A. HOUSEHOLD COMPOSITION PAGE

1a. What are the names of all persons living or staying here? Start with the name of the person or one of the persons who owns or rents this home. Enter name in REFERENCE PERSON column.

b. What are the names of all other persons living or staying here? Enter names in columns.

c. I have listed (pared names). Have I missed:
   - any babies or small children?
   - any lodgers, boarders, or persons you employ who live here?
   - anyone who USUALLY lives here but is now away from home traveling or in a hospital?
   - anyone else staying here?

   Do all of the persons you have named usually live here? (yes) (2)
   Probe if necessary: RULES. Delete non-household members by an "X" from I-C2 and enter reason.

   A.B. HOUSEHOLD MEMBERS

   Does usually live somewhere else? (Yes (2) No)
   Ask for all persons beginning with column 2.

2. What is — relation to reference person? (A)

   A1. What is — relationship to reference person?

   A2. Ask condition list.

   A3. Refer to ages of all related HH members.

   6a. Are any of the persons in this family now on full-time active duty with the armed forces?

   b. Who is this?

   Delete column number(s) by an "X" from I-C2.

   c. Anyone else?

   Ask for each person in armed forces:

   d. Where does — usually live and sleep, here or somewhere else? (Yes (2) No)

   Mark box in person's column.

   If related persons 17 and older are listed in addition to the respondent and are not present, say:

   5. We would like to have all adult family members who are at home take part in the interview. Are names of persons 17 and over at home now? (Yes, (2) No) Would they join us? (Allow time)

Read to respondents:
This survey is being conducted to collect information on the nation's health. I will ask about hospitalizations, disability, visits to doctors, illness in the family, and other health related items.

HOSPITAL PROBE

6a. Since (3-month hospital date) a year ago, was — a patient in a hospital OVERNIGHT?

b. How many different times did — stay in any hospital overnight or longer since (3-month hospital date) a year ago?

   (3-month hospital date)

   Ask for each child under one:

   7a. Was — born in a hospital?

   Ask for mother and child

   b. Have you included this hospitalization in the number you gave me for —?

FOOTNOTES
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>B1</strong> Refer to age.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>1.</strong> What was doing MOST OF THE PAST 12 MONTHS; working at a job or business, keeping house, going to school, or something else?</td>
<td>Yes (1), No (2)</td>
<td></td>
</tr>
<tr>
<td><strong>2.</strong> Does any impairment or health problem NOW keep — from working at a job or business?</td>
<td>Yes (1), No (2)</td>
<td></td>
</tr>
<tr>
<td><strong>3.</strong> Does any impairment or health problem NOW keep — from doing any housework at all?</td>
<td>Yes (1), No (2)</td>
<td></td>
</tr>
<tr>
<td><strong>4.</strong> What (other) condition causes this?</td>
<td>Yes (1), No (2)</td>
<td></td>
</tr>
<tr>
<td><strong>5.</strong> Does any impairment or health problem keep — from working at a job or business?</td>
<td>Yes (1), No (2)</td>
<td></td>
</tr>
<tr>
<td><strong>B2</strong> Refer to questions 3a and 3b.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>6.</strong> Is — limited in ANY WAY in any activities because of an impairment or health problem?</td>
<td>Yes (1), No (2), Other (3)</td>
<td></td>
</tr>
<tr>
<td><strong>7.</strong> What (other) condition causes this?</td>
<td>Yes (1), No (2)</td>
<td></td>
</tr>
<tr>
<td><strong>7a.</strong> Does any impairment or health problem NOW keep — from working at a job or business?</td>
<td>Yes (1), No (2)</td>
<td></td>
</tr>
<tr>
<td><strong>7b.</strong> Is — limited in the kind OR amount of work — could be because of any impairment or health problem?</td>
<td>Yes (1), No (2)</td>
<td></td>
</tr>
<tr>
<td><strong>8.</strong> Does any impairment or health problem NOW keep — from doing any housework at all?</td>
<td>Yes (1), No (2)</td>
<td></td>
</tr>
<tr>
<td><strong>9.</strong> Is — limited in the kind OR amount of housework — could be because of any impairment or health problem?</td>
<td>Yes (1), No (2)</td>
<td></td>
</tr>
<tr>
<td><strong>10.</strong> What (other) condition causes this?</td>
<td>Yes (1), No (2)</td>
<td></td>
</tr>
<tr>
<td><strong>11.</strong> Does any impairment or health problem keep — from working at a job or business?</td>
<td>Yes (1), No (2)</td>
<td></td>
</tr>
<tr>
<td><strong>12.</strong> Is — limited in the kind OR amount of work — could be because of any impairment or health problem?</td>
<td>Yes (1), No (2)</td>
<td></td>
</tr>
</tbody>
</table>

