

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?

d. Do all of the persons you have named usually live here?

- Yes (2)
No (APPLY HOUSEHOLD MEMBERSHIP RULES. Delete nonhousehold members by an "X" from 1-C2 and enter reason.)

Probe if necessary:

Does -- usually live somewhere else?

Ask for all persons beginning with column 2:

2. What is -- relationship to (reference person)?

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

Table with columns for REFERENCE PERIODS: 2-WEEK PERIOD, 12-MONTH DATE, 13-MONTH HOSPITAL DATE.

Table with column A2 ASK CONDITION LIST.

Table with column A3 Refer to ages of all related HH members.

Table with columns 4a. Are any of the persons in this family now on full-time active duty with the armed forces? 4b. Who is this? 4c. Anyone else? 4d. Where does -- usually live and sleep, here or somewhere else?

Table with columns 4e. Are any of those groups -- National origin or ancestry? (Where did -- ancestors come from?) 4f. Please give me the number of the group. Circle all that apply.

Table with column 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+ family member?

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

Table with column A5 Refer to 4f for reference person. Codes 1-7 circled for reference person?

Table with column 4h. Did any of the following family members live at this address on (today's date) last year? (Read names of all 18+ persons with codes 1-7 in 4f.)

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)

Read to respondent(s): 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.

Table with columns 6a. Since (13-month hospital date) a year ago, was -- a patient in a hospital OVERNIGHT? 6b. How many different times did -- stay in any hospital overnight or longer since (13-month hospital date) a year ago?

Table with columns 7a. Was -- born in a hospital? 7b. Have you included this hospitalization in the number you gave me for --?

1. First name, Mid. init., Age, Last name, Sex (M/F)

2. Relationship REFERENCE PERSON, 3. Date of birth (Month, Date, Year), HOSP., WORK, RD, 2-WK. DV

Table with columns C1, C2 and rows for LA, TR, DV, TN, J, CL, LTR, HST, COND.

A3 All persons 65 and over (4e), Other (4e)

4d. Living at home, Not living at home

4e. 1 Yes (4f), 2 No (NP), f. 1 2 3 4 5 6 7

A4 1 Yes (4g), 2 No - Sample 931-934 (5), 3 No - Sample 921-924 (Type B noninterview)

4g. 1 Yes (A5), 2 No - Sample 931-934 (5), 3 No - Sample 921-924 (Type B noninterview)

A5 1 Yes (5), 2 No (4h)

4h. 1 Yes (5), 2 No - Sample 931-934 (5), 3 No - Sample 921-924 (Type B noninterview)

6a. 1 Yes (6b), 2 No (Mark "HOSP." box, THEN NP)

6b. Number of times (Make entry in "HOSP." box THEN NP)

7a. 1 Yes (7b), 2 No (NP), Yes (NP), 7b. No (Correct 6 and "HOSP." box)

B. LIMITATION OF ACTIVITIES PAGE

B1	Refer to age.	B1	1 <input type="checkbox"/> 18-69 (1) 2 <input type="checkbox"/> Other (NP)
1.	What was -- doing MOST OF THE PAST 12 MONTHS ; working at a job or business, keeping house, going to school, or something else? <i>Priority if 2 or more activities reported: (1) Spent the most time doing; (2) Considers the most important.</i>	1.	1 <input type="checkbox"/> Working (2) 2 <input type="checkbox"/> Keeping house (3) 3 <input type="checkbox"/> Going to school (5) 4 <input type="checkbox"/> Something else (6)
2a.	Does any impairment or health problem NOW keep -- from working at a job or business?	2a.	1 <input type="checkbox"/> Yes (7) <input type="checkbox"/> No
b.	Is -- limited in the kind OR amount of work -- can do because of any impairment or health problem?	b.	2 <input type="checkbox"/> Yes (7) 3 <input type="checkbox"/> No (6)
3a.	Does any impairment or health problem NOW keep -- from doing any housework at all?	3a.	4 <input type="checkbox"/> Yes (4) <input type="checkbox"/> No
b.	Is -- limited in the kind OR amount of housework -- can do because of any impairment or health problem?	b.	5 <input type="checkbox"/> Yes (4) 6 <input type="checkbox"/> No (5)
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.	4a.	(Enter condition in C2, THEN 4b) 1 <input type="checkbox"/> Old age (Mark "Old age" box, THEN 4c)
b.	Besides (condition) is there any other condition that causes this limitation?	b.	<input type="checkbox"/> Yes (Reask 4a and b) <input type="checkbox"/> No (4d)
c.	Is this limitation caused by any (other) specific condition?	c.	<input type="checkbox"/> Yes (Reask 4a and b) <input type="checkbox"/> No
d.	Which of these conditions would you say is the MAIN cause of this limitation?	d.	<input type="checkbox"/> Only 1 condition Main cause _____
5a.	Does any impairment or health problem keep -- from working at a job or business?	5a.	1 <input type="checkbox"/> Yes (7) <input type="checkbox"/> No
b.	Is -- limited in the kind OR amount of work -- could do because of any impairment or health problem?	b.	2 <input type="checkbox"/> Yes (7) 3 <input type="checkbox"/> No
B2	Refer to questions 3a and 3b.	B2	1 <input type="checkbox"/> "Yes" in 3a or 3b (NP) 2 <input type="checkbox"/> Other (6)
6a.	Is -- limited in ANY WAY in any activities because of an impairment or health problem?	6a.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (NP)
b.	In what way is -- limited? <i>Record limitation, not condition.</i>	b.	Limitation _____
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.	7a.	(Enter condition in C2, THEN 7b) 1 <input type="checkbox"/> Old age (Mark "Old age" box, THEN 7c)
b.	Besides (condition) is there any other condition that causes this limitation?	b.	<input type="checkbox"/> Yes (Reask 7a and b) <input type="checkbox"/> No (7d)
c.	Is this limitation caused by any (other) specific condition?	c.	<input type="checkbox"/> Yes (Reask 7a and b) <input type="checkbox"/> No
d.	Which of these conditions would you say is the MAIN cause of this limitation?	d.	<input type="checkbox"/> Only 1 condition Main cause _____

