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 (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?

   Yes (2) No

   Probe if necessary:
   Does — usually live somewhere else?

2. What is — relationship to reference person?

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

REFERENCE PERIODS

A1 2-WEEK PERIOD

A2 12-MONTH DATE

A3 13-MONTH HOSPITAL DATE

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 (2) No (5)

b. Who is this?
   Delete column number(s) ________ by an "X" from 1—C2.

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

Ask for each person in armed forces:

4d. Where does — usually live and sleep, here or somewhere else?
   Mark box in person's column.
   Not living at home

If related persons 17 and over 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? If "Yes," ask: Could they join us? (Allow time)

HOSPITAL PROBE

6a. Since (13-month hospital date) a year ago, was —— a patient in a hospital OVERNIGHT?
   Yes (2) No (Mark "HOSP." box, THEN NPI)

b. How many different times did —— stay in any hospital overnight or longer since (13-month hospital date) a year ago?
   Mark box in person's column.

b. Ask for each child under one:

7a. Was —— born in a hospital?
   Yes (2) No (NPI)

b. Have you included this hospitalization in the number you gave me for ——?
   No (Correct 6c and "HOSP." box)

FOOTNOTES
### B. LIMITATION OF ACTIVITIES PAGE

#### B1

Refer to age.

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

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

- Yes (7)
- No (8)

#### 2b. Is —— limited in the kind OR amount of work —— can do because of any impairment or health problem?

- Yes (7)
- No (8)

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

- Yes (4)
- No (5)

#### 3b. Is —— limited in the kind OR amount of housework —— can do because of any impairment or health problem?

- Yes (4)
- No (5)

#### 4a. What (other) condition causes this?

- 

#### 4b. Besides (condition) is there any other condition that causes this limitation?

- Yes
- No

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

- Yes (7)
- No (8)

#### 5b. Is —— limited in the kind OR amount of work —— could do because of any impairment or health problem?

- Yes (7)
- No (8)

#### B2

Refer to questions 3a and 3b.

<table>
<thead>
<tr>
<th>6a. Is —— limited in ANY WAY in any activities because of an impairment or health problem?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Record limitation, not condition.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7a. 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>Ask if operation over 3 months ago: For what condition did —— have the operation?</td>
</tr>
<tr>
<td>Reask question 3 where limitation reported, saying: Except for —— (condition), . . .?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7b. Besides (condition) is there any other condition that causes this limitation?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes (Reask 4a and b)</td>
</tr>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7c. Is this limitation caused by any (other) specific condition?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes (Reask 4a and b)</td>
</tr>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7d. Which of these conditions would you say is the MAIN cause of this limitation?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Only 1 condition</td>
</tr>
</tbody>
</table>

---

**Note:**

- Old age (Mark "Old age" box, THEN 7a)
- Other (NP)