**Note:** Mark box if only one condition.

**Main cause**

**Mark box of only one condition.**

Which of these conditions would you say is the MAIN cause of this limitation?
B. LIMITATION OF ACTIVITIES PAGE, Continued

<table>
<thead>
<tr>
<th>B3</th>
<th>Refer to see.</th>
</tr>
</thead>
</table>

8. What was **doing MOST OF THE PAST 12 MONTHS:** working at a job or business, keeping house, going to school, or something else? 

|----|-----------------------------|

9a. Because of any impairment or health problem, does **need the help of other persons with personal care needs, such as eating, bathing, dressing, or getting around this home?** 

<table>
<thead>
<tr>
<th></th>
<th>1. Yes 2. No</th>
</tr>
</thead>
</table>

b. Because of any impairment or health problem, does **need the help of other persons in handling routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?** 

<table>
<thead>
<tr>
<th></th>
<th>1. Yes 2. No</th>
</tr>
</thead>
</table>

10a. Is **able to take part AT ALL in the usual kinds of play activities done by most children?** 

<table>
<thead>
<tr>
<th></th>
<th>1. Yes 2. No</th>
</tr>
</thead>
</table>

b. Is **limited in the kind OR amount of play activities can do because of any impairment or health problem?** 

<table>
<thead>
<tr>
<th></th>
<th>1. Yes 2. No</th>
</tr>
</thead>
</table>

11a. Is **any impairment or health problem NOW keep — from attending school?** 

<table>
<thead>
<tr>
<th></th>
<th>1. Yes 2. No</th>
</tr>
</thead>
</table>

c. Is **need to attend a special school or special classes because of any impairment or health problem?** 

<table>
<thead>
<tr>
<th></th>
<th>1. Yes 2. No</th>
</tr>
</thead>
</table>

d. Is **limited in school attendance because of — health?** 

<table>
<thead>
<tr>
<th></th>
<th>1. Yes 2. No</th>
</tr>
</thead>
</table>

12a. Is **limited in ANY WAY in any activities because of an impairment or health problem?** 

<table>
<thead>
<tr>
<th></th>
<th>1. Yes 2. No</th>
</tr>
</thead>
</table>

c. In what way is — limited? **Record limitation, not condition.** 

<table>
<thead>
<tr>
<th></th>
<th>1. Limitation</th>
</tr>
</thead>
</table>

13a. What (other) condition causes this? 

<table>
<thead>
<tr>
<th></th>
<th>1. (Enter condition in C2, THEN 13b)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th></th>
<th>1. Old age (Mark &quot;Old age&quot; box, THEN 13b)</th>
</tr>
</thead>
</table>

b. Besides (condition) is there any other condition that causes this limitation? 

<table>
<thead>
<tr>
<th></th>
<th>1. Yes (Reason 13a and b)</th>
</tr>
</thead>
</table>

c. Is this limitation caused by any (other) specific condition? 

<table>
<thead>
<tr>
<th></th>
<th>1. Yes (Reason 13a and b)</th>
</tr>
</thead>
</table>

d. Which of these conditions would you say is the MAIN cause of this limitation? 

