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 (last names). Have I missed:
- any babies or small children?
- anyone who usually lives here but is now away from home traveling or in a hospital?
- anyone else staying here?

1d. Do all of the persons you have named usually live here? □ Yes  □ No

1. Mark if necessary:

Enter name in REFERENCE PERSON column.

2. What is the relationship to reference person?

3. What is the date of birth? (Enter date and age and mark sex.)

REFERENCE PERIODS

<table>
<thead>
<tr>
<th>Period</th>
<th>A1</th>
<th>A2</th>
<th>A3</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-WEEK PERIOD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12-MONTH DATE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13-MONTH HOSPITAL DATE</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A2 ASK CONDITION LIST_____

A3 Refer to ages of all related HH members

4a. Are any of the persons in this family now on full-time active duty with the armed forces?
- Yes □  □ No  □

4b. Who is this?

Delete column numbers ___ by an “X” from 1–C2.

4c. Anyone else?
- Yes (Reask 4b and c) □  □ No □

4d. Where does —— usually live and sleep, here or somewhere else?

Mark box in person's column.

5. Does -- usually live somewhere else?

6a. Since 13 month hospital date a year ago, was —— a patient in a hospital OVERNIGHT?

- Yes [□]  □ No (Mark "HOSP" box, THEN NO)

6b. How many different times did —— stay in any hospital overnight or longer since 13 month hospital date a year ago?

Ask for each child under one year:

7a. Was —— born in a hospital?

Ask for mother and child:

7b. Have you included this hospitalization in the number you gave me for ——?

FOOTNOTES
**B. LIMITATION OF ACTIVITIES PAGE**

1. What was —— doing MOST OF THE PAST 12 MONTHS; working at a job or business, keeping house, going to school, or something else? Priority if 2 or more activities reported. (1) Spent the most time doing; (2) Considers the most important.

2a. Does any impairment or health problem NOW keep —— from working at a job or business?

b. Is —— limited in the kind OR amount of work —— can do because of any impairment or health problem?

3a. Does any impairment or health problem NOW keep —— from doing any housework at all?

b. Is —— limited in the kind OR amount of work —— can do because of any impairment or health problem?

4a. What (other) condition causes this?

Ask if injury or operation: When did the injury or operation occur? —— have the operation?

If pregnancy/delivery or 0–3 months injury or operation ——

Reasek qestion 3 where limitation reported, saying: Except for ——, . . . ?

Off reasek 4b/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?

5a. Does any impairment or health problem keep —— from working at a job or business?

b. Is —— limited in the kind OR amount of work —— can do because of any impairment or health problem?

6a. Is —— limited in ANY WAY in any activities because of an impairment or health problem?

b. In what way is —— limited?

Record limitation, not condition.

7a. What (other) condition causes this?

Ask if injury or operation: When did the injury or operation occur? —— have the operation?

If pregnancy/delivery or 0–3 months injury or operation ——

Reasek qestion 2, 5, or 8 where limitation reported, saying: Except for —— (condition), . . . ?

Off reasek 7b/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?
**B. LIMITATION OF ACTIVITIES PAGE, Continued**

<table>
<thead>
<tr>
<th>B3</th>
<th>Refer to age.</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?

Priority if 2 or more activities reported: (1) Spent the most time doing; (2) Considers the most important.

9. 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?

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?

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

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

11a. Does any impairment or health problem NOW keep --- from attending school?

b. In what way is --- limited?

Record limitation, not condition.

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

b. In what way is --- limited?

13a. What (other) condition causes this?