B. LIMITATION OF ACTIVITIES PAGE, Continued

B3	Refer to age.	B3	0 <input type="checkbox"/> Under 5 (10) 2 <input type="checkbox"/> 18-69 (NP) 1 <input type="checkbox"/> 5-17 (11) 3 <input type="checkbox"/> 70 and over (8)
8.	What was --- doing MOST OF THE PAST 12 MONTHS ; working at a job or business, keeping house, going to school, or something else? <i>Priority if 2 or more activities reported: (1) Spent the most time doing; (2) Considers the most important.</i>	8.	1 <input type="checkbox"/> Working 2 <input type="checkbox"/> Keeping house 3 <input type="checkbox"/> Going to school 4 <input type="checkbox"/> Something else
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?	9a.	1 <input type="checkbox"/> Yes (13) <input type="checkbox"/> No
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?	b.	2 <input type="checkbox"/> Yes (13) 3 <input type="checkbox"/> No (12)
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?	10a.	<input type="checkbox"/> Yes 0 <input type="checkbox"/> No (13) b. 1 <input type="checkbox"/> Yes (13) 2 <input type="checkbox"/> No (12)
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?	11a.	1 <input type="checkbox"/> Yes (13) <input type="checkbox"/> No b. 2 <input type="checkbox"/> Yes (13) <input type="checkbox"/> No
c.	Does --- need to attend a special school or special classes because of any impairment or health problem?	c.	3 <input type="checkbox"/> Yes (13) <input type="checkbox"/> No
d.	Is --- limited in school attendance because of --- health?	d.	4 <input type="checkbox"/> Yes (13) 5 <input type="checkbox"/> No
12a.	Is --- limited in ANY WAY in any activities because of an impairment or health problem? b. In what way is --- limited? <i>Record limitation, not condition.</i>	12a.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (NP) b. _____ Limitation
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.	13a.	(Enter condition in C2, THEN 13b) 1 <input type="checkbox"/> Old age (Mark "Old age" box, THEN 13c)
b.	Besides (condition) is there any other condition that causes this limitation?	b.	<input type="checkbox"/> Yes (Reask 13a and b) <input type="checkbox"/> No (13d)
c.	Is this limitation caused by any (other) specific condition?	c.	<input type="checkbox"/> Yes (Reask 13a and b) <input type="checkbox"/> No
d.	Which of these conditions would you say is the MAIN cause of this limitation? <i>Mark box if only one condition.</i>	d.	<input type="checkbox"/> Only 1 condition _____ Main cause

FOOTNOTES

B. LIMITATION OF ACTIVITIES PAGE, Continued

B4	Refer to age.	B4	<input type="checkbox"/> Under 5 (NP) <input type="checkbox"/> 60-69 (14) <input type="checkbox"/> 5-59 (B5) <input type="checkbox"/> 70 and over (NP)
B5	Refer to "Old age" and "LA" boxes. Mark first appropriate box.	B5	<input type="checkbox"/> "Old age" box marked (14) <input type="checkbox"/> Entry in "LA" box (14) <input type="checkbox"/> Other (NP)
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?		14a.	<input type="checkbox"/> Yes (15) <input type="checkbox"/> No
<i>If under 18, skip to next person; otherwise ask:</i> 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?		b.	<input type="checkbox"/> Yes <input type="checkbox"/> No (NP)
15a. What (other) condition causes this? Ask if injury or operation: When did (the <u>injury</u> 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 14 where limitation reported, saying: Except for --- (condition), ...? OR reask 15b/c.		15a.	(Enter condition in C2, THEN 15b) <input type="checkbox"/> Old age (Mark "Old age" box, THEN 15c)
b. Besides (condition) is there any other condition that causes this limitation?		b.	<input type="checkbox"/> Yes (Reask 15a and b) <input type="checkbox"/> No (15d)
c. Is this limitation caused by any (other) specific condition?		c.	<input type="checkbox"/> Yes (Reask 15a and b) <input type="checkbox"/> No
<i>Mark box if only one condition.</i> d. Which of these conditions would you say is the MAIN cause of this limitation?		d.	<input type="checkbox"/> Only 1 condition <hr/> Main cause

FOOTNOTES

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).}

D1

Refer to age.

- Under 5 (4) 5-17 (3) 18 and over (1)

1 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].)

- 1 Yes (Mark "Wa" box, THEN 2) 2 No

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

- 1 Yes (Mark "Wb" box, THEN 2) 2 No (4)

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

- Yes oo 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?

- oo None (4) (4)

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

- Yes oo 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?

- oo None

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

- Yes oo 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?

- oo None (6) (D2)

D2

Refer to 2b and 3b.