---

**Continued on next page...**
### B. LIMITATION OF ACTIVITIES PAGE, Continued

#### B3
Refer to age.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>8.</td>
<td>What was —— doing MOST OF THE PAST 12 MONTHS; working at a job or business, keeping house, going to school, or something else?</td>
</tr>
<tr>
<td></td>
<td>Priority if 2 or more activities reported: (1) Spent the most time doing; (2) Considers the most important.</td>
</tr>
<tr>
<td>9a.</td>
<td>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?</td>
</tr>
<tr>
<td>9b.</td>
<td>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>
<tr>
<td>10a.</td>
<td>Is —— able to take part AT ALL in the usual kinds of play activities done by most children —— age?</td>
</tr>
<tr>
<td>10b.</td>
<td>Is —— limited in the kind OR amount of play activities —— can do because of any impairment or health problem?</td>
</tr>
<tr>
<td>11a.</td>
<td>Does any impairment or health problem NOW keep —— from attending school?</td>
</tr>
<tr>
<td>11b.</td>
<td>Does —— attend a special school or special classes because of any impairment or health problem?</td>
</tr>
<tr>
<td>11c.</td>
<td>Does —— need to attend a special school or special classes because of any impairment or health problem?</td>
</tr>
<tr>
<td>11d.</td>
<td>Is —— limited in school attendance because of —— health?</td>
</tr>
<tr>
<td>12a.</td>
<td>Is —— limited in ANY WAY in any activities because of an impairment or health problem?</td>
</tr>
<tr>
<td>12b.</td>
<td>In what way is —— limited? Record limitation, not condition.</td>
</tr>
<tr>
<td>13a.</td>
<td>What (other) condition causes this? Ask if injury or operation: When did (the injury) occur? —— have the operation?</td>
</tr>
<tr>
<td></td>
<td>If pregnancy/delivery or 0—3 months injury or operation —— Reask question where limitation reported, saying: Except for —— (condition), . . . ?</td>
</tr>
<tr>
<td></td>
<td>OR reask 13b/c, b. Besides (condition) is there any other condition that causes this limitation?</td>
</tr>
<tr>
<td></td>
<td>c. Is this limitation caused by any (other) specific condition?</td>
</tr>
<tr>
<td></td>
<td>d. Which of these conditions would you say is the MAIN cause of this limitation?</td>
</tr>
</tbody>
</table>

#### FOOTNOTES

FORM HS-1 (1991) (9.27.90)
## 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?

- **If under 18, skip to next person; otherwise ask:**
  - **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?

#### 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 mark 15b/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?

---

**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].)

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)  ☑ No of work-loss days (4)

3a. During those 2 weeks, did —— miss any time from school because of illnes 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  ☑ No of school-loss days

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  ☑ No of bed days (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  ☑ No of days

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

6a. (Not counting the day(s) missed from work/school) Was there any (OTHER) time during those 2 weeks that —— cut down on the things —— usually does because of illness or injury?

☐ Yes  ☑ No (D3)

b. (Again, not counting the day(s) missed from work/school) During that period, how many (OTHER) days did —— cut down for more than half of the day because of illness or injury?

☐ None  ☑ No of cut-down days

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

7a. What (other) condition caused —— to miss school or stay in bed during those 2 weeks?

(Enter condition in C2, THEN 7b)

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

☐ Yes (Reask 7a and b)  ☐ No

FOOTNOTES
### G. HEALTH INDICATOR PAGE

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?  
- [ ] 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 1b, c, and d)  
- [ ] No

Ask for each injury in 1c:

- 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?  
- [ ] Yes (Recover Injury in 2c. THEN 1e for next injury)

- [ ] No

1b. [ ] Injury

c. [ ] Injury

d. [ ] Injury

e. [ ] 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.)

- [ ] 000 None

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.)

- [ ] 000 None (3b)

- [ ] Only when overnight patient in hospital (NP)

3b. [ ] No. of visits

- [ ] 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

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

- [ ] Excellent
- [ ] Very good
- [ ] Good
- [ ] Fair
- [ ] Poor

Mark box if under 18.

5a. About how tall is —— without shoes?

- [ ] Feet
- [ ] Inches

5b. About how much does —— weigh without shoes?

- [ ] Pounds

**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.)

1b. Paralysis of any kind?

1c. DURING THE PAST 12 MONTHS, did anyone in the family have —
   If 'Yes,' ask 1d and e.

   d. Who was this?
   e. DURING THE PAST 12 MONTHS, did anyone else have —
      Enter condition and letter in appropriate person's column.

   A–L are conditions affecting the bone and muscle.

   C–L are conditions affecting the skin.

2. Any other disease of the bone or cartilage?

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 bone and muscle.

   M—W are conditions affecting the skin.

   A. Permanent stiffness or any deformity of the foot, leg, fingers, arm, or back?

   B. Paralysis of any kind?

   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. Smearing 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. Palys or cerebral palsy?

   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 flatfeet?

