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 names in REFERENCE PERSON column.

1b. What are the names of all other persons living or staying here? Enter names in columns.

1c. Have I listed (good names). Have I missed:
   - any babies or small children? ...........................................
   - any lodgers, boarders, or persons you employ who live here? ...
   - anyone who usually stays here but is now away from home...
   - anyone who lives here and is usually away? ..........................

1d. Do all of the persons you have named usually live here?  
   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

2-WEEK PERIOD

12-MONTH DATE

13-MONTH HOSPITAL DATE

ASK CONDITION LIST

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)

4b. Who is this?  
   Delete column number(s) by an "X" from 1 — C2.

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

4d. Where does — — usually live and sleep, here or somewhere else?  
   Mark box in person's column.

5. If related persons 17 and over are listed in addition to the respondent and are not present, say:
   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, illnesses in the family, and other health-related items.

HOSPITAL PROBE

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?  
   (Make entry in "HOSP."
   box THEN NP)

7a. Ask for each child under one:
   Were — — born in a hospital?  
   Yes (7a)  No

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

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?

<table>
<thead>
<tr>
<th>b. Is limited in the kind OR amount of work can do because of any impairment or health problem?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Yes (7)</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>b. Is limited in the kind OR amount of housework can do because of any impairment or health problem?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Yes (4)</td>
</tr>
</tbody>
</table>

#### 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 4bc. |

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

<table>
<thead>
<tr>
<th>b. Is limited in the kind OR amount of work could do because of any impairment or health problem?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Yes (7)</td>
</tr>
</tbody>
</table>

#### 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>b. In what way is limited? Record limitation, not condition.</td>
</tr>
</tbody>
</table>

#### 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 7bc. |

#### 6b. Is limited in the kind OR amount of work can do because of any impairment or health problem?

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

#### 6c. Is limited in the kind OR amount of work can do because of any impairment or health problem?

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

#### 6d. Is limited in the kind OR amount of work can do because of any impairment or health problem?

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

---

### B. LIMITATION OF ACTIVITIES PAGE, Continued

#### B3 Refer to age.

<table>
<thead>
<tr>
<th>B3</th>
<th>Under 5 (10)</th>
<th>5-17 (11)</th>
<th>18-69 (NP)</th>
</tr>
</thead>
</table>

### 8. What was doing MOST OF THE PAST 12 MONTHS; working at a job or business, keeping houses, going to school, or something else?

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

#### b. 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. 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?

#### 9b. Yes (13) | No

### 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?

#### b. Yes (13) | 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?

#### b. Yes (13) | No

### 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?

#### b. Yes (Reask 13a and b) | No (13d)

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

#### c. Yes (Reask 13a and b) | No

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

#### d. Only 1 condition

---

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

#### B4
**Refer to age.**

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>14a.</strong> 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>
<td>Yes (15)</td>
<td>No</td>
</tr>
<tr>
<td>If under 18, skip to next person; otherwise ask:</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>14b.</strong> 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>
<td>Yes (15)</td>
<td>No (NP)</td>
</tr>
<tr>
<td><strong>15a.</strong> What (other) condition causes this?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ask if injury or operation: When did the (injury) occur?/Have the operation?</td>
<td>Yes (15a and b)</td>
<td>No (15d)</td>
</tr>
<tr>
<td>If operation over 3 months ago: For what condition did have the operation?</td>
<td>Yes (15a and b)</td>
<td>No (15d)</td>
</tr>
<tr>
<td>OR reask 15b/c.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>15b.</strong> Besides (condition) is there any other condition that causes this limitation?</td>
<td>Yes</td>
<td>No (15d)</td>
</tr>
<tr>
<td><strong>15c.</strong> Is this limitation caused by any (other) specific condition?</td>
<td>Yes</td>
<td>No (15d)</td>
</tr>
<tr>
<td><strong>15d.</strong> Which of these conditions would you say is the MAIN cause of this limitation?</td>
<td>Only 1 condition</td>
<td></td>
</tr>
</tbody>
</table>

#### FOOTNOTES

---

**NOTES:**

146
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].)