- No days in 2b or 3b (6)
 1 or more days in 2b or 3b (5)

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?

- oo None

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

6 a. (Not counting the day(s) [missed from work missed from school (and) in bed],

Was there any (OTHER) time during those 2 weeks that --- cut down on the things --- usually does because of illness or injury?

- Yes oo No (D3)

b. (Again, not counting the day(s) [missed from work missed from school (and) in bed],

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

- oo None

D3

Refer to 2-6.

- No days in 2-6 (Mark "No" in RD, THEN NP)
 1 or more days in 2-6 (Mark "Yes" in RD, THEN 7)

Refer to 2b, 3b, 4b, and 6b.

7 a. What (other) condition caused --- to [miss work miss school (or) stay in bed (or) cut down] during those 2 weeks?

(Enter condition in C2, THEN 7b)

b. Did any other condition cause --- to [miss work miss school (or) stay in bed (or) cut down] during that period?

- 1 Yes (Reask 7a and b) 2 No

FOOTNOTES

E. 2-WEEK DOCTOR VISITS PROBE PAGE

Read to respondent(s):

These next questions are about health care received during the 2 weeks outlined in red on that calendar.

E1	Refer to age.	E1	<input type="checkbox"/> Under 14 (1b) <input type="checkbox"/> 14 and over (1a)
1a. During those 2 weeks, how many times did — see or talk to a medical doctor? (Include all types of doctors, such as dermatologists, psychiatrists, and ophthalmologists, as well as general practitioners and osteopaths.) (Do not count times while an overnight patient in a hospital.)		1a. and b. 00 <input type="checkbox"/> None <input style="width:50px;" type="text"/> } (NP) Number of times	
b. During those 2 weeks, how many times did anyone see or talk to a medical doctor about —? (Do not count times while an overnight patient in a hospital.)			
2a. (Besides the time(s) you just told me about) During those 2 weeks, did anyone in the family receive health care at home or go to a doctor's office, clinic, hospital or some other place? Include care from a nurse or anyone working with or for a medical doctor. Do not count times while an overnight patient in a hospital.			
b. Who received this care? Mark "DR Visit" box in person's column.		2b.	<input type="checkbox"/> DR Visit
c. Anyone else?			
d. How many times did — receive this care during that period?		d.	<input style="width:50px;" type="text"/> Number of times
3a. (Besides the time(s) you already told me about) During those 2 weeks, did anyone in the family get any medical advice, prescriptions or test results over the PHONE from a doctor, nurse, or anyone working with or for a medical doctor?			
b. Who was the phone call about? Mark "Phone call" box in person's column.		3b.	<input type="checkbox"/> Phone call
c. Were there any calls about anyone else?			
d. How many telephone calls were made about —?		d.	<input style="width:50px;" type="text"/> Number of calls

E2 . Add numbers in 1, 2d, and 3d for each person. Record total number of visits and calls in "2-WK. DV" box in item C1.

FOOTNOTES

F. 2-WEEK DOCTOR VISITS PAGE

DR VISIT 1

Refer to C1, "2-WK. DV" box.

PERSON NUMBER _____

F1 Refer to age.

F1 Under 14 (1b)
 14 and over (1a)

1 a. On what (other) date(s) during those 2 weeks did --- see or talk to a medical doctor, nurse, or doctor's assistant?
b. On what (other) date(s) during those 2 weeks did anyone see or talk to a medical doctor, nurse, or doctor's assistant about ---?
Ask after last DR visit column for this person:
c. Were there any other visits or calls for --- during that period? Make necessary correction to 2-Wk. DV box in C1.

1 a. and b. Month _____ Date _____ OR { 7777 Last week
8888 Week before
c. 1 Yes (Reask 1a or b and c)
2 No (Ask 2-6 for each visit)

2. Where did --- receive health care on (date in 1), at a doctor's office, clinic, hospital, some other place, or was this a telephone call?
If doctor's office: Was this office in a hospital?
If hospital: Was it the outpatient clinic or the emergency room?
If clinic: Was it a hospital outpatient clinic, a company clinic, a public health clinic, or some other kind of clinic?
If lab: Was this lab in a hospital?
What was done during this visit? (Footnote)

2. Telephone
Not in hospital:
02 Home
03 Doctor's office
04 Co. or Ind. clinic
05 Other clinic
06 Lab
07 Other (Specify) **Hospital:**
08 O.P. clinic
09 Emergency room
10 Doctor's office
11 Lab
12 Overnight patient(6)
88 Other (Specify)

Ask 3b if under 14.
3 a. Did --- actually talk to a medical doctor?
b. Did anyone actually talk to a medical doctor about ---?
c. What type of medical person or assistant was talked to?
d. Does the (entry in 3c) work with or for ONE doctor or MORE than one doctor?
e. For this (visit/call) what kind of doctor was the (entry in 3c) working with or for — a general practitioner or a specialist?
f. Is that doctor a general practitioner or a specialist?
g. What kind of specialist?

