

Section P. FUNCTIONAL LIMITATIONS (FL)

<b>P1</b>	Refer to ages of all family members	<input type="checkbox"/> Persons 65+ in family (Enter person number and first name of EACH person on a separate FL page)	<input type="checkbox"/> No persons 65+ in family (Section Q)
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<b>FL1</b>	Person No. <input type="checkbox"/> 3-4	First name _____	<input type="checkbox"/> Callback required (Hhld. page, THEN NP)	<input type="checkbox"/> Available (1)
			<input type="checkbox"/> Noninterview (Footnotes, THEN NP)	

Read to respondent - The next questions are about how well you are able to do certain activities - by yourself and without using special equipment.

1. Because of a health or physical problem, do you have ANY difficulty -  Ask if "Doesn't do": Is this because of a HEALTH or PHYSICAL problem? If "Yes," mark box 1; if "No," mark box 3	(1) <b>Bathing or showering?</b>  1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Doesn't do for other reason	(2) <b>Dressing?</b>  1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Doesn't do for other reason	(3) <b>Eating?</b>  1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Doesn't do for other reason
	5	21	37

2. By yourself and without using special equipment, how much difficulty do you have (activity), some, a lot, or are you unable to do it?	1 <input type="checkbox"/> Some 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable	1 <input type="checkbox"/> Some 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable	1 <input type="checkbox"/> Some 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable
	6	22	38

3. Do you receive help from anyone in (activity)?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (5)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (5)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (5)
	7	23	39

4a. Who gives this help?  Anyone else?  Mark the S/C/P box without asking if ONLY help is from spouse/children/parents.  b. Is this help paid for? Ask if necessary: Which helpers are paid?	4a. Source of help HH member 1 <input type="checkbox"/> Relative . . . . 2 <input type="checkbox"/> Nonrelative . . . . Non-HH member 3 <input type="checkbox"/> Relative . . . . 4 <input type="checkbox"/> Nonrelative . . . .	4b. Paid 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	4a. Source of help HH member 1 <input type="checkbox"/> Relative . . . . 2 <input type="checkbox"/> Nonrelative . . . . Non-HH member 3 <input type="checkbox"/> Relative . . . . 4 <input type="checkbox"/> Nonrelative . . . .	4b. Paid 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	4a. Source of help HH member 1 <input type="checkbox"/> Relative . . . . 2 <input type="checkbox"/> Nonrelative . . . . Non-HH member 3 <input type="checkbox"/> Relative . . . . 4 <input type="checkbox"/> Nonrelative . . . .	4b. Paid 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	8-11	12-15	24-27	28-31	40-43	44-47

5a. Do you use any special equipment or aids in (activity)?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (2 for next activity with "Yes" in 1)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (2 for next activity with "Yes" in 1)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (2 for next activity with "Yes" in 1)
	16	32	48

b. What special equipment or aids do you use? Anything else?	Special equipment or aids _____	Special equipment or aids _____	Special equipment or aids _____
	17-18	33-34	49-50
	_____	_____	_____
	19-20	35-36	51-52

6a. Do you have difficulty controlling your bowels?	RT 68 3-4	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No (6c)	5
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b. How frequently do you have this difficulty - daily, several times a week, once a week, or less than once a week?	1 <input type="checkbox"/> Daily	4 <input type="checkbox"/> Less than once a week	6
	2 <input type="checkbox"/> Several times a week	9 <input type="checkbox"/> DK	

c. Do you have a colostomy or a device to help control bowel movements?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No (7)	7
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d. Do you need help from anyone in taking care of this device?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	8
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7a. Do you have difficulty controlling urination?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No (7c)	9
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b. How frequently do you have this difficulty - daily, several times a week, once a week, or less than once a week?	1 <input type="checkbox"/> Daily	4 <input type="checkbox"/> Less than once a week	10
	2 <input type="checkbox"/> Several times a week	9 <input type="checkbox"/> DK	

c. Do you have a urinary catheter or a device to help control urination?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No (P2)	11
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d. Do you need help from anyone in taking care of this device?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	12
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<b>P2</b> Mark first appropriate box	1 <input type="checkbox"/> Respondent is a proxy	} (B)	3 <input type="checkbox"/> Telephone interview (B)	13
	2 <input type="checkbox"/> Person has only been seen in a bed or chair		4 <input type="checkbox"/> All other (Page 10)	

8. Because of a health or physical problem, do you usually - a. Stay in bed all or most of the time?	1 <input type="checkbox"/> Yes (Page 10)	2 <input type="checkbox"/> No	14

b. Stay in a chair all or most of the time?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	15