   V. A clubfoot?

   W. A trick knee?

   X. PERMANENT stiffness or any deformity of the foot, leg, or back?

   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?
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 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.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Letter</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Gallstones?</td>
<td></td>
</tr>
<tr>
<td>B. Any other gallbladder trouble?</td>
<td></td>
</tr>
<tr>
<td>C. Cirrhosis of the liver?</td>
<td></td>
</tr>
<tr>
<td>D. Fatty liver?</td>
<td></td>
</tr>
<tr>
<td>E. Hepatitis?</td>
<td></td>
</tr>
<tr>
<td>F. Yellow jaundice?</td>
<td></td>
</tr>
<tr>
<td>G. Any other liver trouble?</td>
<td></td>
</tr>
<tr>
<td>H. An ulcer?</td>
<td></td>
</tr>
<tr>
<td>I. A hernia or rupture?</td>
<td></td>
</tr>
<tr>
<td>J. Any disease of the esophagus?</td>
<td></td>
</tr>
<tr>
<td>K. Gastritis?</td>
<td></td>
</tr>
<tr>
<td>L. FREQUENT indigestion?</td>
<td></td>
</tr>
<tr>
<td>M. Any other stomach trouble?</td>
<td></td>
</tr>
</tbody>
</table>

4a. DURING THE PAST 12 MONTHS, did anyone in the family 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.

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

*Ask only if males in family.
**Ask only if females in family.
### 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.

#### 5. a. Has anyone in the family (read names) EVER had —
   - If “Yes,” ask 5b and c.

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>A. Rheumatic fever?</th>
<th>G. A stroke or a cerebrovascular accident?</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Rheumatic heart disease?</td>
<td>H. A hemorrhage of the brain?</td>
</tr>
<tr>
<td>C. Hardening of the arteries or arteriosclerosis?</td>
<td>I. Angina pectoris? (ang' ya pe-kor-isis)</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 high blood pressure?</td>
<td></td>
</tr>
</tbody>
</table>

6d. DURING THE PAST 12 MONTHS, did anyone in the family have —
   - If “Yes,” ask 6e and f.

f. Who was this?

#### 6a. 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.
   - Conditions affecting the heart and circulatory system.

<table>
<thead>
<tr>
<th>A. Bronchitis?</th>
<th>Reask 6a.</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Asthma?</td>
<td>K. A missing lung?</td>
</tr>
<tr>
<td>C. Hay fever?</td>
<td></td>
</tr>
<tr>
<td>D. Sinus trouble?</td>
<td></td>
</tr>
<tr>
<td>E. A nasal polyp?</td>
<td></td>
</tr>
<tr>
<td>F. A deflected or deviated nasal septum?</td>
<td></td>
</tr>
<tr>
<td>G. *Tonsillitis or enlargement of the tonsils or adenoids?</td>
<td></td>
</tr>
</tbody>
</table>
| H. *Laryngitis? | O. During the past 12 months did anyone (else) in the family have any other respiratory, lung, or pulmonary condition? If “Yes,” ask: Who was this? —
   - What was the condition? Enter in item C2,
   - THEN reask Q. |
| 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.
## 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?**

<table>
<thead>
<tr>
<th>Period</th>
<th>Mark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vietnam Era (Aug. '64 to April '75)</td>
<td>VN</td>
</tr>
<tr>
<td>Korean War (June '50 to Jan. '68)</td>
<td>KW</td>
</tr>
<tr>
<td>World War II (Sept. '40 to July '45)</td>
<td>WWII</td>
</tr>
<tr>
<td>World War I (April '17 to Nov. '18)</td>
<td>WWI</td>
</tr>
<tr>
<td>Post Vietnam (May '73 to present)</td>
<td>PVN</td>
</tr>
<tr>
<td>Other Service (all other periods)</td>
<td>OS</td>
</tr>
</tbody>
</table>

