**A. HOUSEHOLD COMPOSITION PAGE**

1. 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.

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

3. I have listed (read 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?

4. Do all of the persons you named usually live here?
   - Yes (2)
   - No (APPLY HOUSEHOLD MEMBERSHIP RULES. Delete non-household members by an “X” from 1–C2 and enter reason.)

5. All persons 65 and over (3)
   - Other (4)

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

7. Who is this?
   - Delete column number(s) _____ by an “X” from 1–C2.

8. Anyone else?
   - Yes (Read 4b and c)
   - No

9. Where does — usually live and sleep, here or somewhere else?
   - Not living at home

10. If related persons 17 and over are listed in addition to the respondent and are not present, say:
    - 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? If “Yes,” ask: Could they join us? (Allow time)

11. 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**

12. Since (13-month hospital date) a year ago, was — a patient in a hospital OVERNIGHT?
   - Yes
   - No

13. How many different times did — stay in any hospital overnight or longer since (13-month hospital date) a year ago?
   - Number of times

14. Ask for each child under one:
   - Was — born in a hospital?
     - Yes
     - No

15. Ask for mother and child:
   - Have you included this hospitalization in the number you gave me for —?
### B. LIMITATION OF ACTIVITIES PAGE

**B1** Refer to age.

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.

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<td>4</td>
<td></td>
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<tr>
<td>5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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) occur? -- have the operation?  
   Ask if operation over 3 months ago: For what condition did -- have the operation?  
   If pregnancy/delivery OR 0—3 months injury or operation --  
   Reask question 3 where limitation reported, saying: Except for -- (condition), . . . ?  
   OR reask 4b/c.

b. Besides (condition) is there any other condition that causes this limitation?  
c. Is this limitation caused by any (other) specific 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) occur? -- have the operation?  
   Ask if operation over 3 months ago: For what condition did -- have the operation?  
   If pregnancy/delivery OR 0—3 months injury or operation --  
   Reask question 2, 5, or 6 where limitation reported, saying: Except for -- (condition), . . . ?  
   OR reask 7b/c.

b. Besides (condition) is there any other condition that causes this limitation?  
c. Is this limitation caused by any (other) specific condition?  
d. Which of these conditions would you say is the MAIN cause of this limitation?

---

**B2** Refer to questions 3a and 3b.

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) occur? -- have the operation?  
   Ask if operation over 3 months ago: For what condition did -- have the operation?  
   If pregnancy/delivery OR 0—3 months injury or operation --  
   Reask question 2, 5, or 6 where limitation reported, saying: Except for -- (condition), . . . ?  
   OR reask 7b/c.

b. Besides (condition) is there any other condition that causes this limitation?  
c. Is this limitation caused by any (other) specific condition?  
d. Which of these conditions would you say is the MAIN cause of this limitation?
B. LIMITATION OF ACTIVITIES PAGE, Continued

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.

9a. Because of any impairment or health problem, does —— need the help of other persons with
   a. Personal care needs, such as eating, bathing, dressing, or getting around this home?
   b. 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. Does —— attend a special school or special classes because of any impairment or health problem?
   c. Does —— need to attend a special school or special classes because of any impairment or health problem?
   d. Is —— limited in school attendance because of —— health?

12a. 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.

13a. What (other) condition causes this?
   Ask if injury or operation: When did the injury/operation occur? —— have the operation?
   Ask if operation over 3 months ago: For what condition did —— 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?

FOOTNOTES
### B. LIMITATION OF ACTIVITIES PAGE, Continued

**B4** Refer to age.

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

<table>
<thead>
<tr>
<th>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?</th>
</tr>
</thead>
<tbody>
<tr>
<td>If under 18, skip to next person; otherwise ask:</td>
</tr>
<tr>
<td>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?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>15a. What (other) condition causes this?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ask if injury or operation: When did [the injury/occur?] —— have the operation?</td>
</tr>
<tr>
<td>If pregnancy/delivery or 0 — 3 months injury or operation ——</td>
</tr>
<tr>
<td>Reask question 14 where limitation reported, saying: Except for —— (condition), . . .</td>
</tr>
<tr>
<td>OR reask 15b(c)</td>
</tr>
<tr>
<td>b. Besides (condition) is there any other condition that causes this limitation?</td>
</tr>
<tr>
<td>c. Is this limitation caused by any (other) specific condition?</td>
</tr>
<tr>
<td>d. Which of these conditions would you say is the MAIN cause of this limitation?</td>
</tr>
</tbody>
</table>

