/> 2-week dental visit  2 <input type="checkbox"/> Past 2 weeks not reported (12) 3 <input type="checkbox"/> 2 weeks--6months 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/age 1 or under
13. ABOUT how long has it been since -- LAST went to a dentist?			
FOOTNOTES			

14. During the past 2 weeks (the 2 weeks outlined in red on that calendar) how many times did -- see a medical doctor? Do not count doctors seen while a patient in a hospital.	14.	00 <input type="checkbox"/> None ____ Number of visits } NP
(Besides those visits)		
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?		
Y N (16)		
b. Who was this? -- Mark "Doctor visit" box in person's column.	15b.	<input type="checkbox"/> Doctor visit
c. Anyone else?		
Y (Reask 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 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 (Reask 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, (DV), from 14-16 for all persons. Ask 17a for each person with visits in DV 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.	
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 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 (17d)
f. What was the matter?	f.	Enter condition in Item C (17d)
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? Include doctors seen while a patient in a hospital.	b.	1 <input type="checkbox"/> 2-week DV 2 <input type="checkbox"/> Past 2 weeks not reported (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

Ages 17+	19a. 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?	19. & 20. 1 <input type="checkbox"/> Working (24a) 2 <input type="checkbox"/> Keeping house (24b) 3 <input type="checkbox"/> Retired, health (23) 4 <input type="checkbox"/> Retired, other (23) 5 <input type="checkbox"/> Going to school (26) 6 <input type="checkbox"/> 17+ something else (23) 7 <input type="checkbox"/> 6-16 something else (25)
Ages 6-16	20a. 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?	
Ages under 6		0 <input type="checkbox"/> 1-5 years (27) 0 <input type="checkbox"/> Under 1 (22)
21a. Is -- able to take part at all in ordinary play with other children?		21a. Y 1 N (28)
b. Is he limited in the kind of play he can do because of his health?		b. 2 Y (28) N
c. Is he limited in the amount of play because of his health?		c. 2 Y (28) N (27)
22a. Is -- limited in any way because of his health?		22a. 1 Y 5 N (NP)
b. In what way is he limited? Record limitation, not condition.		b. _____ (28)
23a. Does -- health now keep him from working?		23a. 1 Y (28) N
b. Is he limited in the kind of work he could do because of his health?		b. 2 Y (28) N
c. Is he limited in the amount of work he could do because of his health?		c. 2 Y (28) N
d. Is he limited in the kind or amount of other activities because of his health?		d. 3 Y (28) N (27)
24a. Does -- NOW have a job?		24a. Y (24c) N
b. In terms of health, is -- NOW able to (work - keep house) at all?		b. Y 1 N (28)
c. Is he limited in the kind of (work - housework) he can do because of his health?		c. 2 Y (28) N
d. Is he limited in the amount of (work - housework) he can do because of his health?		d. 2 Y (28) N
e. Is he limited in the kind or amount of other activities because of his health?		e. 3 Y (28) N (27)
25. In terms of health would -- be able to go to school?		25. Y 1 N (28)
26a. Does (would) -- have to go to a certain type of school because of his health?		26a. 2 Y (28) N
b. Is he (would he be) limited in school attendance because of his health?		b. 2 Y (28) N
c. Is he limited in the kind or amount of other activities because of his health?		c. 3 Y (28) N
27a. Is -- limited in ANY WAY because of a disability or health?		27a. 4 Y 5 N (NP)
b. In what way is he limited? Record limitation, not condition.		b. _____
28a. About how long has he { been limited in -- been unable to -- had to go to a certain type of school? }		28a. 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 28c
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 28b 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

29a. Was -- a patient in a hospital at any time since (date) a year ago?	29a.	Y	N (Item C)
b. How many times was -- in a hospital since (date) a year ago?	b.	Times (Item C)	
30a. Was anyone in the family in a nursing home, convalescent home, or similar place since (date) a year ago?		Y	N (31)
b. Who was this? - Circle "Y" in person's column. If "Y," ask:	30b.	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.			
31a. Was -- born in a hospital? If "Yes," and no hospitalizations entered in his and/or mother's column, enter "1" in 29b and item C. If "Yes," and a hospitalization is entered for the mother and/or baby, ask 31b for each.	31a.	Y	N (NP)
b. Is this hospitalization included in the number you gave me for --? If "No," correct entries in 29 and item C for mother and/or baby.	b.	Y	N
FOOTNOTES			