Task 1 (4) <b>53</b>		(5) <b>59</b>		(6) <b>65</b>		(7) <b>101</b>	
<b>Getting in and out of bed or chairs?</b>		<b>Walking?</b>		<b>Getting outside?</b>		<b>Using the toilet, including getting to the toilet?</b>	
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Doesn't do for other reason		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Doesn't do for other reason		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Doesn't do for other reason		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Doesn't do for other reason	
<b>54</b>		<b>70</b>		<b>86</b>		<b>102</b>	
1 <input type="checkbox"/> Some 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable		1 <input type="checkbox"/> Some 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable		1 <input type="checkbox"/> Some 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable		1 <input type="checkbox"/> Some 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable	
<b>55</b>		<b>71</b>		<b>87</b>		<b>103</b>	
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (5)		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (5)		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (5)		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (5)	
<b>4a. Source of help</b> <b>56-59</b>		<b>4b. Paid</b> <b>60-63</b>		<b>4a. Source of help</b> <b>72-75</b>		<b>4b. Paid</b> <b>76-79</b>	
<b>HH member</b>		0 <input type="checkbox"/> S/C/P (5)		<b>HH member</b>		0 <input type="checkbox"/> S/C/P (5)	
1 <input type="checkbox"/> Relative . . . .		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		1 <input type="checkbox"/> Relative . . . .		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
2 <input type="checkbox"/> Nonrelative . . .		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		2 <input type="checkbox"/> Nonrelative . . .		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
<b>Non-HH member</b>		3 <input type="checkbox"/> Relative . . . .		<b>Non-HH member</b>		3 <input type="checkbox"/> Relative . . . .	
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
4 <input type="checkbox"/> Nonrelative . . .		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		4 <input type="checkbox"/> Nonrelative . . .		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
<b>64</b>		<b>80</b>		<b>96</b>		<b>112</b>	
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (2 for next activity with "Yes" in 1)		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (2 for next activity with "Yes" in 1)		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (2 for next activity with "Yes" in 1)		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (6)	
<b>Special equipment or aids</b>		<b>Special equipment or aids</b>		<b>Special equipment or aids</b>		<b>Special equipment or aids</b>	
_____ <b>65-68</b>		_____ <b>81-82</b>		_____ <b>97-98</b>		_____ <b>113-114</b>	
_____ <b>67-68</b>		_____ <b>83-84</b>		_____ <b>99-100</b>		_____ <b>115-116</b>	
<b>FOOTNOTES</b>							

FORM HIS-1 (SI) (1988) (10-17-85)

**Section P. FUNCTIONAL LIMITATIONS (FL), Continued**

Read to respondent — Now I will ask about some other activities. Tell me about doing them by yourself.

