## A. HOUSEHOLD COMPOSITION PAGE

1. **First name**

   Last name

2. **Relationship**

   Name

3. **Reference Period**

   Month Date Year

   HOSP. WORK RD 2-WK. DV

   Number

   Number

---

### REFERENCES PERIODS

#### 2-WEEK PERIOD

#### 12-MONTH DATE

#### 13-MONTH HOSPITAL DATE

---

#### ASK CONDITION LIST

---

#### A3

Refer to ages of all related HH members.

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#### 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 number(s) ____ by an "X" from 1–C2.

---

#### 4c. Any others?

- [ ] Yes (Reask 4b and c)
- [ ] No

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

Mark box in person's column.

---

#### 4e. Are any of those groups — National origin or ancestry (Where did — ancestors come from?)

- [ ] Yes
- [ ] No

#### 4f. Please give me the number of the group. Circle all that apply.

- [ ] Puerto Rican
- [ ] Mexican American
- [ ] Chicano
- [ ] Mexican
- [ ] Other Spanish

#### A4

If unrelated person or group, skip to 5; otherwise, refer to 4f above and item 3 "Sample" on household page.

Codes 1–7 circled for any 18 yr. family member?

- [ ] Yes
- [ ] No

---

#### 4g. Did (Reference person) live at this address on (today's date) last year?

- [ ] Yes
- [ ] No

---

#### A5

Refer to 4f for reference person.

Codes 1–7 circled for reference person?

- [ ] Yes
- [ ] No

---

#### 4h. Did any of the following family members live at this address on (today's date) last year?

(Read names of all 18 yr. persons with codes 1–7 in 4f.)

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)

---

#### A6

Since /13-month hospital date/ a year ago, was — a patient in a hospital OVERNIGHT?

- [ ] Yes
- [ ] No

---

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

- [ ] Yes
- [ ] No

---

#### 7a. Was — born in a hospital?

- [ ] Yes
- [ ] No

---

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

- [ ] Yes
- [ ] No (Correct if "HOSP." box)
### 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.

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 housework —— 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?
   - 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?
   - 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?

---

**Note:**
- **B1**: Refer to age.
- **B2**: Refer to questions 3a and 3b.
- **B3**: Refer to questions 5a and 5b.
- **B4**: Refer to questions 7a and 7b.
### B. LIMITATION OF ACTIVITIES PAGE, Continued

#### B3

Refer to age.

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.

<table>
<thead>
<tr>
<th>B3</th>
<th>0 □ Under 5 (10)</th>
<th>1 □ 5–17 (11)</th>
<th>2 □ 18–69 (NP)</th>
<th>3 □ 70 and over (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.</td>
<td>□ Working</td>
<td>□ Keeping house</td>
<td>□ Going to school</td>
<td>□ Something else</td>
</tr>
</tbody>
</table>

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

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. 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) 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?

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.

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?

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?

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
### D. Hand Calendar

**A. 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

### 2. **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?**

<table>
<thead>
<tr>
<th>Days Missed</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>None (4)</td>
<td></td>
</tr>
</tbody>
</table>

### 3. **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?**

<table>
<thead>
<tr>
<th>Days Missed</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>None (4)</td>
<td></td>
</tr>
</tbody>
</table>

### 4. **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?**

<table>
<thead>
<tr>
<th>Days Missed</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>None (6)</td>
<td></td>
</tr>
</tbody>
</table>

### D2

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

<table>
<thead>
<tr>
<th>Days</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>None (6)</td>
<td></td>
</tr>
</tbody>
</table>

### D3

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

- ☐ Yes
- ☐ No

**B. During that period, how many (OTHER) days did —— cut down for more than half of the day because of illness or injury?**

<table>
<thead>
<tr>
<th>Days</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>None (6)</td>
<td></td>
</tr>
</tbody>
</table>

**FOOTNOTES**

1. (Enter condition in C2, THEN 7b)
**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:

e. 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?

1b.  
☐ Injury

1c.  
☐ Injury

1d.  
☐ Yes (Enter injury in C2. THEN 1e for next injury)  ☐ No (1e for next injury)

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

2a.  
☐ 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 BV box) visit(s) you already told me about.

3b.  
☐ None

b.  
□ Only when overnight patient in hospital

No. of visits

1. Interview week (Reask 3b)  
2. Less than 1 yr. (Reask 2a)  
3. 1 yr., less than 2 yrs.  
4. 2 yrs., less than 5 yrs.  
5. 5 yrs. or more  
6. Never

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

4a.  
□ Excellent 4d. Fair

3b. Very good 5a. Good

Mark box if under 18.

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

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

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.)

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 hearing and vision.
   A — L are conditions affecting the bone 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?