**FOOTNOTES**

**B4**

- □ Under 5 (INF) 2 □ 160 69 (14)
- □ 5-99 (INF) 3 □ 70 and over (INF)

**B5**

- □ "Old age" box marked (14)
- □ Entry in "LA" box (14)
- □ Other (INF)

14a. □ Yes (15) □ No

b. □ Yes (15) □ No (INF)

c. □ Yes (Reask 15a and b) □ No

d. □ Only 1 condition

Main cause
D. RESTRICTED ACTIVITY PAGE  PERSON 1

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).)

**Refer to age.**

<table>
<thead>
<tr>
<th>Under 5 (4)</th>
<th>5 – 17 (3)</th>
<th>18 and over (1)</th>
</tr>
</thead>
</table>

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**
- **No**

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

- **Yes**
- **No**

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

- **Yes**
- **No**

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)

3a. During those 2 weeks, did —— miss any time from school because of illness or injury?

- **Yes**
- **No**

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**

4a. During those 2 weeks, did —— stay in bed because of illness or injury?

- **Yes**
- **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)

---

**Refer to 2b and 2b.**

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 (Mark “No” in RD, THEN NP)

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

6a. **(Not counting the day(s) missed from school)** did —— cut down on the things —— usually does because of illness or injury?

- **Yes**
- **No**

b. **(Again, not counting the day(s) missed from school)** did —— cut down for more than half of the day because of illness or injury?

- **None**

---

**Refer to 2 – 6.**

7a. **What (other) condition caused —— to cut down** during those 2 weeks?

- **None**
- Refer to 7a and b.

b. Did any other condition cause —— to cut down during that period?

- **Yes**
- **No**

---

**FOOTNOTES**
<table>
<thead>
<tr>
<th><strong>G. HEALTH INDICATOR PAGE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. 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>
</tr>
<tr>
<td>□ Yes □ No (2)</td>
</tr>
<tr>
<td>1b. Injury</td>
</tr>
<tr>
<td>1c. Injury</td>
</tr>
<tr>
<td>1d. Did anyone have any other injuries during that period?</td>
</tr>
<tr>
<td>□ Yes (Reask 1b, c, and d) □ No</td>
</tr>
<tr>
<td>1e. 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>
</tr>
<tr>
<td>□ Yes (Enter injury in C2, THEN (e for next injury)</td>
</tr>
<tr>
<td>□ No (e for next injury)</td>
</tr>
<tr>
<td>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.)</td>
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<tr>
<td>□ 000 □ None</td>
</tr>
<tr>
<td>□ 001 □ Only when overnight patient in hospital</td>
</tr>
<tr>
<td>(NPI)</td>
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<tr>
<td>3a. 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.)</td>
</tr>
<tr>
<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>
</tr>
<tr>
<td>□ Interview week (Reask 3b) □ Less than 1 yr. (Reask 3a) □ 1 yr., less than 2 yrs □ 2 yrs., less than 5 yrs □ 5 yrs. or more □ Never</td>
</tr>
<tr>
<td>4. Would you say ()— / health in general is excellent, very good, good, fair, or poor?</td>
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<tr>
<td>□ Excellent □ Very good □ Good □ Fair □ Poor</td>
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<td>5a. Mark box if under 18.</td>
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<td>5b. About how tall is (— / without shoes?</td>
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<tr>
<td>□ Under 18 (NPI)</td>
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<tr>
<td>b. About how much does (— / weigh without shoes?</td>
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<tr>
<td>□ □ Feet □ Inches</td>
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<tr>
<td>□ □ Pounds</td>
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</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 A. 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 2b and c.
   b. Who is this?
   c. Does anyone else NOW have —
      Enter condition and letter in appropriate person's column.
   