1	<p><b>32a. DURING THE PAST 12 MONTHS, did anyone in the family (you, your --, etc.) have --</b></p> <p>If "Yes," ask 32b and c.</p> <p><b>b. Who was this?</b> Enter name of condition and letter of line where reported in appropriate person's column in item C.</p> <p><b>c. During the past 12 months, did anyone else have . . . ?</b></p> <p>Conditions affecting the digestive system.</p> <p>Make no entry in item C for cold, flu, or gripe even if reported in question 32.</p>	<p><b>A. Gallstones?</b></p> <p><b>B. Any other gallbladder trouble?</b></p> <p><b>C. Cirrhosis of the liver?</b></p> <p><b>D. Fatty liver?</b></p> <p><b>E. Hepatitis?</b></p> <p><b>F. Yellow jaundice?</b></p> <p><b>G. Any other liver trouble?</b></p> <p><b>H. Diabetes?</b></p>	<p><b>I. Any disease of the pancreas?</b></p> <p><b>J. Ulcer?</b></p> <p><b>K. Hernia or rupture?</b></p> <p><b>L. A disease of the esophagus?</b></p> <p><b>M. Gastritis?</b></p> <p><b>N. FREQUENT indigestion?</b></p> <p><b>O. Any other stomach trouble?</b></p> <p><b>P. Enteritis?</b></p>
2	<p><b>32a. Does anyone in the family (you, your --, etc.) NOW have --</b> If "Yes," ask 32b and c.</p> <p><b>b. Who is this?</b> Enter name of condition and letter of line where reported in appropriate person's column in item C.</p> <p><b>c. Does anyone else have . . . ?</b></p> <p><b>32d. DURING THE PAST 12 MONTHS, did anyone in the family (you, your --, etc.) have --</b> If "Yes," ask 32e and f.</p> <p><b>e. Who was this?</b> Enter name of condition and letter of line where reported in appropriate person's column in item C.</p> <p><b>f. During the past 12 months, did anyone else have . . . ?</b></p> <p>Conditions C-N and V are conditions affecting the bone and muscle.</p>	<p><b>A. Permanent stiffness or any deformity of the foot, leg, fingers, arm or back? (Permanent stiffness -- joints will not move at all)</b></p> <p><b>B. Paralysis of any kind?</b></p> <p><b>C. Arthritis of any kind or Rheumatism?</b></p> <p><b>D. Gout?</b></p> <p><b>E. Lumbago?</b></p> <p><b>F. Osteomyelitis? (os-tee-oh-my-uh-lite-iss)</b></p> <p><b>G. A bone cyst or bone spur?</b></p> <p><b>H. Any other disease of the bone or cartilage?</b></p> <p><b>I. Trick knee?</b></p> <p><b>J. A slipped or ruptured disc?</b></p> <p><b>K. Curvature of the spine?</b></p> <p><b>L. REPEATED trouble with neck, back, or spine?</b></p> <p><b>M. Bursitis or Synovitis? (sin-uh-vite-iss)</b></p> <p><b>N. Any disease of the muscles or tendons?</b></p>	
3	<p><b>32a. DURING THE PAST 12 MONTHS, did anyone in the family (you, your --, etc.) have --</b></p> <p>If "Yes," ask 32b and c.</p> <p><b>b. Who was this?</b> Enter name of condition and letter of line where reported in appropriate person's column in item C.</p> <p><b>c. During the past 12 months, did anyone else have . . . ?</b></p>	<p><b>A. Goiter or other thyroid trouble?</b></p> <p><b>B. Diabetes?</b></p> <p><b>C. Cystic fibrosis?</b></p> <p><b>D. Anemia?</b></p> <p><b>E. Epilepsy?</b></p> <p><b>F. Multiple sclerosis?</b></p> <p><b>G. Migraine?</b></p> <p><b>Glandular disorders</b></p> <p><b>Blood disorder</b></p> <p><b>Conditions affecting the nervous system</b></p>	

1	<p>32a. DURING THE PAST 12 MONTHS, did anyone in the family have – If "Yes," ask 32b 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>Conditions affecting the digestive system.</p> <p>Make no entry in item C for cold, flu, or grippe even if reported in question 32.</p>	<p>Q. Diverticulitis?</p> <p>R. Colitis?</p> <p>S. Spastic colon?</p> <p>T. FREQUENT constipation?</p> <p>U. Any other bowel trouble?</p> <p>V. Any other intestinal trouble?</p>	<p>W. Cancer of the stomach, colon or rectum?</p> <p>X. During the past 12 months, did anyone in the family have any other condition of the digestive system? If "Yes," ask: Who was this? – What was the condition? (Enter in item C)</p>
2	<p>32d. DURING THE PAST 12 MONTHS, did anyone in the family have – If "Yes," ask 32e and f.</p> <p>e. Who was this? Enter in item C.</p> <p>f. During the past 12 months, did anyone else have . . . ?</p> <p>Conditions O–U and W–Z are conditions affecting the skin.</p>	<p>O. A tumor, cyst or growth of the skin?</p> <p>P. Eczema or psoriasis? (so-rye-uh-sis)</p> <p>Q. TROUBLE with dry or itching skin?</p> <p>R. TROUBLE with acne?</p> <p>S. A skin ulcer?</p> <p>T. Any kind of skin allergy?</p>	<p>U. Dermatitis or any other skin trouble?</p> <p>V. TROUBLE with fallen arches, flatfeet or clubfoot?</p> <p>W. TROUBLE with ingrown toenails or fingernails?</p> <p>X. TROUBLE with bunions, corns, or calluses?</p> <p>Y. A disease of the hair or scalp?</p> <p>Z. Any disease of the lymph or sweat glands?</p>
3	<p>32a. DURING THE PAST 12 MONTHS, did anyone in the family have – If "Yes," ask 32b 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>Conditions affecting the nervous system</p> <p>Genito-urinary conditions</p>