3 a. and b. 1 Yes (3f) 8 DK if M.D. (3c)
2 No (3c) 9 DK who was seen (3f)
c. _____ Type 99 DK
d. 1 One (3f) 2 More 3 None (4) 9 DK
e. and f. 1 GP (4) 2 Specialist (3g) 9 DK (4)
g. _____ Kind of specialist

Ask 4b if under 14.
4 a. For what condition did --- see or talk to the [doctor/(entry in 3c)] on (date in 1)? Mark first appropriate box.
b. For what condition did anyone see or talk to the [doctor/(entry in 3c)] about --- on (date in 1)? Mark first appropriate box.
c. Was a condition found as a result of the [test(s)/examination]?
d. Was this [test/examination] because of a specific condition --- had?
e. During the past 2 weeks was --- sick because of her pregnancy?
f. What was the matter?
g. During this [visit/call] was the [doctor/(entry in 3c)] talked to about any (other) condition?
h. What was the condition?

4 a. and b. 1 Condition (Item C2, THEN 4g)
2 Pregnancy (4e)
3 Test(s) or examination (4c)
8 Other (Specify) (4g)
c. Yes (4h) No
d. Yes (4h) No (4g)
e. Yes No (4g)
f. _____ Condition (Item C2, THEN 4g)
g. Yes No (5)
h. Pregnancy (4e)
_____ Condition (Item C2, THEN 4g)

Mark box if "Telephone" in 2.
5 a. Did --- have any kind of surgery or operation during this visit, including bone settings and stitches?
b. What was the name of the surgery or operation? If name of operation not known, describe what was done.
c. Was there any other surgery or operation during this visit?

5 a. 0 Telephone in 2 (Next Dr. visit) 1 Yes 2 No (6)
b. (1) _____
(2) _____
c. Yes (Reask 5b and c) No

Go to next DV if "Home" in 2.
6. In what city (town), county, and State is the (place in 2) located?

6. City/County _____ / _____
State/ZIP Code _____ / _____

G. HEALTH INDICATOR PAGE

<p>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? <input type="checkbox"/> Yes <input type="checkbox"/> No (2)</p> <p>-----</p> <p>b. Who was this? Mark "injury" box in person's column.</p> <p>c. What was -- injury? Enter injury(ies) in person's column.</p> <p>-----</p> <p>d. Did anyone have any other injuries during that period? <input type="checkbox"/> Yes (Reask 1b, c, and d) <input type="checkbox"/> No</p> <p>-----</p> <p>Ask for each injury in 1c:</p> <p>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?</p>		<p>1b. <input type="checkbox"/> Injury</p> <p>-----</p> <p>Injury</p> <p>-----</p> <p>e. <input type="checkbox"/> Yes (Enter injury in C2, THEN 1e for next injury) <input type="checkbox"/> No (1e for next injury)</p>
<p>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.)</p>	<p>2. 000 <input type="checkbox"/> None _____ No. of days</p>	
<p>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.)</p> <p>-----</p> <p>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.</p>	<p>3a. 000 <input type="checkbox"/> None (3b) 000 <input type="checkbox"/> Only when overnight patient in hospital } (NP) _____ No. of visits</p> <p>b. 1 <input type="checkbox"/> Interview week (Reask 3b) 2 <input type="checkbox"/> Less than 1 yr. (Reask 3a) 3 <input type="checkbox"/> 1 yr., less than 2 yrs. 4 <input type="checkbox"/> 2 yrs., less than 5 yrs. 5 <input type="checkbox"/> 5 yrs. or more 0 <input type="checkbox"/> Never</p>	
<p>4. Would you say -- health in general is excellent, very good, good, fair, or poor?</p>	<p>4. 1 <input type="checkbox"/> Excellent 4 <input type="checkbox"/> Fair 2 <input type="checkbox"/> Very good 5 <input type="checkbox"/> Poor 3 <input type="checkbox"/> Good</p>	
<p>Mark box if under 18. 5a. About how tall is -- without shoes?</p> <p>-----</p> <p>b. About how much does -- weigh without shoes?</p>	<p>5a. <input type="checkbox"/> Under 18 (NP)</p> <p>_____ Feet _____ Inches</p> <p>-----</p> <p>b. _____ Pounds</p>	

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.

1	2																																																				
<p>1a. Does anyone in the family {read names} NOW HAVE — If "Yes," ask 1b and c.</p> <p>b. Who is this?</p> <p>c. Does anyone else NOW have — Enter condition and letter in appropriate person's column.</p> <p>A. PERMANENT stiffness or any deformity of the foot, leg, fingers, arm, or back? (Permanent stiffness — joints will not move at all.)</p> <hr style="border-top: 1px dashed black;"/> <p>B. Paralysis of any kind?</p> <p>1d. DURING THE PAST 12 MONTHS, did anyone in the family have — If "Yes," ask 1e and f.</p> <p>e. Who was this?</p> <p>f. DURING THE PAST 12 MONTHS, did anyone else have — Enter condition and letter in appropriate person's column. C—L are conditions affecting the bone and muscle. M—W are conditions affecting the skin.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 50%; padding: 2px;">C. Arthritis of any kind or rheumatism?</td> <td style="width: 50%; padding: 2px; text-align: center;"><i>Reask 1d</i></td> </tr> <tr> <td style="padding: 2px;">D. Gout?</td> <td style="padding: 2px;">M. A tumor, cyst, or growth of the skin?</td> </tr> <tr> <td style="padding: 2px;">E. Lumbago?</td> <td style="padding: 2px;">N. Skin cancer?</td> </tr> <tr> <td style="padding: 2px;">F. Sciatica?</td> <td style="padding: 2px;">O. Eczema or Psoriasis? (ek'sa-ma) or (so-rya'uh-sis)</td> </tr> <tr> <td style="padding: 2px;">G. A bone cyst or bone spur?</td> <td style="padding: 2px;">P. TROUBLE with dry or itching skin?</td> </tr> <tr> <td style="padding: 2px;">H. Any other disease of the bone or cartilage?</td> <td style="padding: 2px;">Q. TROUBLE with acne?</td> </tr> <tr> <td style="padding: 2px;">I. A slipped or ruptured disc?</td> <td style="padding: 2px;">R. A skin ulcer?</td> </tr> <tr> <td style="padding: 2px;">J. 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FORM HIS-1 (1991) (8-27-90)