**Condition Lists 1 and 2**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Column 1</th>
<th>Column 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arthritis of any kind or rheumatism?</td>
<td>M. A tumor, cyst, or growth of the skin?</td>
<td>N. Skin cancer?</td>
</tr>
<tr>
<td>Gout?</td>
<td>O. Eczema or Psoriasis (ek-se-mah or psor-ah-sis)</td>
<td>P. TROUBLE with dry or itchy skin?</td>
</tr>
<tr>
<td>Lumbago?</td>
<td>Q. TROUBLE with acne?</td>
<td>R. A skin ulcer?</td>
</tr>
<tr>
<td>Sciatica?</td>
<td>G. Troubles with eyes?</td>
<td>H. A detached retina or any other condition of the retina?</td>
</tr>
<tr>
<td>A bone cyst or bone spur?</td>
<td>I. Any other trouble seeing with one or both eyes EVEN when wearing glasses?</td>
<td>J. A cleft palate or harelip?</td>
</tr>
<tr>
<td>Any other disease of the bone or cartilage?</td>
<td>K. Stammering or stuttering?</td>
<td>L. Any other speech defect?</td>
</tr>
<tr>
<td>A slipped or ruptured disc?</td>
<td>M. Loss of taste or smell which has lasted 3 months or more?</td>
<td>N. A missing finger, hand, or arm; toe, foot, or leg?</td>
</tr>
<tr>
<td>REPEATED trouble with neck, back, or spine?</td>
<td>U. TROUBLE with ingrown toenails or fingernails?</td>
<td>V. A clubfoot?</td>
</tr>
<tr>
<td>Bursitis?</td>
<td>V. TROUBLE with bunions, corns, or callouses?</td>
<td>W. A trick knee?</td>
</tr>
<tr>
<td>Any disease of the muscles or tendons?</td>
<td>W. Any disease of the hair or scalp?</td>
<td>X. PERMANENT stiffness or any deformity of the foot, leg, or back? (Permanent stiffness — joints will not move at all.)</td>
</tr>
</tbody>
</table>

**Conditions M — AA are impairments.**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Column 1</th>
<th>Column 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arthritis of any kind or rheumatism?</td>
<td>O. A missing joint?</td>
<td>P. A missing breast, kidney, or lung?</td>
</tr>
<tr>
<td>Any other disease of the bone or cartilage?</td>
<td>Q. Palsy or cerebral palsy? (sar'se-bral)</td>
<td>R. Paralysis of any kind?</td>
</tr>
<tr>
<td>Any disease of the muscles or tendons?</td>
<td>S. Curvature of the spine?</td>
<td>T. REPEATED trouble with neck, back, or spine?</td>
</tr>
<tr>
<td>A slipped or ruptured disc?</td>
<td>U. ANY TROUBLE with fallen arches or flattens?</td>
<td>V. A clubfoot?</td>
</tr>
<tr>
<td>REPEATED trouble with neck, back, or spine?</td>
<td>W. A trick knee?</td>
<td>X. PERMANENT stiffness or any deformity of the foot, leg, or back? (Permanent stiffness — joints will not move at all.)</td>
</tr>
<tr>
<td>Any other disease of the muscles or tendons?</td>
<td>Y. PERMANENT stiffness or any deformity of the fingers, hand, or arm?</td>
<td>Z. Mental retardation?</td>
</tr>
<tr>
<td>Any condition caused by an accident or injury which happened more than 3 months ago? If “Yes,” ask: What is the condition?</td>
<td>AA. Any condition caused by an accident or injury which happened more than 3 months ago? If “Yes,” ask: What is the condition?</td>
<td></td>
</tr>
</tbody>
</table>
### 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.

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

*Ask only if males in family.

**3b. Who was this?**

**3c. DURING THE PAST 12 MONTHS, did anyone else have —**

Enter condition and letter in appropriate person's column.

A—B are conditions affecting the digestive system.

C is a blood condition.

D—L are conditions affecting the nervous system.

### 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 digestive system.

C is a blood condition.

D—L are conditions affecting the nervous system.

A | A goiter or other thyroid trouble? |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>Enteritis?</td>
</tr>
<tr>
<td>O</td>
<td>Diverticulitis? (Dye-ver-tik-u-lit-is)</td>
</tr>
<tr>
<td>P</td>
<td>Collitis?</td>
</tr>
<tr>
<td>Q</td>
<td>A spastic colon?</td>
</tr>
<tr>
<td>R</td>
<td>FREQUENT constipation?</td>
</tr>
<tr>
<td>S</td>
<td>Any other bowel trouble?</td>
</tr>
<tr>
<td>T</td>
<td>Any other intestinal trouble?</td>
</tr>
<tr>
<td>U</td>
<td>Cancer of the stomach, intestines, colon, or rectum?</td>
</tr>
<tr>
<td>V</td>
<td>During the past 12 months, did anyone else in the family have any other condition of the digestive system?</td>
</tr>
<tr>
<td>W</td>
<td><strong>A tumor, cyst, or growth of the uterus or ovaries?</strong></td>
</tr>
<tr>
<td>X</td>
<td><strong>Any other disease of the uterus or ovaries?</strong></td>
</tr>
<tr>
<td>Y</td>
<td><strong>Any other female trouble?</strong></td>
</tr>
<tr>
<td>Z</td>
<td><strong>Any other condition of the digestive system?</strong></td>
</tr>
</tbody>
</table>

*Ask only if females in family.