**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 (K)
- [ ] Elementary School
- [ ] High School
- [ ] 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
- [ ] Other group not listed — Specify

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

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

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

- [ ] White
- [ ] Black
- [ ] Other

---

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

- [ ] Yes
- [ ] No

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

- [ ] Puerto Rican
- [ ] Cuban
- [ ] Mexican/Mexicano
- [ ] Other Latin American
- [ ] Other Spanish

---

**FORM HD-1 (1951) 12-21-50**
**L. DEMOGRAPHIC BACKGROUND PAGE, Continued**

<table>
<thead>
<tr>
<th>L2</th>
<th>L2</th>
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</thead>
</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 ☐ No  
☐ Worker box marked (5a) |  
☐ Under 18 (3P)  
☐ Worker box marked (5a)  
☐ Neither box marked (5a) |
| **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? | ☐ Yes ☐ No  
☐ Worker box marked (5a) |
| **c. Which, looking for work or on layoff from a job?** | ☐ Worker box marked (5a)  
☐ Layoff (6b)  
☐ Both (6b) |
| **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. | ☐ NEV (6a)  
☐ AF (6a) |
| **d. What kind of business or industry is this?**  
For example, TV and radio manufacturing, retail shoe store, State Labor Department, farm. | ☐ NEV (6a)  
☐ AF (6a) |
| **If “AF” in 6bic, mark “AF” box in person’s column without asking.**  
**e. What kind of work was —— doing?**  
For example, electrical engineer, stock clerk, typist, farmer. | ☐ NEV (6a)  
☐ AF (6a) |
| **f. What were —— most important activities or duties at that job?**  
For example, types, keeps account books, files, sells cars, operates printing press, finishes concrete. | ☐ NEV (6a)  
☐ AF (6a) |
| **Complete from entries in 6b—f. If not clear, ask:** | ☐ NEV (6a)  
☐ AF (6a) |
| **g. Was ——**  
An employee of a PRIVATE company, business or individual (for wages, salary, or commission) P  
A FEDERAL government employee? P  
A STATE government employee? S  
A LOCAL government employee? L | ☐ Yes ☐ No  
☐ NEV (6a)  
☐ AF (6a) |
| **Self-employed in OWN business, professional practice, or farm?** | ☐ Yes ☐ No  
☐ NEV (6a)  
☐ AF (6a) |
| **Working WITHOUT PAY in family business or farm?** | ☐ Yes ☐ No  
☐ WP  
☐ NEV (6a)  
☐ AF (6a) |
| **NEVER WORKED or never worked at a full-time job lasting 2 weeks or more** | ☐ Yes ☐ No  
☐ WP  
☐ NEV (6a)  
☐ AF (6a) |
| **FOOTNOTES** | ☐ NEV (6a)  
☐ AF (6a) |
**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?

- Under 14
- Married — spouse in HH
- Married — spouse not in HH
- Widowed
- Divorced
- Separated
- 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.

- $20,000 or more (Hand Card II)
- Less than $20,000 (Hand Card J)

---

8b. 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.

---

R

a. Mark first appropriate box.

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

FORM HS 1 (1991) IS-27-00
L. DEMOGRAPHIC BACKGROUND PAGE, Continued

| L5 | Refer to age. Complete a separate column for each nondeleted person aged 18 and over. |

**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.

| L6 | Enter date of birth from question 3 on Household Composition page. |

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

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

**Print full name, including middle initial, from question 1 on Household Composition page.**

| L8 | Mark box to indicate how Social Security number was or was not obtained. |

**Mark box to indicate how Social Security number was or was not obtained.**
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—16.

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>12. Contact Person name</td>
<td>Last</td>
<td>First</td>
<td>Middle initial</td>
</tr>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>13a. Address (Number and street)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. City</td>
<td></td>
<td>State</td>
<td>ZIP</td>
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<tr>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

FOOTNOTES
CARD R

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

CARD O

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

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 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