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	<p>3a. DURING THE PAST 12 MONTHS, did anyone in the family {read names} have — <i>If "Yes," ask 3b and c.</i></p> <p>b. Who was this?</p> <p>c. DURING THE PAST 12 MONTHS, did anyone else have — <i>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.</i></p>	4	<p>4a. DURING THE PAST 12 MONTHS, did anyone in the family {read names} have — <i>If "Yes," ask 4b and c.</i></p> <p>b. Who was this?</p> <p>c. DURING THE PAST 12 MONTHS, did anyone else have — <i>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.</i></p>				
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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.

<p>5</p> <p>5a. Has anyone in the family {read names} EVER had — If "Yes," ask 5b and c.</p> <p>b. Who was this?</p> <p>c. Has anyone else EVER had — Enter condition and letter in appropriate person's column. Conditions affecting the heart and circulatory system.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 50%; padding: 2px;">A. Rheumatic fever?</td> <td style="width: 50%; padding: 2px;">G. A stroke or a cerebrovascular accident? (ser'a-bro vas ku-lar)</td> </tr> <tr> <td style="padding: 2px;">B. Rheumatic heart disease?</td> <td style="padding: 2px;">H. A hemorrhage of the brain?</td> </tr> <tr> <td style="padding: 2px;">C. Hardening of the arteries or arteriosclerosis?</td> <td style="padding: 2px;">I. Angina pectoris? (pek'to-ris)</td> </tr> <tr> <td style="padding: 2px;">D. Congenital heart disease?</td> <td style="padding: 2px;">J. A myocardial infarction?</td> </tr> <tr> <td style="padding: 2px;">E. Coronary heart disease?</td> <td style="padding: 2px;">K. Any other heart attack?</td> </tr> <tr> <td style="padding: 2px;">F. Hypertension, sometimes called high blood pressure?</td> <td style="padding: 2px;"></td> </tr> </table> <p>5d. DURING THE PAST 12 MONTHS, did anyone in the family have — If "Yes," ask 5e and f.</p> <p>e. Who was this?</p> <p>f. DURING THE PAST 12 MONTHS, did anyone else have — Enter condition and letter in appropriate person's column. Conditions affecting the heart and circulatory system.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 50%; padding: 2px;">L. Damaged heart valves?</td> <td style="width: 50%; padding: 2px;">Q. Any blood clots?</td> </tr> <tr> <td style="padding: 2px;">M. Tachycardia or rapid heart?</td> <td style="padding: 2px;">R. Varicose veins?</td> </tr> <tr> <td style="padding: 2px;">N. A heart murmur?</td> <td style="padding: 2px;">S. Hemorrhoids or piles?</td> </tr> <tr> <td style="padding: 2px;">O. Any other heart trouble?</td> <td style="padding: 2px;">T. Phlebitis or thrombophlebitis?</td> </tr> <tr> <td style="padding: 2px;">P. An aneurysm? (an yoo-rizm)</td> <td style="padding: 2px;">U. Any other condition affecting blood circulation?</td> </tr> </table>	A. Rheumatic fever?	G. A stroke or a cerebrovascular accident? (ser'a-bro vas ku-lar)	B. Rheumatic heart disease?	H. A hemorrhage of the brain?	C. Hardening of the arteries or arteriosclerosis?	I. Angina pectoris? (pek'to-ris)	D. Congenital heart disease?	J. A myocardial infarction?	E. Coronary heart disease?	K. Any other heart attack?	F. Hypertension, sometimes called high blood pressure?		L. Damaged heart valves?	Q. Any blood clots?	M. Tachycardia or rapid heart?	R. Varicose veins?	N. A heart murmur?	S. Hemorrhoids or piles?	O. Any other heart trouble?	T. Phlebitis or thrombophlebitis?	P. An aneurysm? (an yoo-rizm)	U. Any other condition affecting blood circulation?	<p>6</p> <p>6a. DURING THE PAST 12 MONTHS, did anyone in the family {read names} have — If "Yes," ask 6b and c.</p> <p>b. Who was this?</p> <p>c. DURING THE PAST 12 MONTHS, did anyone else have — Enter condition and letter in appropriate person's column. Make no entry in item C2 for cold; flu; red, sore, or strep throat; or "virus" even if reported in this list. Conditions affecting the respiratory system.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 50%; padding: 2px;">A. Bronchitis?</td> <td style="width: 50%; padding: 2px;">Reask 6a. K. A missing lung?</td> </tr> <tr> <td style="padding: 2px;">B. Asthma?</td> <td style="padding: 2px;">L. Lung cancer?</td> </tr> <tr> <td style="padding: 2px;">C. Hay fever?</td> <td style="padding: 2px;">M. Emphysema?</td> </tr> <tr> <td style="padding: 2px;">D. Sinus trouble?</td> <td style="padding: 2px;">N. Pleurisy?</td> </tr> <tr> <td style="padding: 2px;">E. A nasal polyp?</td> <td style="padding: 2px;">O. Tuberculosis?</td> </tr> <tr> <td style="padding: 2px;">F. A deflected or deviated nasal septum?</td> <td style="padding: 2px;">P. Any other work-related respiratory condition, such as dust on the lungs, silicosis, asbestosis, or pneu-mo-co-ni-o-sis?</td> </tr> <tr> <td style="padding: 2px;">G. *Tonsillitis or enlargement of the tonsils or adenoids?</td> <td style="padding: 2px;">Q. 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.</td> </tr> <tr> <td style="padding: 2px;">H. *Laryngitis?</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">I. A tumor or growth of the throat, larynx, or trachea?</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">J. A tumor or growth of the bronchial tube or lung?</td> <td style="padding: 2px;"></td> </tr> </table> <p><i>*If reported in this list only, ask:</i></p> <p>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:</p> <p>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.</p>	A. Bronchitis?	Reask 6a. K. A missing lung?	B. Asthma?	L. Lung cancer?	C. Hay fever?	M. Emphysema?	D. Sinus trouble?	N. Pleurisy?	E. A nasal polyp?	O. Tuberculosis?	F. A deflected or deviated nasal septum?	P. Any other work-related respiratory condition, such as dust on the lungs, silicosis, asbestosis, or pneu-mo-co-ni-o-sis?	G. *Tonsillitis or enlargement of the tonsils or adenoids?	Q. 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FORM HHS-1 (1991) (8-27-90)