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**FORMS HS-1 (EX-1) 8-27-60**

155
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?**
- If "Yes," ask 5c and d.

**c. Has anyone else EVER had —**
- Enter condition and letter in appropriate person’s column.

**5a.** Conditions affecting the heart and circulatory system.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Letter</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Rheumatic fever?</td>
<td></td>
</tr>
<tr>
<td>B. Rheumatic heart disease?</td>
<td></td>
</tr>
<tr>
<td>C. Hardening of the arteries or arteriosclerosis?</td>
<td></td>
</tr>
<tr>
<td>D. Congenital heart disease?</td>
<td></td>
</tr>
<tr>
<td>E. Coronary heart disease?</td>
<td></td>
</tr>
<tr>
<td>F. Hypertension, sometimes called high blood pressure?</td>
<td></td>
</tr>
<tr>
<td>G. A stroke or a cerebrovascular accident? (cereb(ro) vas(kula)r)</td>
<td></td>
</tr>
<tr>
<td>H. A hemorrhage of the brain?</td>
<td></td>
</tr>
<tr>
<td>I. Angina pectoris? (pek'to-ris)</td>
<td></td>
</tr>
<tr>
<td>J. A myocardial infarction?</td>
<td></td>
</tr>
<tr>
<td>K. Any other heart attack?</td>
<td></td>
</tr>
</tbody>
</table>

**5b.** DURING THE PAST 12 MONTHS, did anyone in the family have —
- If "Yes," ask 5c and d.

**b. Who was this?**
- If "Yes," ask 5e and f.

**c.** DURING THE PAST 12 MONTHS, did anyone else have —
- Enter condition and letter in appropriate person’s column.

### 6

**6a.** DURING THE PAST 12 MONTHS, did anyone in the family [read names] have —
- If "Yes," ask 6b and c.

**b. Who was this?**
- If "Yes," ask 6c and d.

**c.** DURING THE PAST 12 MONTHS, did anyone else have —
- Enter condition and letter in appropriate person’s column.

**6a.** Conditions affecting the respiratory system.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Letter</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Bronchitis?</td>
<td></td>
</tr>
<tr>
<td>B. Asthma?</td>
<td></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. <em>Tonsillitis or enlargement of the tonsils or adenoids</em>?</td>
<td></td>
</tr>
<tr>
<td>H. <em>Laryngitis</em>?</td>
<td></td>
</tr>
<tr>
<td>I. A tumor or growth of the throat, larynx, or trachea?</td>
<td></td>
</tr>
<tr>
<td>J. A tumor or growth of the bronchial tube or lung?</td>
<td></td>
</tr>
<tr>
<td>K. A missing lung?</td>
<td></td>
</tr>
<tr>
<td>L. Lung cancer?</td>
<td></td>
</tr>
<tr>
<td>M. Emphysema?</td>
<td></td>
</tr>
<tr>
<td>N. Pleurisy?</td>
<td></td>
</tr>
<tr>
<td>O. Tuberculosis?</td>
<td></td>
</tr>
<tr>
<td>P. Any other work-related respiratory condition, such as dust on the lungs, silicosis, asbestosis, or gneu-mo-co-ni-o-sis?</td>
<td></td>
</tr>
<tr>
<td>Q. During the past 12 months did anyone (else) in the family have any other respiratory, lung, or pulmonary condition? If &quot;Yes,&quot; ask: Who was this? — What was the condition? Enter in item C2, THEN reek Q.</td>
<td></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

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

1b. When did -- serve?
   - Vietnam Era (Aug. '64 to April '75) . . . . . . . . . . . . . VN
   - Korean War (June '50 to Jan. '55) . . . . . . . . . . . . . KW
   - World War II (Sept. '40 to July '47) . . . . . . . . . . . . . WWII
   - World War I (April '17 to Nov. '18) . . . . . . . . . . . WWII
   - Post Vietnam (May '75 to present) . . . . . . . . . . . . . PVN
   - Other Service (all other periods) . . . . . . . . . . . . . OS

1c. Was -- EVER an active member of a National Guard or military reserve unit?