<table>
<thead>
<tr>
<th></th>
<th>Only 1 condition</th>
</tr>
</thead>
</table>

---

**FOOTNOTES**

---

**149**
**B. LIMITATION OF ACTIVITIES PAGE, Continued**

<table>
<thead>
<tr>
<th>B4</th>
<th>Refer to age.</th>
</tr>
</thead>
<tbody>
<tr>
<td>B5</td>
<td>Refer to &quot;Old age,&quot; and &quot;LA&quot; boxes. Mark first appropriate box.</td>
</tr>
</tbody>
</table>

14a. Because of any impairment or health problem, does — need the help of other persons with — personal needs, such as eating, bathing, dressing, or getting around this home?  
If under 18, skip to next person, otherwise ask:  
14b. Because of any impairment or health problem, does — need the help of other persons in handling routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?

15a. What other condition causes this?  
Ask if injury or operation: When did the (injury) occur? — have the operation?  
Ask if operation over 3 months ago: For what condition did — have the operation?  
Reask question 14 where limitation reported, saying: Except for — (condition), . . . ?  
OR reask 15b/c.

b. Besides (condition) is there any other condition that causes this limitation?

c. Is this limitation caused by any (other) specific condition?

Mark box if only one condition.

d. Which of these conditions would you say is the MAIN cause of this limitation?

---

**FOOTNOTES**
### D. RESTRICTED ACTIVITY PAGE PERSON 1

(Hand calendar, [The next questions refer to the 2 weeks outlined in red on that calendar, beginning Monday, [Mark "No" box, THEN 2] and ending this past Sunday (Red).]

**D1**

Refer to age.

- Under 5 (4) [Mark "No" box, THEN 2]
- 5-17 (3)
- 18 and over (1)

1a. DURING THOSE 2 WEEKS, did — work at any time on a job or business, not counting work around the house? (Include unpaid work in the family [Red]).

- Yes [Mark "No" box, THEN 2]
- No

b. Even though — did not work during those 2 weeks, did — have a job or business?

- Yes [Mark "No" box, THEN 2]
- No / 6

2a. During those 2 weeks, did — miss any time from a job or business because of illness or injury?

- Yes [Mark "No" box, THEN 2]
- No (4)

b. During that 2-week period, how many days did — miss more than half of the day from — job or business because of illness or injury?

- None (4)

**D2**

Refer to 2b and 3b.

- No days in 2b or 3b (6)
- 1 or more days in 2b or 3b (1)

5. On how many of the (number of 2b or 3b) days missed from [Red] did — stay in bed more than half of the day because of illness or injury?

- None

**D3**

Refer to 2b, 3b, and 4b.

a. During those 2 weeks, did — stay in bed because of illness or injury?

- Yes [Mark "No" box, THEN 2]
- No

b. During that 2-week period, how many days did — stay in bed more than half of the day because of illness or injury?

- None (4)

7a. What (other) condition caused — to

- Miss work
- Miss school

b. Did any other condition cause — to

- Miss work
- Miss school

FOOTNOTES

---

**D2**

Refer to 2b, 3b, and 4b.

- No days in 2b or 3b (6)
- 1 or more days in 2b or 3b (1)

5. On how many of the (number of 2b or 3b) days missed from [work/school] did — stay in bed more than half of the day because of illness or injury?

- None

**D3**

Refer to 2b, 3b, 4b, and 6b.

a. During those 2 weeks, did — stay in bed because of illness or injury?

- Yes [Mark "No" box, THEN 2]
- No

b. During that 2-week period, how many days did — stay in bed more than half of the day because of illness or injury?

- None (6)
**G. HEALTH INDICATOR PAGE**

1a. During the 2-week period outlined in red on the calendar, has anyone in the family had an injury from an accident or other cause that you have not yet told me about?  
   - [ ] Yes  
   - [ ] No (2)

b. Who was this? Mark "Injury" box in person's column.

c. What was — injury?

Enter injury(ies) in person's column.

d. Did anyone have any other injuries during that period?  
   - [ ] Yes (Reask lb, c, and d)  
   - [ ] No

As for each injury, in lb:

b. Who was it? Mark "Injury" box in person's column.

c. What — injury?

d. Did anyone have any other injuries during that period?

Ask for each injury, in lb:

b. Who was it? Mark "Injury" box in person's column.

c. What — injury?

d. Did anyone have any other injuries during that period?