Mark box or ask: <b>1a. About how tall is -- without shoes?</b>	1a.	<input type="checkbox"/> Under 17 (NP) ____ Feet ____ Inches
<b>b. About how much does -- weigh without shoes?</b>	b.	____ Pounds
Mark box or ask: <b>2a. What is the highest grade or year -- attended in school?</b>	2a.	<input type="checkbox"/> Under 17 (NP) <input type="checkbox"/> None (3) Elem: 1 2 3 4 5 6 7 8 High: 9 10 11 12 Collage: 1 2 3 4 5 6+
<b>b. Did -- finish the -- grade (year)?</b>	b.	1 Y      2 N
<b>3a. Did -- EVER serve on active duty in the Armed Forces of the United States?</b>	3a.	1 Y    2 N (NP)    3 DK (NP)
<b>b. When did -- serve?</b>  Circle code in descending order of priority. Thus, if person served in Vietnam and in Korea, circle VN.	b.	Vietnam Era (Aug. '64-April '75) . . . . . VN Korean War (June '50-Jan. '55) . . . . . KW World War II (Sept. '40-July '47) . . . . . WWII World War I (April '17-Nov. '18) . . . . . WWI Post Vietnam (May '75 to present) . . . . . PVN Other Service (all other periods) . . . . . OS
<b>c. Was -- EVER an active member of a National Guard or military reserve unit?</b>	c.	1 Y    2 N (NP)    3 DK (NP)
<b>d. Was ALL of --'s active duty service related to National Guard or military reserve training?</b>	d.	1 Y    2 N      3 DK
Hand Card R -- Mark box or ask: <b>4a. Please give me the number of the group or groups which describes --'s racial background.</b>  Circle all that apply. 1 - Aleut, Eskimo or American Indian 2 - Asian or Pacific Islander 3 - Black 4 - White 5 - Another group not listed - Please specify	4a.	<input type="checkbox"/> Under 17 (NP) 1 2 3 4 5 - Specify <u>      </u>  _____ _____
If multiple entries ask: <b>b. Which of those groups, that is, (entries in 4a) would you say BEST describes --'s racial background?</b>	b.	1 2 3 4 5 - Specify <u>      </u> _____
Hand Card O -- Mark box or ask: <b>5a. Are any of those groups --'s national origin or ancestry?</b> (Where did --'s ancestors come from?)	5a.	<input type="checkbox"/> Under 17 (NP) 1 Y      2 N (NP)
<b>b. Please give me the number of the group.</b>  Circle all that apply. 1 - Puerto Rican                      4 - Mexican                              7 - Other Latin American 2 - Cuban                                5 - Mexican-American                  8 - Other Spanish 3 - Mexican                              6 - Chicano	b.	1 2 3 4 5 6 7 8



Mark box or ask:			
6a. Did -- work at any time last week or the week before -- not counting work around the house?	6a.	<input type="checkbox"/> Under 17 (NP) 1 Y (7)      2 N	
b. Even though -- did not work during these 2 weeks, does -- have a job or business?	b.	1 Y      2 N	
c. Was -- looking for work or on layoff from a job?	c.	1 Y      2 N (7)	
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 6a, b, or c. If "Yes" in 6c only, questions 7a through 7e apply to this person's LAST full-time civilian job.	7a. For whom did -- work? Name of company, business, organization, or other employer	7a.	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 7a-d; if not clear ask: e. Was -- an employee of PRIVATE company, business, or individual for wages, salary, or commission? . . . . . P      -- self-employed in OWN business, professional practice, or farm? -- a FEDERAL government employee? . . . F      If not farm, ask: Is the business incorporated? Yes . . . . . I -- a STATE government employee? . . . . . S      No (or farm) . . . SE -- a LOCAL government employee? . . . . . L      -- working WITHOUT PAY in family business or farm? . . . . . WP		e.
8a. There is a national program called Medicaid which pays for health care for persons in need. (In this State it is also called _____.) During the past 12 months, has anyone in this family received health care which has been or will be paid for by Medicaid (or _____)?			Y N (9)
b. Who was this? Mark "Medicaid" box in person's column.		8b.	1 <input type="checkbox"/> Medicaid
c. Anyone else? Y (Reask 8b and c) N			
9a. Does anyone in the family now have a Medicaid (or _____) card which looks like this? Show Medicaid card.			Y N (10)
b. Who is this? Mark "Card" box in person's column.		9b.	1 <input type="checkbox"/> Card
c. Anyone else? Y (Reask 9b and c) N			
If "Card," ask: d. May I please see --'s (and --) card(s)? Mark appropriate box(es) in person's column.		d.	<input type="checkbox"/> Medicaid card seen 1 <input type="checkbox"/> Current 2 <input type="checkbox"/> Expired 3 <input type="checkbox"/> No card seen 4 <input type="checkbox"/> Other card seen
(Specify)			

