

Section N. POLIOMYELITIS		RT 97	3-4
N1	Refer to age	N1	<input type="checkbox"/> Under 26 (NP) <input type="checkbox"/> 26+ (N2)
N2	Mark appropriate box	N2	<input type="checkbox"/> Available (1) <input type="checkbox"/> Callback required (Arrange callback, THEN NP) <input type="checkbox"/> Noninterview (NP)
These next questions are about polio.			
	1. Were you EVER told by a doctor or other health care professional that you had poliomyelitis, usually called "polio", whether or not it resulted in physical disability?	1.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK (N3)
	2. Did you EVER have paralysis of any kind caused by polio?	2.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	3. Do you NOW have (paralysis of any kind, any deformity, weakness, or) ANY impairment or health problem caused by polio?	3.	<input type="checkbox"/> Yes <input type="checkbox"/> No
N3	Enter person number of respondent for Polio questions	N3	<div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> Person number of respondent
FOOTNOTES			

FORM 105-1 (1987) (8-20-89)