1d. Was ALL of -- active duty service related to National Guard or military reserve training?

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

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

Ask for each person 12—21 years of age.

2c. Is -- now either going to school or on vacation from school?

3a. What is the number of the group or groups which represents -- race?
   - Circle all that apply
   - Asian or Pacific Islander (API)
   - White
   - Black
   - Indian (American)
   - Eskimo
   - Aleut
   - Chinese
   - Filipino
   - Hawaiian
   - Korean
   - Vietnamese
   - Japanese
   - Hawaiian
   - Asian Indian
   - Guamanian

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

3c. Mark observed race of respondent(s) only.

FORM NIS-1 (1992) (3-4-92)
### L. DEMOGRAPHIC BACKGROUND PAGE, Continued

<table>
<thead>
<tr>
<th>L2</th>
<th>L2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refer to 'Age' and 'Wa/Wb' boxes in C1.</td>
<td>0. Under 18 (NP)</td>
</tr>
<tr>
<td></td>
<td>1. Wa box marked (6a)</td>
</tr>
<tr>
<td></td>
<td>2. Wb box marked (6a)</td>
</tr>
<tr>
<td></td>
<td>3. Neither box marked (6b)</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?  
- 1. Yes (5c)  
- 2. 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?  
- 1. Yes  
- 2. No (NP)  

#### 5c. Which, looking for work or on layoff from a job?  
- 1. Looking (6c)  
- 2. Layoff (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.  
- d. What kind of business or industry is this? For example, TV and radio manufacturing, retail shoe store, State Labor Department, farm.  
- e. Occupation  
- f. Duties  

#### 6b. If "AF" in 6b/c, mark "AF" box in person's column without asking.  

- g. Was ——  
  - An employee of a PRIVATE company, business or individual for wages, salary, or commission?  
  - A FEDERAL government employee?  
  - A STATE government employee?  
  - A LOCAL government employee?  
  - Self-employed in OWN business, professional practice, or farm?  
  - As: Is the business incorporated?  
  - Working WITHOUT PAY in family business or farm?  
  - NEVER WORKED or never worked at a full-time job lasting 2 weeks or more.  

#### FOOTNOTES
**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>
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</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Under 14</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Married — spouse in HH</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Married — spouse not in HH</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Widowed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Divorced</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Separated</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Never married</td>
<td></td>
<td></td>
<td></td>
<td></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.

8a.

<p>| | | | | | |</p>
<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>$20,000 or more (Hand Card I)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Less than $20,000 (Hand Card J)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

b.

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 00 | A | 01 | B | 02 | C | 03 | D | 04 | E | 05 | F | 06 | G | 07 | H | 08 | I | 09 | J | 10 | K | 11 | L | 12 | M | 13 | N | 14 | O | 15 | P | 16 | Q | 17 | R | 18 | S | 19 | T | 20 | U | 21 | V | 22 | W | 23 | X | 24 | Y | 25 | Z | 26 | ZZ |

R

- a. Mark first appropriate box.

- b. Enter person number of respondent.

Ra.

- 1. Present for all questions
- 2. Present for some questions
- 3. Not present

b. Enter person number(s) of respondent(s)

L3

Enter person number of first parent listed or mark box.

Person number(s) of parent

00 None in household

L4

Enter person number of spouse or mark box.

Person number of spouse

00 None in household

FOOTNOTES
L. DEMOGRAPHIC BACKGROUND PAGE, Continued

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

Read to respondents: 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.

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.

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

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

9b. Altogether, how many years has —— lived in the United States?

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

Verify for males; ask for females.

10. What is —— father's LAST name?
Verify spelling. DO NOT write "Same."

Read to respondents: 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.

11. What is —— Social Security Number?

L8 Mark box to indicate how Social Security number was or was not obtained.
**L. DEMOGRAPHIC BACKGROUND PAGE, Continued**

*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 12–16.

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Contact Person name</td>
<td>Last 3-4</td>
</tr>
<tr>
<td>13a. Address (Number and street)</td>
<td>41-65</td>
</tr>
<tr>
<td>b. City</td>
<td>68-85</td>
</tr>
<tr>
<td>14. Area code/telephone number</td>
<td>97-108</td>
</tr>
<tr>
<td>15. Relationship to household respondent</td>
<td>108-109</td>
</tr>
</tbody>
</table>

**FOOTNOTES**
CARD O

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

CARD R

1. White
2. Black
3. Indian (American)
4. Eskimo
5. Aleut

Asian or Pacific Islander (API)
6. Chinese
7. Filipino
8. Hawaiian
9. Korean
10. Vietnamese
11. Japanese
12. Asian Indian
13. Samoan
14. Guamanian
15. Other API (Specify)

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