As a result of the injury in lb did [—/anyone] see or talk to a medical doctor or assistant (about —) or did — cut down on — usual activities for more than half of a day?

- [ ] Yes (Reask lb, c, and d)
- [ ] No (56 for next injury)

**2.** During the past 12 months, (that is, since 12-month date a year ago) ABOUT how many days did illness or injury keep — in bed more than half of the day? (Include days while an overnight patient in a hospital.)

a. During the past 12 months, ABOUT how many times did [—/anyone] see or talk to a medical doctor or assistant (about —)? (Do not count doctors seen while an overnight patient in a hospital.) (Include the number in 2-WK DV box visit(s) you already told me about.)

b. About how long has it been since [—/anyone] last saw or talked to a medical doctor or assistant (about —)? Include doctors seen while a patient in a hospital.

**3.** During the past 12 months, ABOUT how many times did [—/anyone] see or talk to a medical doctor or assistant (about —)? (Do not count doctors seen while an overnight patient in a hospital.)

b. How long has it been since [—/anyone] last saw or talked to a medical doctor or assistant (about —)? Include doctors seen while a patient in a hospital.

**4.** Would you say — health in general is excellent, very good, good, fair, or poor?

Mark box if under 18:

a. About how tall is — without shoes?

b. About how much does — weigh without shoes?

**FOOTNOTES**
### H. CONDITION LISTS 1 AND 2

**Note:** In responding to the following questions, please only consider conditions which have been mentioned before.

#### 1. DURING THE PAST 12 MONTHS, did anyone in the family have — **IF "Yes," ask #2, #3, and #4.**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Letter</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. PERMANENT stiffness or any deformity of the foot, leg, fingers, arm, or back? (Permanent stiffness — joints will not move at all.)</td>
<td>A-L</td>
</tr>
<tr>
<td>B. Paralysis of any kind?</td>
<td>M-A</td>
</tr>
<tr>
<td>C. Arthritis of any kind or rheumatism?</td>
<td>M</td>
</tr>
<tr>
<td>D. Gout?</td>
<td>N</td>
</tr>
<tr>
<td>E. Lumbago?</td>
<td>N</td>
</tr>
<tr>
<td>F. Sciatica?</td>
<td>P</td>
</tr>
<tr>
<td>G. A base cyst or bone spur?</td>
<td>Q</td>
</tr>
<tr>
<td>H. Any other disease of the bone or cartilage?</td>
<td>R</td>
</tr>
<tr>
<td>I. A slipped or ruptured disc?</td>
<td>S</td>
</tr>
<tr>
<td>J. <strong>REPEATED</strong> trouble with neck, back, or spine?</td>
<td>T</td>
</tr>
<tr>
<td>K. Bursitis?</td>
<td>U</td>
</tr>
<tr>
<td>L. Any disease of the muscles or tendons?</td>
<td>V</td>
</tr>
<tr>
<td>M. Any disease of the hair or scalp?</td>
<td>W</td>
</tr>
</tbody>
</table>

#### 2. DURING THE PAST 12 MONTHS, did anyone in the family have — **IF "Yes," ask #2, #3, and #4.**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Letter</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Deafness in one or both ears?</td>
<td>A-D</td>
</tr>
<tr>
<td>B. Any other trouble hearing with one or both ears?</td>
<td>A-H</td>
</tr>
<tr>
<td>C. Tinnitus or ringing in the ears?</td>
<td>A-L</td>
</tr>
<tr>
<td>D. Blindness in one or both eyes?</td>
<td>B-C</td>
</tr>
<tr>
<td>E. Chancres?</td>
<td>C</td>
</tr>
<tr>
<td>F. Sclerema?</td>
<td>C-G</td>
</tr>
<tr>
<td>G. Color blindness?</td>
<td>F</td>
</tr>
<tr>
<td>H. A detached retina or any other condition of the retina?</td>
<td>G</td>
</tr>
<tr>
<td>I. Any other disease of the eye?</td>
<td>I</td>
</tr>
<tr>
<td>J. <strong>REPEATED</strong> trouble with neck, back, or spine?</td>
<td>N</td>
</tr>
<tr>
<td>K. Stomatitis or any other mouth trouble?</td>
<td>O</td>
</tr>
<tr>
<td>L. Any other speech defect?</td>
<td>P</td>
</tr>
<tr>
<td>M. Loss of taste or smell which has lasted 3 months or more?</td>
<td>Q</td>
</tr>
<tr>
<td>N. A missing finger, hand, or arm?</td>
<td>R</td>
</tr>
<tr>
<td>O. A missing toe, foot, or leg?</td>
<td>S</td>
</tr>
</tbody>
</table>