Ask if injury or operation: When did [the injury] occur? --- have the operation? If pregnancy/delivery or 0-3 months injury or operation ---

Reask question where limitation reported, saying: Except for --- (condition), ---

OR reask 13b/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?
B. LIMITATION OF ACTIVITIES PAGE, Continued

**B4** Refer to age.

**B5** Refer to "Old age" and "LA" boxes. Mark first appropriate box.

### 14a. 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?

- [ ] No (15)
- [ ] Yes (15)

### 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?

- [ ] No (15)
- [ ] Yes (15)

### 15a. What (other) condition causes this?

- Ask if injury or operation. When did [the injury] occur? —— have the operation?
  - [ ] No (15)
  - [ ] Yes (15)

### 15b. Besides (condition) is there any other condition that causes this limitation?

- [ ] No (15)
- [ ] Yes (15)

### 15c. Is this limitation caused by any (other) specific condition?

- [ ] No (15)
- [ ] Yes (15)

### 15d. Which of these conditions would you say is the MAIN cause of this limitation?

- [ ] Only 1 condition

### FOOTNOTES
Hand calendar.
(The next questions refer to the 2 weeks outlined in red on that calendar, beginning Monday, date and ending this past Sunday, date.)

D1
Refer to age.
☐ Under 5 (4) ☐ 5–17 (3) ☐ 18 and over (1)

1a. DURING THOSE 2 WEEKS, did —— work at any time at a job or business not counting work around the house? (Include unpaid work in the family farm/business.)
☐ Yes (Mark “Wa” box, THEN 2) ☐ No

b. Even though —— did not work during those 2 weeks, did —— have a job or business?
☐ Yes (Mark “Wb” box, THEN 2) ☐ No (4)

2a. During those 2 weeks, did —— miss any time from a job or business because of illness or injury?
☐ Yes ☐ 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) ☐ (4)

3a. During those 2 weeks, did —— miss any time from school because of illness or injury?
☐ Yes ☐ No (4)

b. During that 2-week period, how many days did —— miss more than half of the day from school because of illness or injury?
☐ None (4) ☐ No (6)

4a. During those 2 weeks, did —— stay in bed because of illness or injury?
☐ Yes ☐ No (6)

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) ☐ No (D2)

5. On how many of the (number in 2b or 3b) days missed from (work/school) did —— stay in bed more than half of the day because of illness or injury?
☐ None ☐ 1 or more days in 2b or 3b (5)

6a. (Not counting the day(s) missed from work/school) What (other) condition caused —— to cut down for more than half of the day because of illness or injury?
☐ None ☐ (5)

b. During that period, how many (OTHER) days did —— cut down for more than half of the day because of illness or injury?
☐ None ☐ No (D3)

7a. What (other) condition caused —— to cut down for more than half of the day because of illness or injury?
(Enter condition in C2, THEN 7b)

b. Did any other condition cause —— to cut down for more than half of the day because of illness or injury?
☐ Yes (Reask 7a and b) ☐ No

FOOTNOTES

FORM NO. 1 (1/95) (2/31/84) Page 10
<table>
<thead>
<tr>
<th>Section</th>
<th>Question</th>
<th>Options</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>During the 2-week period outlined in red on that calendar, has anyone in the family had an injury from an accident or other cause that you have not yet told me about?</td>
<td>Yes (2)</td>
<td>Mark “Injury” box in person’s column.</td>
</tr>
<tr>
<td>1b</td>
<td>Who was this? Mark “Injury” box in person’s column.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c</td>
<td>What was —— Injury?</td>
<td></td>
<td>Enter injury(ies) in person’s column.</td>
</tr>
<tr>
<td>1d</td>
<td>Did anyone have any other injuries during that period?</td>
<td>Yes (Roask 1b, c, and d) No</td>
<td>Ask for each injury in 1c.</td>
</tr>
<tr>
<td>1e</td>
<td>As a result of the (injury in 1c) 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?</td>
<td>Yes (1) for next injury</td>
<td>No (1 for next injury)</td>
</tr>
<tr>
<td>2</td>
<td>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.)</td>
<td>None</td>
<td>Number of days</td>
</tr>
<tr>
<td>3a</td>
<td>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 OV box) visit(s) you already told me about.)</td>
<td>None</td>
<td>Only when overnight patient in hospital</td>
</tr>
<tr>
<td>3b</td>
<td>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.</td>
<td>1 year or more</td>
<td>Include doctors seen while a patient In a hospital.</td>
</tr>
<tr>
<td>4</td>
<td>Would you say —— health In general is excellent, very good, good, fair, or poor?</td>
<td>Excellent</td>
<td>Fair, Good, Fair, Good, Fair, or Poor</td>
</tr>
<tr>
<td>5a</td>
<td>Mark box if under 18.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5b</td>
<td>About how tall is —— without shoes?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5c</td>
<td>b. About how much does —— weigh without shoes?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Read to 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.