<p><b>9. Because of a health or physical problem, do you have ANY difficulty —</b>                  Ask if "Doesn't do":  <b>Is this because of a HEALTH or PHYSICAL problem?</b>                  If "Yes," mark box 1; if "No," mark box 3</p>	<p align="center"><b>(1)</b> <span style="float:right">16</span></p> <p><b>Preparing your own meals?</b></p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Doesn't do for other reason</p>	<p align="center"><b>(2)</b> <span style="float:right">27</span></p> <p><b>Shopping for personal items, (such as toilet items or medicines)?</b></p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Doesn't do for other reason</p>																																
<p>Ask 10—12 for each activity marked "Yes" in 9.</p> <p><b>10. By yourself and without using special equipment, how much difficulty do you have (activity), some, a lot, or are you unable to do it?</b></p>	<p align="center">17</p> <p>1 <input type="checkbox"/> Some</p> <p>2 <input type="checkbox"/> A lot</p> <p>3 <input type="checkbox"/> Unable</p>	<p align="center">28</p> <p>1 <input type="checkbox"/> Some</p> <p>2 <input type="checkbox"/> A lot</p> <p>3 <input type="checkbox"/> Unable</p>																																
<p><b>11. Do you receive help from anyone in (activity)?</b></p>	<p align="center">18</p> <p>1 <input type="checkbox"/> Yes (12)</p> <p>2 <input type="checkbox"/> No (10 for next activity with "Yes" in 9)</p>	<p align="center">29</p> <p>1 <input type="checkbox"/> Yes (12)</p> <p>2 <input type="checkbox"/> No (10 for next activity with "Yes" in 9)</p>																																
<p><b>12a. Who gives this help?</b></p> <p>Anyone else?</p> <p>Mark the S/C/P box without asking if ONLY help is from spouse/children/parents, THEN 10 for next activity marked "Yes" in 9.</p> <p><b>b. Is this help paid for?</b>                  Ask if necessary:                  Which helpers are paid?</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%; text-align: center;">12a. Source of help</th> <th style="width:50%; text-align: center;">12b. Paid</th> </tr> <tr> <td style="text-align: center;">19—22</td> <td style="text-align: center;">23—26</td> </tr> <tr> <td>HH member</td> <td>0 <input type="checkbox"/> S/C/P (5)</td> </tr> <tr> <td>1 <input type="checkbox"/> Relative . . .</td> <td>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</td> </tr> <tr> <td>2 <input type="checkbox"/> Nonrelative . . .</td> <td>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</td> </tr> <tr> <td>Non-HH member</td> <td></td> </tr> <tr> <td>3 <input type="checkbox"/> Relative . . .</td> <td>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</td> </tr> <tr> <td>4 <input type="checkbox"/> Nonrelative . . .</td> <td>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</td> </tr> </table>	12a. Source of help	12b. Paid	19—22	23—26	HH member	0 <input type="checkbox"/> S/C/P (5)	1 <input type="checkbox"/> Relative . . .	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	2 <input type="checkbox"/> Nonrelative . . .	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	Non-HH member		3 <input type="checkbox"/> Relative . . .	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	4 <input type="checkbox"/> Nonrelative . . .	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%; text-align: center;">12a. Source of help</th> <th style="width:50%; text-align: center;">12b. Paid</th> </tr> <tr> <td style="text-align: center;">30—33</td> <td style="text-align: center;">34—37</td> </tr> <tr> <td>HH member</td> <td>0 <input type="checkbox"/> S/C/P (5)</td> </tr> <tr> <td>1 <input type="checkbox"/> Relative . . .</td> <td>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</td> </tr> <tr> <td>2 <input type="checkbox"/> Nonrelative . . .</td> <td>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</td> </tr> <tr> <td>Non-HH member</td> <td></td> </tr> <tr> <td>3 <input type="checkbox"/> Relative . . .</td> <td>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</td> </tr> <tr> <td>4 <input type="checkbox"/> Nonrelative . . .</td> <td>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</td> </tr> </table>	12a. Source of help	12b. Paid	30—33	34—37	HH member	0 <input type="checkbox"/> S/C/P (5)	1 <input type="checkbox"/> Relative . . .	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	2 <input type="checkbox"/> Nonrelative . . .	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	Non-HH member		3 <input type="checkbox"/> Relative . . .	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	4 <input type="checkbox"/> Nonrelative . . .	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
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1 <input type="checkbox"/> Relative . . .	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No																																	
2 <input type="checkbox"/> Nonrelative . . .	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No																																	
Non-HH member																																		
3 <input type="checkbox"/> Relative . . .	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No																																	
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3 <input type="checkbox"/> Relative . . .	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No																																	
4 <input type="checkbox"/> Nonrelative . . .	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No																																	
<p><b>P3</b></p>	<p>1 <input type="checkbox"/> 13 and 14 filled on another FL page (15)</p> <p>8 <input type="checkbox"/> Other (13)</p>	<p align="center">32</p>																																
<p><b>13a. Is it NECESSARY to go up or down a step to get into this [house/apartment] from the outside?</b></p>	<p>1 <input type="checkbox"/> No</p> <p>Yes — If not mentioned, ask: <b>Is it one step or more than one step?</b></p> <p>2 <input type="checkbox"/> 1 step</p> <p>3 <input type="checkbox"/> More than 1 step</p>	<p align="center">33</p>																																
<p><b>b. Counting basements and stepdown living areas as separate levels, does this [house/apartment] have more than one floor or level?</b></p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No (14b)</p>	<p align="center">34</p>																																
<p><b>14a. Does this [house/apartment] have a bathroom, bedroom, and kitchen ALL on the same floor or level?</b></p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>	<p align="center">35</p>																																
<p><b>b. Does this [house/apartment] have a walk-in shower, that is, where you don't step over the side of the tub to get into the shower?</b></p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>	<p align="center">36</p>																																
<p><b>15a. Because of a health or physical problem do YOU NEED a bathroom, bedroom, and kitchen ALL on the SAME floor or level?</b></p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>	<p align="center">37</p>																																
<p><b>b. Because of a health or physical problem do YOU NEED a walk-in shower?</b></p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>	<p align="center">38</p>																																