#### Answering the Questions

- **C.** Does anyone else NOW have — **Enter condition and letter in appropriate person’s column.**
- **L.** Who is this?
- **C.** Does anyone else NOW have — **Enter condition and letter in appropriate person’s column.**
- **L.** Who is this?
- **D.** Gout?
- **P.** A missing breast, kidney, or lung?
- **Q.** Palsy or cerebral palsy? (see #2)
**H. CONDITION LISTS 3 AND 4**

Read instructions and ask list specified in A1. Now I am going to read a list of medical conditions. Tell me if anyone in the family has had any of these conditions, even if you have mentioned them before.

| 3 | a. DURING THE PAST 12 MONTHS, did anyone in the family (read names) have —  
   b. Who was this?  
   c. DURING THE PAST 12 MONTHS, did anyone else have —  
   Enter condition and letter in appropriate person’s column.  
   Make no entry in item C2 for colds, flu, red nose, or sore throat; or “virus” even if reported in this list.  
   Conditions affecting the digestive system. |
|---|---|
| A. Gallstones? | B. Diverticulitis?  
   (Dy-re-vik-ik-yoo-li-tis)  
   Enter condition and letter in appropriate person’s column. |
| C. Cholera of the liver? | D. A spastic colon?  
   Enter condition and letter in appropriate person’s column. |
| D. Pasty liver? | E. Frequent constipation?  
   Enter condition and letter in appropriate person’s column. |
| E. Haplatin? | F. Yellow jaundice?  
   (Ja-und-ice)  
   Enter condition and letter in appropriate person’s column. |
| F. Any other bowel trouble? | G. Any other liver trouble?  
   Enter condition and letter in appropriate person’s column. |
| G. An ulcer? | H. Cancer of the stomach. intestines, colon or rectum?  
   Enter condition and letter in appropriate person’s column. |
| H. A hernia or rupture? | I. Cancer of the throat.  
   Enter condition and letter in appropriate person’s column. |
| J. Any disease of the esophagus? | K. Frequent headaches?  
   Enter condition and letter in appropriate person’s column. |
| L. Gastritis? | M. Frequent indigestion?  
   Enter condition and letter in appropriate person’s column. |
| M. Any other stomach trouble? | N. Frequent constipation?  
   Enter condition and letter in appropriate person’s column. |

| 4 | a. DURING THE PAST 12 MONTHS, did anyone in the family (read names) have —  
   b. Who was this?  
   c. DURING THE PAST 12 MONTHS, did anyone else have —  
   Enter condition and letter in appropriate person’s column.  
   A-B are conditions affecting the digestive system  
   C is a blood condition  
   D-I are conditions affecting the nervous system  
   J-Y are conditions affecting the genito-urinary system.  
   Ask only of males in family.  
   *Ask only of females in family.* |
|---|---|
| A. A goiter or other thyroid trouble? | B. Diabetes?  
   Enter condition and letter in appropriate person’s column. |
| B. Diverticulitis?  
   (Dy-re-vik-ik-yoo-li-tis)  
   Enter condition and letter in appropriate person’s column. |
| C. Anemia of any kind? | D. Epilepsy?  
   Enter condition and letter in appropriate person’s column. |
| D. Fatty liver? | E. Repeated seizures, convulsions, or blackouts?  
   Enter condition and letter in appropriate person’s column. |
| E. Yellow jaundice? | F. Multiple sclerosis?  
   Enter condition and letter in appropriate person’s column. |
| F. Any disease of the digestive system? | G. Migraine?  
   Enter condition and letter in appropriate person’s column. |
| G. Any other kidney trouble? | H. Frequent headaches?  
   Enter condition and letter in appropriate person’s column. |
| H. A missing breast? | I. Neuralgia or neuritis?  
   Enter condition and letter in appropriate person’s column. |
| I. Any disease of the digestive system? | J. Nephritis?  
   Enter condition and letter in appropriate person’s column. |
| J. Any disease of the stomach, intestines, colon or rectum? | K. Kidney stones?  
   Enter condition and letter in appropriate person’s column. |
| K. Any disease of the uterus or ovaries? | L. Repeated kidney infections?  
   Enter condition and letter in appropriate person’s column. |
| L. Any other kidney trouble? | M. A missing kidney?  
   Enter condition and letter in appropriate person’s column. |