Hand Card I.		10.	00 <input type="checkbox"/> A      06 <input type="checkbox"/> G 01 <input type="checkbox"/> B      07 <input type="checkbox"/> H 02 <input type="checkbox"/> C      08 <input type="checkbox"/> I 03 <input type="checkbox"/> D      09 <input type="checkbox"/> J 04 <input type="checkbox"/> E      10 <input type="checkbox"/> K 05 <input type="checkbox"/> F
10. 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.		11a.	<input type="checkbox"/> Income
11a. Which (other) family members received some income during the past 12 months? Mark "Income" box in person's column. ----- b. Did any other family members receive any income during the past 12 months?      Y (Reask 11a and b) N			
If only one person with "Income" box marked, go to 13. If 2 or more persons with "Income" box marked, ask 12 for each. 12. Which of these income groups represents —'s income for the past 12 months?		12.	00 <input type="checkbox"/> A      06 <input type="checkbox"/> G 01 <input type="checkbox"/> B      07 <input type="checkbox"/> H 02 <input type="checkbox"/> C      08 <input type="checkbox"/> I 03 <input type="checkbox"/> D      09 <input type="checkbox"/> J 04 <input type="checkbox"/> E      10 <input type="checkbox"/> K 05 <input type="checkbox"/> F
13a. Does anyone in this family receive assistance through the "Aid to Families with Dependent Children" Program, sometimes called "AFDC" or "ADC"?      Y N (14)		13b.	1 <input type="checkbox"/> AFDC
b. Which (other) family members are included in the AFDC assistance payment? Mark "AFDC" box in person's column. ----- c. Are any other family members included in this program?      Y (Reask 13b and c) N			
14a. Does anyone in the family receive the "Supplemental Security Income" or "SSI" gold-colored check?      Y N (15)		14b.	1 <input type="checkbox"/> SSI
b. Who receives this check? Mark "SSI" box in person's column. ----- c. Anyone else?      Y (Reask 14b and c) N			
15a. Does anyone in the family receive any (other) income from Social Security?      Y N (CH)		15b.	1 <input type="checkbox"/> Social Security
b. Who is this? Mark "Social Security" box in person's column. ----- c. Anyone else?      Y (Reask 15b and c) N			
CH	Mark box.	CH	<input type="checkbox"/> No child under 18 in family (HH page); <input type="checkbox"/> Other (Child Health Supplement)

### CARD C

Conditions reported for which questions 3a-3e need not be asked:

Acne	Hemorrhoids or piles (any kind)
Appendicitis	Hernia (any type)
Arteriosclerosis	Kidney stones
Arthritis (any kind)	Laryngitis
Athlete's foot	Migraine (any kind)
Bronchitis (any kind)	Mumps
Bunions	Normal delivery
Bursitis	Phlebitis (Thrombophlebitis)
Calluses	Pneumonia
Chickenpox	Pregnancy
Cold	Sciatica
Corns	Sinus (any kind)
Croup	Strep (Streptococcus) throat
Diabetes (any type)	Tonsillitis
Epilepsy (any kind)	Ulcer (duodenal, stomach, peptic or gastric only)
Gallstones	Vasectomy
Goiter	Warts
Hardening of the arteries	Whooping cough
Hay fever	

### 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 E2

Show detail in question 3e, Condition page and/or question 6, Hospital page for these IMPAIRMENTS.

Deafness

Trouble hearing

Other ear condition

Blindness

Trouble seeing

Other eye condition

Missing hand - all or part

Missing arm - all or part

Missing foot - all or part

Missing leg - all or part

Trouble, stiffness or any deformity of - foot, leg, fingers, arm, or back

### CARD B

OFTEN TRUE in the past 3 months

SOMETIMES TRUE in the past 3 months

NOT TRUE in the past 3 months