1a. Does anyone in the family (read names) NOW HAVE —
If “Yes,” ask 1b and c.

b. Who is this?
c. Does anyone else NOW have —
Enter condition and letter in appropriate person’s column.

1. PERMANENT stiffness or any deformity of the foot, leg, fingers, arm, or back? (Permanent stiffness — Joints will not move at all.)

B. Paralysis of any kind?

d. DURING THE PAST 12 MONTHS, did anyone in the family have —
If “Yes,” ask 2a and 2b.

e. Who is this?
f. DURING THE PAST 12 MONTHS, did anyone have —
Enter condition and letter in appropriate person’s column.

C. Arthritis of any kind or rheumatism?

D. Gout?

E. Lumbago?

F. Sciatica?

G. A bone cyst or bone spur?

H. Any other diseases of the bone or cartilage?

I. A slipped or ruptured disc?

J. REPEATED trouble with neck, back, or spine?

K. Bursitis?

L. Any diseases of the muscles or tendons?

2a. Does anyone in the family (read names) NOW HAVE —
If “Yes,” ask 2b and c.

b. Who is this?
c. Does anyone else NOW have —
Enter condition and letter in appropriate person’s column.

A. Dullness in one or both ears?

B. Any other trouble hearing with one or both ears?

C. Tinnitus or ringing in the ears?

D. Blindness in one or both eyes?

E. Cataracts?

F. Glaucoma?

G. Color blindness?

H. A detached retina or any other condition of the retina?

I. Any other trouble seeing with one or both eyes EVEN when wearing glasses?

J. A Cleft palate or harelip?

K. Stammering or stuttering?

L. Any other speech defect?

M. Loss of taste or smell which has lasted 3 months or more?

N. A missing finger, hand, or arm; toe, foot, or leg?

O. A missing joint?

P. A missing breast, kidney, or lung?

Q. Palsy or cerebral palsy? (sar-a-ball)

R. Paralysis of any kind?

S. Curvature of the spine?

T. REPEATED trouble with neck, back, or spine?

U. Any TROUBLE with fallen arches or flattening?

V. A clubfoot?

W. A trick knee?

X. PERMANENT stiffness or any deformity of the foot, leg, or back? (Permanent stiffness — Joints will not move at all.)

Y. PERMANENT stiffness or any deformity of the fingers, hand, or arm?

Z. Mental retardation?

AA. Any condition caused by an accident or injury which happened more than 3 months ago? If “Yes,” ask: What is the condition?
Re, No.

H. CONDITION LISTS 3 AND 4

Read to 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.

3a. DURING THE PAST 12 MONTHS, did anyone in the family (read names) have —

   If “Yes,” ask 3b and c.

   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 cold; flu; red, sore, or strep throat; or "virus" even if reported in this list.

      Conditions affecting the digestive system.

      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. An ulcer?
      I. A hernia or rupture?
      J. Any disease of the esophagus?
      K. Gastritis?
      L. FREQUENT indigestion?
      M. Any other stomach trouble?

Reask 3a

N. Enteritis?
O. Diverticulitis? (Dye-ver-tik-yoo-ly’tis)
P. Colitis?
Q. A spastic colon?
R. FREQUENT constipation?
S. Any other bowel trouble?
T. Any other intestinal trouble?
U. Cancer of the stomach, intestines, colon, or rectum?
V. During the past 12 months, did anyone (else) in the family have any other condition of the digestive system?