*Ask only if males in family.*  
*Ask only of females in family.*
Read the respondent(s) and ask list specified in A2.

Now I am going to read a list of medical conditions. Tell me if anyone in the family has had any of these conditions, even if you have mentioned them before.

5. Has anyone in the family (read names) EVER had –
   a. Rheumatic fever?
   b. Rhumatic heart disease?
   c. Congenital heart disease?
   d. Coronary heart disease?
   e. Hypertension, sometimes called high blood pressure?

6. DURING THE PAST 12 MONTHS, did anyone in the family (read names) have –
   a. Who was this?
   b. Who was this?

Conditions affecting the heart and circulatory system.

- A. Rheumatic fever?
- B. Rheumatic heart disease?
- C. Congenital heart disease?
- D. Coronary heart disease?
- E. Hypertension, sometimes called high blood pressure?

H. CONDITION LISTS 5 AND 6

if there is no entry in item C2 for colds, flu, red nose, strep throat or "virus" even if reported in this list.

Conditions affecting the respiratory system.

- A. Bronchitis?
- B. Asthma?
- C. Hay fever?
- D. Sinus trouble?
- E. A runny nose?
- F. A nasal polyp?
- G. Hay fever?
- H. Laryngitis?
- I. A tumor or growth of the throat, larynx, or pulmonary condition?
- J. A tumor or growth of the bronchial tube or lung?

*If reported in this list only, ask:

1. How many times did – have (condition) in the past 12 months?
   a. If 2 or more times, enter condition in item C2.
   b. If only 1 time, ask:

2. How long did it last? If 1 month or longer, enter in item C2.
   a. If less than 1 month, do not record.
   b. If tonsils or adenoids were removed during past 12 months, enter the condition causing removal in item C2.
### L. DEMOGRAPHIC BACKGROUND PAGE

<table>
<thead>
<tr>
<th>Q.</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Did -- EVER serve on active duty in the Armed Forces of the United States?</td>
<td>1. Yes</td>
</tr>
<tr>
<td>1b. When did -- serve?</td>
<td>Vietnam era (May 64 to April 73)</td>
</tr>
<tr>
<td></td>
<td>Korean War (June '50 to June '53)</td>
</tr>
<tr>
<td></td>
<td>World War II (Sept. '40 to July '47)</td>
</tr>
<tr>
<td></td>
<td>Other Service (all other periods)</td>
</tr>
<tr>
<td>c. Was -- EVER an active member of a National Guard or military reserve unit?</td>
<td>1. Yes</td>
</tr>
<tr>
<td>d. Was ALL of -- active duty service related to National Guard or military reserve training?</td>
<td>1. Yes</td>
</tr>
<tr>
<td>2a. What is the highest grade or year of regular school ever attended?</td>
<td>Elementary 1 2 3 4 5 6 7 8</td>
</tr>
<tr>
<td></td>
<td>High School 9 10 11 12</td>
</tr>
<tr>
<td></td>
<td>College 1 2 3 4 5 6 7 8</td>
</tr>
<tr>
<td>2b. Did -- finish the grade?</td>
<td>1. Yes</td>
</tr>
</tbody>
</table>

**Hand Card R. Ask first alternative for first person; ask second alternative for other persons.**

**What is -- race?**

Circle all that apply:

- 1. White
- 2. Asian or Pacific Islander
- 3. Black
- 4. American Indian, Eskimo, or Aleut
- 5. Another race not listed -- Specify

Ask of multiple entries:

b. Which of these groups; that is, entries in 3b) would you say BEST represents -- race?