L. DEMOGRAPHIC BACKGROUND PAGE

<p>L1</p>	<p>Refer to age.</p>	<p>L1</p>	<p><input type="checkbox"/> Under 5 (NP) <input type="checkbox"/> 5-17 (2) <input type="checkbox"/> 18 and over (1)</p>																				
<p>1 a. Did --- EVER serve on active duty in the Armed Forces of the United States?</p> <p>-----</p> <p>b. When did --- serve?</p> <p>Mark box in descending order of priority. Thus, if person served in Vietnam and in Korea mark VN.</p> <p>-----</p> <p>c. Was --- EVER an active member of a National Guard or military reserve unit?</p> <p>-----</p> <p>d. Was ALL of --- active duty service related to National Guard or military reserve training?</p> <p>-----</p>		<p>1 a.</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (2)</p> <p>b.</p> <p>1 <input type="checkbox"/> VN 5 <input type="checkbox"/> PVN 2 <input type="checkbox"/> KW 8 <input type="checkbox"/> OS 3 <input type="checkbox"/> WWII 9 <input type="checkbox"/> DK 4 <input type="checkbox"/> WWI</p> <p>c.</p> <p><input type="checkbox"/> Yes 2 <input type="checkbox"/> No (2) 7 <input type="checkbox"/> DK (2)</p> <p>d.</p> <p>1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>																					
<p>2 a. What is the highest grade or year of regular school --- has ever attended?</p> <p>-----</p> <p>b. Did --- finish the (number in 2a) [grade/year]?</p> <p>-----</p> <p>Ask for each person 12-21 years of age.</p> <p>c. Is --- now either going to school or on vacation from school?</p> <p>-----</p>		<p>2 a.</p> <p>00 <input type="checkbox"/> Never attended or kindergarten (NP)</p> <p>Elem: 1 2 3 4 5 6 7 8 High: 9 10 11 12 College: 1 2 3 4 5 6 +</p> <p>b.</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>c.</p> <p>1 <input type="checkbox"/> Yes, going to school 2 <input type="checkbox"/> Yes, on vacation from school 3 <input type="checkbox"/> No</p>																					
<p>Hand Card R. Ask first alternative for first person; ask second alternative for other persons.</p> <p>3 a. What is the number of the group or groups which represents --- race? [What is --- race?]</p> <p>Circle all that apply</p> <table border="0"> <tr> <td>1 - White</td> <td>4 - Eskimo</td> <td>6 - Chinese</td> <td>10 - Vietnamese</td> <td>14 - Guamanian</td> </tr> <tr> <td>2 - Black</td> <td>5 - Aleut</td> <td>7 - Filipino</td> <td>11 - Japanese</td> <td>15 - Other API - Specify</td> </tr> <tr> <td>3 - Indian (American)</td> <td></td> <td>8 - Hawaiian</td> <td>12 - Asian Indian</td> <td>16 - Other race - Specify</td> </tr> <tr> <td></td> <td></td> <td>9 - Korean</td> <td>13 - Samoan</td> <td></td> </tr> </table> <p>-----</p> <p>Ask if multiple entries:</p> <p>b. Which of those groups; that is, (entries in 3a) would you say BEST represents --- race?</p> <p>-----</p> <p>c. Mark observed race of respondent(s) only.</p> <p>-----</p>		1 - White	4 - Eskimo	6 - Chinese	10 - Vietnamese	14 - Guamanian	2 - Black	5 - Aleut	7 - Filipino	11 - Japanese	15 - Other API - Specify	3 - Indian (American)		8 - Hawaiian	12 - Asian Indian	16 - Other race - Specify			9 - Korean	13 - Samoan		<p>3 a.</p> <p>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 ↓ 16 ↓</p> <p>----- (Specify)</p> <p>b.</p> <p>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 ↓ 16 ↓</p> <p>----- (Specify)</p> <p>c.</p> <p>1 <input type="checkbox"/> W 2 <input type="checkbox"/> B 3 <input type="checkbox"/> O</p>	
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L. DEMOGRAPHIC BACKGROUND PAGE, Continued