   If “Yes,” ask: Who was this? — What was the condition? Enter in item C2. THEN reask V.

4a. DURING THE PAST 12 MONTHS, did anyone in the family (read names) have —

   If “Yes,” ask 4b and c.

   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 glandular system.

      C is a blood condition.

      D – I are conditions affecting the nervous system.

      J – Y are conditions affecting the genito-urinary system.

      A. A goiter or other thyroid trouble?
      B. Diabetes?
      C. Anemia of any kind?
      D. Epilepsy?
      E. REPEATED seizures, convulsions, or blackouts?
      F. Multiple sclerosis?
      G. Migraine?
      H. FREQUENT headaches?
      I. Neuralgia or neuritis?
      J. Nephritis?
      K. Kidney stones?
      L. REPEATED kidney infections?
      M. A missing kidney?
      N. Any other kidney trouble?
      O. Bladder trouble?
      P. Any disease of the genital organs?
      Q. A missing breast?
      R. Breast cancer?
      S. *Cancer of the prostate?
      T. *Any other prostate trouble?
      U. **Trouble with menstruation?
      V. **A hysterecmy?
      W. **A tumor, cyst, or growth of the uterus or ovaries?
      X. **Any other disease of the uterus or ovaries?
      Y. **Any other female trouble?

   * Ask only if males in family.
   ** Ask only if females in family.
H. CONDITION LISTS 5 AND 6

Read to respondent(s) and ask if the 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. Who was this?
   b. Who was this?
   c. Has anyone else EVER had —
      Enter condition and letter in appropriate person's column.
      Conditions affecting the heart and circulatory system.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Rheumatic fever?</td>
<td>G. A stroke or a cerebrovascular</td>
</tr>
<tr>
<td>B. Rheumatic heart disease?</td>
<td>accident? (ser-a-bras ku-lar)</td>
</tr>
<tr>
<td>C. Hardening of the arteries or</td>
<td>H. A hemorrhage of the brain?</td>
</tr>
<tr>
<td>arteriosclerosis?</td>
<td>I. Angina pectoris? (pak-to-ri)</td>
</tr>
<tr>
<td>D. Congenital heart disease?</td>
<td>J. A myocardial infarction?</td>
</tr>
<tr>
<td>E. Coronary heart disease?</td>
<td>K. Any other heart attack?</td>
</tr>
<tr>
<td>F. Hypertension, sometimes called</td>
<td></td>
</tr>
<tr>
<td>high blood pressure?</td>
<td></td>
</tr>
</tbody>
</table>

5d. DURING THE PAST 12 MONTHS, did anyone in the family have —
   If "Yes," ask 5e and f.
   a. Who was this?
   f. DURING THE PAST 12 MONTHS, did anyone else have —
      Enter condition and letter in appropriate person's column.
      Conditions affecting the heart and circulatory system.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>L. Damaged heart valves?</td>
<td>Q. Any blood clots?</td>
</tr>
<tr>
<td>M. Tachycardia or rapid heart?</td>
<td>R. Varicose veins?</td>
</tr>
<tr>
<td>N. A heart murmur?</td>
<td>S. Hemorrhoids or piles?</td>
</tr>
<tr>
<td>O. Any other heart trouble?</td>
<td>T. Phlebitis or thrombophlebitis?</td>
</tr>
<tr>
<td>P. An aneurysm? (an yoo-riizm)</td>
<td>U. Any other condition affecting</td>
</tr>
<tr>
<td></td>
<td>blood circulation?</td>
</tr>
</tbody>
</table>