   A—L are conditions affecting the bones and muscle.
   M—W are conditions affecting the skin.

C. Arthritis of any kind or rheumatism?

D. Gout?

E. Lumbago?

F. Sciatica?

G. A bone cyst or bone spur?

H. Any other disease of the bone or cartilage?

I. A slipped or ruptured disc?

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

K. Bursitis?

L. Any disease of the muscles or tendons?

Reask 1d

M. A tumor, cyst, or growth of the skin?

N. Skin cancer?

O. Eczema or Psoriasis? (ak"se-ma) or (so-rye'uh-sis)

P. TROUBLE with dry or itching skin?

Q. TROUBLE with acne?

R. A skin ulcer?

S. Any kind of skin allergy?

T. Dermatitis or any other skin trouble?

U. TROUBLE with ingrown toenails or fingernails?

V. TROUBLE with bunions, corns, or calluses?

W. Any disease of the hair or scalp?

Recall after list 1, go to page 25

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—L are conditions affecting the internal organs.

   M—W are conditions affecting the skin.

   Reask 2a

   G. A missing joint?

   H. A missing breast, kidney, or lung?

   I. Blindness in one or both eyes?

   J. Cataracts?

   K. Glaucoma?

   L. Color blindness?

   M. A detached retina or other condition of the retina?

   N. Any other trouble seeing with one or both eyes?

   O. A cleft palate or harelip?

   P. Speech disturbances?

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

   R. Loss of hearing in one or both ears?

   S. Tinnitus or ringing in the ears?

   T. Hearing loss?

   U. Any other trouble with ears?

   V. Any other trouble with nose or sinuses?

   W. Any disease of the nose or sinus?

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

   Y. Any disease of the teeth or gums?

   Z. Any other trouble with mouth?

   AA. Any other disease of the mouth?

   AB. Any condition caused by an accident or injury which happened more than 3 months ago?

   AC. "Yes," ask: What is the condition?

Recall after list 2, go to page 25
### 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.

#### 3. 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 —

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.

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<tr>
<td>Reask 3a</td>
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<td>After list 3, go to page 25</td>
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</tbody>
</table>

#### 4. 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—J are conditions affecting the nervous system.
J—Y are conditions affecting the genito-urinary system.

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<tbody>
<tr>
<td>Reask 4a</td>
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*Ask only if males in family.
**Ask only if females in family.*

After list 4, go to page 25
**H. CONDITION LISTS 5 AND 6**

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.

5a. Has anyone in the family **EVER** had —
   - If "Yes," ask 5b and c.
5b. Who was this?
5c. Has anyone **EVER** had —
   - Enter condition and letter in appropriate person’s column.

Conditions affecting the heart and circulatory system:

- **A. Rheumatic fever?**
- **B. Rheumatic heart disease?**
- **C. Hardening of the arteries or arteriosclerosis?**
- **D. Congenital heart disease?**
- **E. Coronary heart disease?**
- **F. Hypertension, sometimes called high blood pressure?**

6a. **DURING THE PAST 12 MONTHS,** did anyone in the family **EVER** have —
   - If "Yes," ask 6b and c.
6b. Who was this?
6c. **DURING THE PAST 12 MONTHS,** did anyone else have —
   - Enter condition and letter in appropriate person’s column.

Conditions affecting the respiratory system:

- **A. Bronchitis?**
- **B. Asthma?**
- **C. Hay fever?**
- **D. Sinus trouble?**
- **E. A nasal polyp?**
- **F. A deviated or dislocated nasal septum?**
- **G. Tonsillitis or enlargement of the tonsils or adenoids?**
- **H. *Laryngitis?**
  - i. A tumor or growth of the throat, larynx, or trachea?
  - 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?**
   - 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.