Circle all that apply:

- 1. Mexican
- 2. Cuban
- 3. Other Spanish
- 4. Portuguese

**Hand Card G.**

a. Are any of these groups -- national origin or ancestry? (Where did -- ancestors come from?)

Circle all that apply:

- 1. Puerto Rican
- 2. Cuban
- 3. Mexican/Mexicano
- 4. Mexican American
- 5. Other Spanish
- 6. Other Latin American
- 7. Other

**Hand Card H.**

a. Are any of these groups -- non-citizen? (Where did -- non-citizen come from?)

Circle all that apply:

- 1. Mexican
- 2. Cuban
- 3. Other Spanish
- 4. Other Latin American
- 5. Other

**Hand Card I.**

a. Are any of these groups -- U.S. citizen by birth? (Where did -- citizen by birth come from?)

Circle all that apply:

- 1. Mexican
- 2. Cuban
- 3. Other Spanish
- 4. Other Latin American
- 5. Other

<table>
<thead>
<tr>
<th>Q.</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>3a.</td>
<td>Circle all that apply:</td>
</tr>
<tr>
<td>3b.</td>
<td>1. White</td>
</tr>
<tr>
<td>3c.</td>
<td>2. Asian or Pacific Islander</td>
</tr>
<tr>
<td>3d.</td>
<td>3. Black</td>
</tr>
<tr>
<td>3e.</td>
<td>4. American Indian, Eskimo, or Aleut</td>
</tr>
<tr>
<td>3f.</td>
<td>5. Another race not listed -- Specify</td>
</tr>
<tr>
<td>4a.</td>
<td>Yes</td>
</tr>
<tr>
<td>4b.</td>
<td>No (4P)</td>
</tr>
<tr>
<td>5a.</td>
<td>Yes</td>
</tr>
<tr>
<td>5b.</td>
<td>No</td>
</tr>
<tr>
<td>5c.</td>
<td>(2)</td>
</tr>
<tr>
<td>5d.</td>
<td>(2)</td>
</tr>
<tr>
<td>5e.</td>
<td>(2)</td>
</tr>
</tbody>
</table>
L. DEMOGRAPHIC BACKGROUND PAGE, Continued

<table>
<thead>
<tr>
<th>L2</th>
<th>Refer to &quot;Age&quot; and &quot;Wk/Wk&quot; boxes in Cl.</th>
</tr>
</thead>
<tbody>
<tr>
<td>5a. Earlier you said that --- has a job or business but did not work last week or the week before. Was --- looking for work or on layoff from a job during those 2 weeks?</td>
<td></td>
</tr>
<tr>
<td>5b. Earlier you said that --- didn't have a job or business last week or the week before. Was --- looking for work or on layoff from a job during those 2 weeks?</td>
<td></td>
</tr>
<tr>
<td>6a. Earlier you said that --- worked last week or the week before. Ask 6b.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>L2</th>
<th>u. Under 16 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>&quot;No&quot; box marked (a)</td>
</tr>
<tr>
<td>2</td>
<td>&quot;No&quot; box marked (g)</td>
</tr>
<tr>
<td>3</td>
<td>Neither box marked (a)</td>
</tr>
</tbody>
</table>

**FOOTNOTES**

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### L. DEMOGRAPHIC BACKGROUND PAGE, Continued

Mark box if under 14. If "Married" refer to household composition and mark accordingly.

7. Is -- ever married, widowed, divorced, separated, or has -- never been married?

8a. Was the total combined FAMILY income during the past 12 months -- that is, yours, (read names, including Armed Forces members living at home) more or less than $20,000? Include money from jobs, social security, retirement income, unemployment payments, public assistance, and so forth. Also include income from interest, dividends, net income from business, farm, or rent, and any other money income received.