6. DURING THE PAST 12 MONTHS, did anyone in the family (read names) have —
   If "Yes," ask 6b and c.
   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 cold; flu, red, sore, or strep throat; or "virus" even if reported in this list.
      Conditions affecting the respiratory system.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Bronchitis?</td>
<td>K. A missing lung?</td>
</tr>
<tr>
<td>B. Asthma?</td>
<td>L. Lung cancer?</td>
</tr>
<tr>
<td>C. Hay fever?</td>
<td>M. Emphysema?</td>
</tr>
<tr>
<td>D. Sinus trouble?</td>
<td>N. Pleurisy?</td>
</tr>
<tr>
<td>E. A nasal polyp?</td>
<td>O. Tuberculosis?</td>
</tr>
<tr>
<td>F. A deformed or deviated nasal</td>
<td>P. Any other work-</td>
</tr>
<tr>
<td>septum?</td>
<td>related respiratory</td>
</tr>
<tr>
<td>G. Tonsillitis or enlargement of the</td>
<td>condition, such as</td>
</tr>
<tr>
<td>tonsils or adenoids?</td>
<td>dust on the lungs,</td>
</tr>
<tr>
<td></td>
<td>silicosis, asbestosis, or</td>
</tr>
<tr>
<td></td>
<td>pneumonia?</td>
</tr>
<tr>
<td>H. <em>Laryngitis</em></td>
<td>Q. During the past 12 months did</td>
</tr>
<tr>
<td></td>
<td>anyone in the family have any other</td>
</tr>
<tr>
<td></td>
<td>respiratory, lung, or pulmonary</td>
</tr>
<tr>
<td></td>
<td>condition?</td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; ask:</td>
</tr>
<tr>
<td></td>
<td>1. How many times did — have (condition) in the past</td>
</tr>
<tr>
<td></td>
<td>12 months?</td>
</tr>
<tr>
<td></td>
<td>If 2 or more times, enter condition</td>
</tr>
<tr>
<td></td>
<td>in item C2.</td>
</tr>
<tr>
<td></td>
<td>If only 1 time, ask:</td>
</tr>
<tr>
<td></td>
<td>2. How long did it last? If 1 month</td>
</tr>
<tr>
<td></td>
<td>or longer, enter in item C2.</td>
</tr>
<tr>
<td></td>
<td>If less than 1 month, do not record.</td>
</tr>
<tr>
<td></td>
<td>If tonsils or adenoids were removed</td>
</tr>
<tr>
<td></td>
<td>during past 12 months, enter the</td>
</tr>
<tr>
<td></td>
<td>condition causing removal in item C2.</td>
</tr>
</tbody>
</table>

*If reported in this list only, ask:

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

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

**L1**

Refer to age.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 5</td>
<td>(NP)</td>
</tr>
<tr>
<td>5 – 17</td>
<td>(2)</td>
</tr>
<tr>
<td>18 and over</td>
<td>(1)</td>
</tr>
</tbody>
</table>

1a. Did —— EVER serve on active duty in the Armed Forces of the United States?

   a. Yes (Mark "AF" box, THEN 1b)
   b. No (2)

   b. When did —— serve?

   - Vietnam Era (Aug. '64 to April '75) → VN
   - Korean War (Aug. '50 to Jan. '55) → KW
   - World War II (Sept. '40 to July '47) → WWII
   - World War I (May '17 to Nov. '18) → WWI
   - Post Vietnam (May '75 to present) → PVN
   - Other Service (all other periods) → OS

   Mark box in descending order of priority. Thus, if person served in Vietnam and in Korea mark VN.

   c. Was —— EVER an active member of a National Guard or military reserve unit?

   - Yes (Mark "X" box, THEN 4b)
   - No (2)

   d. Was ALL of —— active duty service related to National Guard or military reserve training?

   - Yes (Mark "X" box, THEN 4b)
   - No (2)

2a. What is the highest grade or year of regular school —— has ever attended?

   a. Did —— finish the (number on 2a) (grade/year)?

   b. Did —— finish the (number on 2a) (grade/year)?