After list 5, go to page 25

After list 6, go to page 25
### L. DEMOGRAPHIC BACKGROUND PAGE

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

- Yes
- No

**b. When did —— serve?**

| Vietnam Era (Aug. '64 to Apr. '75) | VN |
| Korean War (June '50 to Jan. '54) | KW |
| World War II (Sept. '40 to July '47) | WWII |
| World War I (April '17 to Nov. '18) | WWI |
| Post Vietnam (May '75 to present) | PVN |

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

- Yes
- No

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

- Yes
- No

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

- Never attended or kindergarten (NP)
- 1st grade
- 2nd grade
- 3rd grade
- 4th grade
- 5th grade
- 6th grade
- 7th grade
- 8th grade
- 9th grade
- 10th grade
- 11th grade
- 12th grade
- College

**b. Did —— finish the (number in 2a) [grade/year]?**

- Yes
- No

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

- Aleut, Eskimo, or American Indian
- Asian or Pacific Islander
- Black
- White
- Another group not listed — Specify

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

- Latin American
- Spanish

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

- Yes
- No

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

- Puerto Rican
- Cuban
- Mexican/Mexicano
- Mexican American

**b. Please give me the number of the group.**

- Yes
- No

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

**Hand Card O.**
L. DEMOGRAPHIC BACKGROUND PAGE, Continued

L2

Refer to "Age" and "War/Wb" boxes in C1

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?
   
   b. 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?
   
   c. Which, looking for work or on layoff from a job?

6a. Earlier you said that —— worked last week or the week before. Ask 6b
   
   b. For whom did —— work? Enter name of company, business, organization, or other employer.
   
   c. For whom did —— work at —— last full-time job or business lasting 2 consecutive weeks or more?
   Enter name of company, business, organization, or other employer, or mark "NEV" or "AF" box in person’s column.
   
   d. What kind of business or industry is this? For example, TV and radio manufacturing, retail shoe store, State Labor Department, farm.
   
   If "AF" in 6b/c, mark "AF" box in person’s column without asking.

6b. What kind of work was —— doing? For example, electrical engineer, stock clerk, typist, farmer.

f. What were —— most important activities or duties at that job? For example, keeps account books, files, sells cars, operates printing press, finishes concrete.

Complete from entries in 6b–f. If not clear, ask.

9- Working WITHOUT PAY in family business or farm? WORKING WITHOUT PAY in family business or farm? NEVER WORKED or never worked at a full-time job lasting 2 weeks or more.

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

   0 Under 14
   1 Married — spouse in HH
   2 Married — spouse not in HH
   3 Widowed
   4 Divorced
   5 Separated
   6 Never 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.

   Of those incomes 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.

   a. Mark first appropriate box.

   0 Under 17
   1 Present for all questions
   2 Present for some questions
   3 Not present

   b. Enter person number of respondent.

   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><strong>L5</strong> Refer to age. Complete a separate column for each nondeleted person aged 18 and over.</th>
<th><strong>L5</strong> PERSON NUMBER ——.</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td><strong>L6</strong> Enter date of birth from question 3 on Household Composition page.</td>
<td><strong>L6</strong> Date of birth</td>
</tr>
<tr>
<td><strong>L7</strong> Print full name, including middle initial, from question 1 on Household Composition page.</td>
<td><strong>L7</strong> First</td>
</tr>
<tr>
<td>Verify for males; ask for females.</td>
<td></td>
</tr>
<tr>
<td><strong>10. What is —— father’s LAST name?</strong> Verify spelling. DO NOT write “Same”</td>
<td></td>
</tr>
<tr>
<td><strong>Read to respondent(s):</strong> 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.</td>
<td></td>
</tr>
<tr>
<td><strong>11. What is —— Social Security Number?</strong></td>
<td></td>
</tr>
<tr>
<td><strong>L8</strong> Mark box to indicate how Social Security number was or was not obtained.</td>
<td><strong>L8</strong></td>
</tr>
</tbody>
</table>
L. DEMOGRAPHIC BACKGROUND PAGE, Continued

Read to Hld. 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>2-24 First</th>
<th>25-35 Middle</th>
<th>40 Initial</th>
<th>14. Area code/telephone number</th>
</tr>
</thead>
</table>

13a. Address (Number and street)

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

15. Relationship to household respondent

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

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

CARD J
INCOME
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