Read if necessary: Income is important in analyzing the health information we collect. For example, this information helps us to learn whether persons in one income group use certain types of medical care services or have certain conditions more or less often than those in another group.

Read parenthetical phrase if Armed Forces member living at home or if necessary.

b. Of those income groups, which better represents the total combined FAMILY income during the past 12 months (that is, yours, (read names, including Armed Forces members living at home)? Include wages, salaries, and the other items we just talked about.

Read if necessary: Income is important in analyzing the health information we collect. For example, this information helps us to learn whether persons in one income group use certain types of medical care services or have certain conditions more or less often than those in another group.

<table>
<thead>
<tr>
<th>R</th>
<th>a. Mark first appropriate box.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>b. Enter person number of respondent.</td>
</tr>
</tbody>
</table>

L3 | Enter person number of first parent listed or mark box. |

L4 | Enter person number of spouse or mark box. |

**FOOTNOTES**

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<ref>FORM HS (1965/173:64)</ref>
<table>
<thead>
<tr>
<th>L5</th>
<th>Refer to age. Complete a separate column for each nondeleted person aged 18 and over.</th>
<th>L5</th>
<th>PERSON NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>L6</td>
<td>Date of birth:</td>
<td>L6</td>
<td>Date of birth:</td>
</tr>
<tr>
<td></td>
<td>Month</td>
<td>Day</td>
<td>Year</td>
</tr>
</tbody>
</table>

9. In what State or country was —— born?

Print the full name of the State or mark the appropriate box if the person was not born in the United States.

- Puerto Rico 06 Cuba 07 08 09 Mexico 10 Guan 11 12 All other countries

L7 | Print full name, including middle initial, from question 1 on Household Composition page. | L7 | First |

10. What is —— father's LAST name?

Verify spelling. DO NOT write "Same."

L8 | Mark box to indicate how Social Security number was obtained. | L8 | 1 Self-personal |

FOOTNOTES

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The National Center for Health Statistics may wish to contact you again to obtain additional health-related information. Please give me the name, address, and telephone number of a relative or friend who would know where you could be reached in case we have trouble reaching you. (Please give me the name of someone who is not currently living in the household.) Please print items 12-15.

<table>
<thead>
<tr>
<th>12. Contact Person name</th>
<th>3-6</th>
<th>6-24</th>
<th>25-39</th>
<th>40</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Middle</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initial</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13a. Address (Number and street)</td>
<td>41-60</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. City</td>
<td>80-89</td>
<td></td>
<td>85-87</td>
<td>108-109</td>
</tr>
<tr>
<td>State</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zip Code</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Area code/telephone number</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Relationship to household respondent</td>
<td>109-109</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**FOOTNOTES**
CARD R
1. Aleut, Eskimo, or American Indian
2. Asian or Pacific Islander
3. Black
4. White

CARD I
U .... $20,000 - $24,999
V .... $25,000 - $29,999
W .... $30,000 - $34,999
X .... $35,000 - $39,999
Y .... $40,000 - $44,999
Z .... $45,000 - $49,999
ZZ... $50,000 and over

CARD O
1. Puerto Rican
2. Cuban
3. Mexican/Mexican
4. Mexican American
5. Chicano
6. Other Latin American
7. Other Spanish

CARD J
A ...... Less than $1,000 (including loss)
B ...... $1,000 - $1,999
C ...... $2,000 - $2,999
D ...... $3,000 - $3,999
E ...... $4,000 - $4,999
F ...... $5,000 - $5,999
G ...... $6,000 - $6,999
H ...... $7,000 - $7,999
I ...... $8,000 - $8,999
J ...... $9,000 - $9,999
K ...... $10,000 - $10,999
L ...... $11,000 - $11,999
M ...... $12,000 - $12,999
N ...... $13,000 - $13,999
O ...... $14,000 - $14,999
P ...... $15,000 - $15,999
Q ...... $16,000 - $16,999
R ...... $17,000 - $17,999
S ...... $18,000 - $18,999
T ...... $19,000 - $19,999