   - Yes (Mark "X" box, THEN 4b)
   - No (2)

   - Grade (NP)

3a. What is the number of the group or groups which represents —— race?

   a. Circle all that apply

   1. Aleut, Eskimo, or American Indian
   2. Asian or Pacific Islander
   3. Black
   4. White
   5. Another group not listed — Specify
   6. Puerto Rican
   7. Cuban
   8. Mexican/Mexicano
   9. Mexican American
   10. Other Latin American
   11. Chicano
   12. Other Spanish
   13. Other

   b. Which of those groups, that is, entries in 3a) would you say BEST represents —— race?

   - Specify

   c. Mark observed race of respondent(s) only.

   - Yes (Mark "X" box, THEN 4b)
   - No (2)

4a. Are any of those groups —— national origin or ancestry? (Where did —— ancestry come from?)

   b. Please give the number of the group.

   a. Circle all that apply

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

   b. Specify

   c. (Specify)
**L. DEMOGRAPHIC BACKGROUND PAGE, Continued**

<table>
<thead>
<tr>
<th><strong>L2</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Refer to &quot;Age&quot; and &quot;Wa/Wb&quot; boxes in C1.</td>
<td></td>
</tr>
</tbody>
</table>

### 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?**
  - Yes (5c)
  - No (6b)

### 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?**
  - Yes (6c)
  - No (6d)

### 5c. Which, looking for work or on layoff from a job?
- Layoff (6c)
- Both (6b)

### 5d. Earlier you said that —— worked last week or the week before. Ask 6b.
- **For whom did —— work?**
  - Enter name of company, business, organization, or other employer.

### 6b. For whom did —— work? Enter name of company, business, organization, or other employer.
- **Employer**
  - NEV (6g)
  - AF (6e)

### 6c. What kind of business or industry is this? For example, TV and radio manufacturing, retail shoe store, State Labor Department, farm.
- **Industry**

### 6d. What kind of business or industry is this? For example, TV and radio manufacturing, retail shoe store, State Labor Department, farm.
- **Occupation**
  - NEV (NP)

### 6e. What were —— most important activities or duties at that job? For example, types, keeps account books, files, sells cars, operates printing press, finishes concrete.
- **Duties**

### 6f. What were —— most important activities or duties at that job? For example, types, keeps account books, files, sells cars, operates printing press, finishes concrete.
- **Class of worker**
  - P
  - F
  - S
  - L
  - NEV

### Footnotes
- [FORM HS 11955 (3 27 83)]
- Page 44
- [160]
### L. DEMOGRAPHIC BACKGROUND PAGE, Continued

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

#### 7. Is —— now married, widowed, divorced, separated, or has —— never been married?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Under 14</td>
</tr>
<tr>
<td>2</td>
<td>Married — spouse in HH</td>
</tr>
<tr>
<td>3</td>
<td>Married — spouse not in HH</td>
</tr>
<tr>
<td>4</td>
<td>Widowed</td>
</tr>
<tr>
<td>5</td>
<td>Divorced</td>
</tr>
<tr>
<td>6</td>
<td>Separated</td>
</tr>
<tr>
<td>7</td>
<td>Never married</td>
</tr>
</tbody>
</table>

#### 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 letter best 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 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.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$20,000 or more (Hand Card I)</td>
</tr>
<tr>
<td>2</td>
<td>Less than $20,000 (Hand Card II)</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**
<table>
<thead>
<tr>
<th>L5</th>
<th>Refer to age. Complete a separate column for each nondeleted person aged 18 and over.</th>
</tr>
</thead>
</table>

**Read to respondent(s):** In order to determine how health practices and conditions are related to how long people live, we would like to refer to statistical records maintained by the National Center for Health Statistics.

<table>
<thead>
<tr>
<th>L6</th>
<th>Enter date of birth from question 3 on Household Composition page.</th>
</tr>
</thead>
</table>

**9a. 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.

If born in U.S., ask 9b; if born in foreign country, ask 9c.

**b. Altogether, how many years has —— lived in (State of present residence)?**

**c. Altogether, how many years has —— lived in the United States?**

<table>
<thead>
<tr>
<th>L7</th>
<th>Print full name, including middle initial, from question 1 on Household Composition page.</th>
</tr>
</thead>
</table>

**Verify for males; ask for females.**

**10. What is —— father’s LAST name?**

Verify spelling, DO NOT write "Same."