L2	Refer to "Age" and "Wa/Wb" boxes in C1.	L2	<input type="checkbox"/> Under 18 (NP) <input type="checkbox"/> Wa box marked (6a) <input type="checkbox"/> Wb box marked (5a) <input type="checkbox"/> Neither box marked (5b)
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?		5a. 1 <input type="checkbox"/> Yes (5c) 2 <input type="checkbox"/> No (6b) ----- b. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (NP) ----- c. 1 <input type="checkbox"/> Looking (6c) 3 <input type="checkbox"/> Both (6b) 2 <input type="checkbox"/> 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. ----- If "AF" in 6b/c, mark "AF" box in person's column without asking. e. 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, types, keeps account books, files, sells cars, operates printing press, finishes concrete. ----- Complete from entries in 6b-f. If not clear, ask: g. Was --- An employee of a PRIVATE company, business or individual for wages, salary, or commission P A FEDERAL government employee? F A STATE government employee? S A LOCAL government employee? L Self-employed in OWN business, professional practice, or farm? Ask: Is the business incorporated? Yes I No SE Working WITHOUT PAY in family business or farm? WP - NEVER WORKED or never worked at a full-time job lasting 2 weeks or more NEV		6b. and c. Employer <input type="checkbox"/> NEV (6g) <input type="checkbox"/> AF (6e) ----- d. Industry ----- e. Occupation <input type="checkbox"/> AF (NP) ----- f. Duties ----- ----- g. Class of worker 1 <input type="checkbox"/> P 5 <input type="checkbox"/> I 2 <input type="checkbox"/> F 6 <input type="checkbox"/> SE 3 <input type="checkbox"/> S 7 <input type="checkbox"/> WP 4 <input type="checkbox"/> L 8 <input type="checkbox"/> NEV	

FOOTNOTES

L. DEMOGRAPHIC BACKGROUND PAGE, Continued

		RT61 3-4
L5	<i>Read to respondent(s):</i> 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.	L6 Date of birth 5-11 Month Date Year <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div>
9a. In what State or country was -- born? <i>Print the full name of the State or mark the appropriate box if the person was not born in the United States.</i> <hr style="border-top: 1px dashed black;"/> <i>If born in U.S., ask 9b only; if born in foreign country, ask 9c only.</i> b. Altogether, how many years has -- lived in (State of present residence)? <hr style="border-top: 1px dashed black;"/> c. Altogether, how many years has -- lived in the United States?		9a. 99 <input type="checkbox"/> DK (L7) 12-13 State 01 <input type="checkbox"/> Puerto Rico 05 <input type="checkbox"/> Cuba 02 <input type="checkbox"/> Virgin Islands 06 <input type="checkbox"/> Mexico 03 <input type="checkbox"/> Guam 98 <input type="checkbox"/> All other countries 04 <input type="checkbox"/> Canada b. 1 <input type="checkbox"/> Less than 1 yr. 14 2 <input type="checkbox"/> 1 yr., less than 5 3 <input type="checkbox"/> 5 yrs., less than 10 4 <input type="checkbox"/> 10 yrs., less than 15 5 <input type="checkbox"/> 15 yrs. or more 9 <input type="checkbox"/> DK c. 1 <input type="checkbox"/> Less than 1 yr. 15 2 <input type="checkbox"/> 1 yr., less than 5 3 <input type="checkbox"/> 5 yrs., less than 10 4 <input type="checkbox"/> 10 yrs., less than 15 5 <input type="checkbox"/> 15 yrs. or more 9 <input type="checkbox"/> DK
L7	Print full name, including middle initial, from question 1 on Household Composition page.	L7 Last 16-35 First 36-50 Middle initial 51
<i>Verify for males; ask for females.</i> 10. What is -- father's LAST name? Verify spelling. DO NOT write "Same."		10. Father's LAST name 52-71
<i>Read to respondent(s):</i> We also need -- Social Security Number to link with vital statistics and other records of the Department of Health and Human Services to perform health-related research. Providing this information is voluntary and collected under the authority of the Public Health Service Act. There will be no effect on -- benefits if you do provide it and this number will not be given to any other government or nongovernment agency. <i>Read if necessary:</i> The Public Health Service Act is title 42, United States Code, section 242k. 11. What is -- Social Security Number?		11. 99999999 <input type="checkbox"/> DK 72-80 <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> Social Security Number <i>Mark if number obtained from</i> 81 0 <input type="checkbox"/> Does not have SSN 2 <input type="checkbox"/> Records 1 <input type="checkbox"/> Memory 7 <input type="checkbox"/> Refused
L8	Mark box to indicate how Social Security number was or was not obtained.	L8 1 <input type="checkbox"/> Self-personal 82 2 <input type="checkbox"/> Self-telephone 3 <input type="checkbox"/> Proxy-personal 4 <input type="checkbox"/> Proxy-telephone

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.**

12. Contact Person name		3-4 5-24	25-39	40		14. Area code/telephone number	RT62 97-106
Last	First	Middle initial				<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> - <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	
13a. Address (Number and street)						41-65 107	
b. City	State	ZIP Code			15. Relationship to household respondent		108-109