FOOTNOTES

<p style="text-align: right;">(3) <span style="float: right;">38</span></p> <p>Managing your money, (such as keeping track of expenses or paying bills)?</p> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No  3 <input type="checkbox"/> Doesn't do for other reason</p>	<p style="text-align: right;">(4) <span style="float: right;">49</span></p> <p>Reask 9 Using the telephone?</p> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No  3 <input type="checkbox"/> Doesn't do for other reason</p>	<p style="text-align: right;">(5) <span style="float: right;">60</span></p> <p>Doing heavy housework, (such as scrubbing floors, or washing windows)?</p> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No  3 <input type="checkbox"/> Doesn't do for other reason</p>	<p style="text-align: right;">(6) <span style="float: right;">71</span></p> <p>Doing light housework, (such as doing dishes, straightening up, or light cleaning)?</p> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No  3 <input type="checkbox"/> Doesn't do for other reason</p>																								
<p style="text-align: right;">39</p> <p>1 <input type="checkbox"/> Some  2 <input type="checkbox"/> A lot  3 <input type="checkbox"/> Unable</p>	<p style="text-align: right;">60</p> <p>1 <input type="checkbox"/> Some  2 <input type="checkbox"/> A lot  3 <input type="checkbox"/> Unable</p>	<p style="text-align: right;">61</p> <p>1 <input type="checkbox"/> Some  2 <input type="checkbox"/> A lot  3 <input type="checkbox"/> Unable</p>	<p style="text-align: right;">72</p> <p>1 <input type="checkbox"/> Some  2 <input type="checkbox"/> A lot  3 <input type="checkbox"/> Unable</p>																								
<p style="text-align: right;">40</p> <p>1 <input type="checkbox"/> Yes (12)  2 <input type="checkbox"/> No (10 for next activity with "Yes" in 9)</p>	<p style="text-align: right;">61</p> <p>1 <input type="checkbox"/> Yes (12).  2 <input type="checkbox"/> No (10 for next activity with "Yes" in 9)</p>	<p style="text-align: right;">62</p> <p>1 <input type="checkbox"/> Yes (12)  2 <input type="checkbox"/> No (10 for next activity with "Yes" in 9)</p>	<p style="text-align: right;">73</p> <p>1 <input type="checkbox"/> Yes (12)  2 <input type="checkbox"/> No (P3)</p>																								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">12a. Source of help <span style="float: right;">41-44</span></td> <td style="width:50%; text-align: center;">12b. Paid <span style="float: right;">45-48</span></td> </tr> <tr> <td>HH member 1 <input type="checkbox"/> Relative . . . 2 <input type="checkbox"/> Nonrelative . . .</td> <td>0 <input type="checkbox"/> S/C/P (5) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</td> </tr> <tr> <td>Non-HH member 3 <input type="checkbox"/> Relative . . . 4 <input type="checkbox"/> Nonrelative . . .</td> <td>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</td> </tr> </table>	12a. Source of help <span style="float: right;">41-44</span>	12b. Paid <span style="float: right;">45-48</span>	HH member 1 <input type="checkbox"/> Relative . . . 2 <input type="checkbox"/> Nonrelative . . .	0 <input type="checkbox"/> S/C/P (5) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	Non-HH member 3 <input type="checkbox"/> Relative . . . 4 <input type="checkbox"/> Nonrelative . . .	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">12a. Source of help <span style="float: right;">52-55</span></td> <td style="width:50%; text-align: center;">12b. Paid <span style="float: right;">56-59</span></td> </tr> <tr> <td>HH member 1 <input type="checkbox"/> Relative . . . 2 <input type="checkbox"/> Nonrelative . . .</td> <td>0 <input type="checkbox"/> S/C/P (5) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</td> </tr> <tr> <td>Non-HH member 3 <input type="checkbox"/> Relative . . . 4 <input type="checkbox"/> Nonrelative . . .</td> <td>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</td> </tr> </table>	12a. Source of help <span style="float: right;">52-55</span>	12b. Paid <span style="float: right;">56-59</span>	HH member 1 <input type="checkbox"/> Relative . . . 2 <input type="checkbox"/> Nonrelative . . .	0 <input type="checkbox"/> S/C/P (5) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	Non-HH member 3 <input type="checkbox"/> Relative . . . 4 <input type="checkbox"/> Nonrelative . . .	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">12a. Source of help <span style="float: right;">63-66</span></td> <td style="width:50%; text-align: center;">12b. Paid <span style="float: right;">67-70</span></td> </tr> <tr> <td>HH member 1 <input type="checkbox"/> Relative . . . 2 <input type="checkbox"/> Nonrelative . . .</td> <td>0 <input type="checkbox"/> S/C/P (5) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</td> </tr> <tr> <td>Non-HH member 3 <input type="checkbox"/> Relative . . . 4 <input type="checkbox"/> Nonrelative . . .</td> <td>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</td> </tr> </table>	12a. Source of help <span style="float: right;">63-66</span>	12b. Paid <span style="float: right;">67-70</span>	HH member 1 <input type="checkbox"/> Relative . . . 2 <input type="checkbox"/> Nonrelative . . .	0 <input type="checkbox"/> S/C/P (5) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	Non-HH member 3 <input type="checkbox"/> Relative . . . 4 <input type="checkbox"/> Nonrelative . . .	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">12a. Source of help <span style="float: right;">74-77</span></td> <td style="width:50%; text-align: center;">12b. 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<p>FOOTNOTES</p>																											