**Read to respondent(s):** We also need —— Social Security Number. This information is voluntary and collected under the authority of the Public Health Service Act. There will be no effect on —— benefits and no information will be given to any other government or nongovernment agency.

**Read if necessary:** The Public Health Service Act is title 42, United States Code, section 242k.

<table>
<thead>
<tr>
<th>L8</th>
<th>Mark box to indicate how Social Security number was or was not obtained.</th>
</tr>
</thead>
</table>

**PERSON NUMBER ————**

**Date of birth**

Enter date of birth from question 3 on Household Composition page.

**9a.**

- [ ] OK
- [ ] Mexico
- [ ] All other countries

**b.**

- [ ] Less than 1 yr.
- [ ] 1 yr., less than 5
- [ ] 5 yr., less than 10
- [ ] 10 yrs., less than 15
- [ ] 15 yrs. or more

**c.**

- [ ] Less than 1 yr.
- [ ] 1 yr., less than 5
- [ ] 5 yr., less than 10
- [ ] 10 yrs., less than 15
- [ ] 15 yrs. or more

**First**

**Last**

**Middle initial**

**Father’s LAST name**

**Social Security Number**

Mark if number obtained from:

- [ ] Memory
- [ ] Records

**Mark box to indicate how Social Security number was or was not obtained.**

- [ ] Self-personal
- [ ] Self-phone
- [ ] Proxy-personal
- [ ] Proxy-phone
Read to Hhld, respondent: 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>13a. Address (Number and street)</th>
<th>14. Area code/telephone number</th>
<th>15. Relationship to household respondent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last</td>
<td>13b. City</td>
<td>41-45</td>
<td>108-109</td>
</tr>
<tr>
<td>First</td>
<td>14a. State</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Middle</td>
<td>14b. ZIP Code</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initial</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

FOOTNOTES
**CARD R**

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

**CARD 1**

**INCOME**

<table>
<thead>
<tr>
<th>Letter</th>
<th>Income Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>U</td>
<td>$20,000 – $24,999</td>
</tr>
<tr>
<td>V</td>
<td>$25,000 – $29,999</td>
</tr>
<tr>
<td>W</td>
<td>$30,000 – $34,999</td>
</tr>
<tr>
<td>X</td>
<td>$35,000 – $39,999</td>
</tr>
<tr>
<td>Y</td>
<td>$40,000 – $44,999</td>
</tr>
<tr>
<td>Z</td>
<td>$45,000 – $49,999</td>
</tr>
<tr>
<td>ZZ</td>
<td>$50,000 and over</td>
</tr>
</tbody>
</table>

**CARD O**

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

**CARD J**

**INCOME**

<table>
<thead>
<tr>
<th>Letter</th>
<th>Income Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Less than $1,000 (including loss)</td>
</tr>
<tr>
<td>B</td>
<td>$1,000 – $1,999</td>
</tr>
<tr>
<td>C</td>
<td>$2,000 – $2,999</td>
</tr>
<tr>
<td>D</td>
<td>$3,000 – $3,999</td>
</tr>
<tr>
<td>E</td>
<td>$4,000 – $4,999</td>
</tr>
<tr>
<td>F</td>
<td>$5,000 – $5,999</td>
</tr>
<tr>
<td>G</td>
<td>$6,000 – $6,999</td>
</tr>
<tr>
<td>H</td>
<td>$7,000 – $7,999</td>
</tr>
<tr>
<td>I</td>
<td>$8,000 – $8,999</td>
</tr>
<tr>
<td>J</td>
<td>$9,000 – $9,999</td>
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<tr>
<td>K</td>
<td>$10,000 – $10,999</td>
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</tr>
<tr>
<td>T</td>
<td>$19,000 – $19,999</td>
</tr>
</tbody>
</table>