16. If you must be contacted again, what is the best time to call or visit?

FOOTNOTES

RT 83	3-4	Sample Person Number _____	5
		Sample Person Type	1 <input type="checkbox"/> SP
11. Transcription from completed HIS-1			
a. Education of SP (Page 42 or 43, question 2a) 00 <input type="checkbox"/> Never attended or kindergarten Elem. 1 2 3 4 5 6 7 8 High: 9 10 11 12 College: 1(13) 2(14) 3(15) 4(16) 5(17) 6+(18) Finish grade/year (Question 2b) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		b. Main race of SP (Page 42 or 43, question 3a/b) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 97 <input type="checkbox"/> Refused 99 <input type="checkbox"/> Unknown	d. Marital status of SP (Page 46 or 47, question 7) 1 <input type="checkbox"/> Married – spouse in HH 2 <input type="checkbox"/> Married – spouse not in HH 3 <input type="checkbox"/> Widowed 4 <input type="checkbox"/> Divorced 5 <input type="checkbox"/> Separated 6 <input type="checkbox"/> Never married 7 <input type="checkbox"/> Refused 9 <input type="checkbox"/> Unknown
		c. Hispanic origin (Page 2 or 3, question 4e and 4f) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Which? _____ 1 2 3 4 5 6 7	13 If required and NOT already completed, transcribe height and weight for the SP from page 20 – 21, question 5 in the HIS-1 to question 3 on page 61.

RT 83	3-4	Sample Child Number _____	5
		Sample Person Type	2 <input type="checkbox"/> SC
12. Transcription from completed HIS-1			
a. Education of SC (Page 42 or 43, question 2a) <input type="checkbox"/> Under 5 00 <input type="checkbox"/> Never attended or kindergarten Elem. 1 2 3 4 5 6 7 8 Finish grade/year (Question 2b) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		b. Main race of SC (Page 42 or 43, question 3a/b) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 97 <input type="checkbox"/> Refused 99 <input type="checkbox"/> Unknown	c. Hispanic origin (Page 2 or 3, question 4e and 4f) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Which? _____ 1 2 3 4 5 6 7

RT 84	3-4			
13. Transcription from completed HIS-1				
a. Family income (Page 46, question 8b) 00 <input type="checkbox"/> A 07 <input type="checkbox"/> H 14 <input type="checkbox"/> O 21 <input type="checkbox"/> V 01 <input type="checkbox"/> B 08 <input type="checkbox"/> I 15 <input type="checkbox"/> P 22 <input type="checkbox"/> W 02 <input type="checkbox"/> C 09 <input type="checkbox"/> J 16 <input type="checkbox"/> Q 23 <input type="checkbox"/> X 03 <input type="checkbox"/> D 10 <input type="checkbox"/> K 17 <input type="checkbox"/> R 24 <input type="checkbox"/> Y 04 <input type="checkbox"/> E 11 <input type="checkbox"/> L 18 <input type="checkbox"/> S 25 <input type="checkbox"/> Z 05 <input type="checkbox"/> F 12 <input type="checkbox"/> M 19 <input type="checkbox"/> T 26 <input type="checkbox"/> ZZ 06 <input type="checkbox"/> G 13 <input type="checkbox"/> N 20 <input type="checkbox"/> U (Transcribe from 8a if 8b blank) 27 <input type="checkbox"/> \$20,000 or more 97 <input type="checkbox"/> Refused 28 <input type="checkbox"/> Less than \$20,000 99 <input type="checkbox"/> Unknown		b. Telephone number (Household page, question 11) 1 <input type="checkbox"/> Yes, telephone 2 <input type="checkbox"/> No telephone 3 <input type="checkbox"/> Phone, but no number listed or number refused 9 <input type="checkbox"/> DK Area code Number [][][] [][][] - [][][][]	7 8-17	

14. From Cover page, item 9, of HIS-3	Number	From Cover page, item 10, of HIS-3	Number
a. Number of non-deleted persons 18+ years old in this family	18	b. Number of non-deleted children 0 – 5 years old in this family	19

15. Response Status				
20	21	22	23	24
a. Section IZ (Immunization) 0 <input type="checkbox"/> No child 0-5 Interview: 1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Partial Noninterview: 3 <input type="checkbox"/> Refused } Explain 8 <input type="checkbox"/> Other } in notes	b. Section AC (Access to Care) Interview: 1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Partial Noninterview: 3 <input type="checkbox"/> Refused } Explain 8 <input type="checkbox"/> Other } in notes	c. Sections FA-FC (Health Care, Income and Assets) Interview: 1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Partial Noninterview: 3 <input type="checkbox"/> Refused } Explain 8 <input type="checkbox"/> Other } in notes	d. Section Y2 (Year 2000 Objectives) 0 <input type="checkbox"/> No person 18+ Interview: 1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Partial Noninterview: 3 <input type="checkbox"/> Refused 4 <input type="checkbox"/> SP Temp. Absent 5 <input type="checkbox"/> SP Incapable 8 <input type="checkbox"/> Other } Explain in notes	e. Section AI (AIDS) 0 <input type="checkbox"/> No person 18+ Interview: 1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Partial Noninterview: 3 <input type="checkbox"/> Refused 4 <input type="checkbox"/> SP Temp. absent 5 <input type="checkbox"/> SP Incapable 8 <input type="checkbox"/> Other } Explain in notes