<table>
<thead>
<tr>
<th>D1</th>
<th>Refer to age.</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>Under 5 (4)</td>
</tr>
<tr>
<td>☐</td>
<td>5—17 (3)</td>
</tr>
<tr>
<td>☐</td>
<td>18 and over (1)</td>
</tr>
</tbody>
</table>

1a. DURING THOSE 2 WEEKS, did —— work at any time at a job or business not counting work around the house? (Include unpaid work in the family [farm/business].)

☐ Yes (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)

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

☐ Yes

☐ No (4)

b. During that 2-week period, how many days did —— miss more than half of the day from school because of illness or injury?

☐ None

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

☐ Yes

☐ No (6)

b. During that 2-week period, how many days did —— stay in bed more than half of the day because of illness or injury?

☐ None (6)

F. RESTRICTED ACTIVITY PAGE PERSON 1

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

Refer to 2b and 3b.

☐ No days in 2b or 3b (6)

☐ 1 or more days in 2b or 3b (5)

6a. (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

☐ 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?

☐ None

Refer to 2, 3b, and 4b.

7a. 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?

☐ 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 (If yes, ask 1b, c, and d)
   - No

Ask for each injury in 1c:
   a. 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?

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.)

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 V box) visit(s) you already told me about.)

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.

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

   - Excellent
   - Very good
   - Good
   - Fair
   - Poor

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

   - Feet
   - Inches

b. 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.

<table>
<thead>
<tr>
<th>1a. Does anyone in the family (read names) NOW HAVE —</th>
<th>2a. Does anyone in the family (read names) NOW HAVE —</th>
</tr>
</thead>
<tbody>
<tr>
<td>If “Yes,” ask 1b and c.</td>
<td>If “Yes,” ask 2b and c.</td>
</tr>
<tr>
<td>b. Who is this?</td>
<td>b. Who is this?</td>
</tr>
<tr>
<td>c. Does anyone else NOW have —</td>
<td>c. Does anyone else NOW have —</td>
</tr>
<tr>
<td>Enter condition and letter in appropriate person’s column.</td>
<td>Enter condition and letter in appropriate person’s column.</td>
</tr>
</tbody>
</table>

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

#### B. Paralysis of any kind?

1d. DURING THE PAST 12 MONTHS, did anyone in the family have — If “Yes,” ask 1a and f.

<table>
<thead>
<tr>
<th>e. Who was this?</th>
</tr>
</thead>
<tbody>
<tr>
<td>f. DURING THE PAST 12 MONTHS, did anyone else have — Enter condition and letter in appropriate person’s column.</td>
</tr>
</tbody>
</table>

C—L are conditions affecting the bone and muscules.  
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?  

<table>
<thead>
<tr>
<th>Reask 1d</th>
</tr>
</thead>
<tbody>
<tr>
<td>M. A tumor, cyst, or growth of the skin?</td>
</tr>
<tr>
<td>N. Skin cancer?</td>
</tr>
<tr>
<td>O. Eczema or Psoriasis? (ek’za-ma) or (so-ris’a-sis)</td>
</tr>
<tr>
<td>P. TROUBLE with dry or itching skin?</td>
</tr>
<tr>
<td>Q. TROUBLE with acne?</td>
</tr>
<tr>
<td>R. A skin ulcer?</td>
</tr>
<tr>
<td>S. Any kind of skin allergy?</td>
</tr>
<tr>
<td>T. Dermatitis or any other skin trouble?</td>
</tr>
<tr>
<td>U. TROUBLE with ingrown toenails or fingernails?</td>
</tr>
<tr>
<td>V. TROUBLE with bunions, corns, or callouses?</td>
</tr>
<tr>
<td>W. Any disease of the hair or scalp?</td>
</tr>
</tbody>
</table>

#### A. Deafness in one or both ears?  
#### B. Any other trouble hearing with one or both ears?  
#### C. Tinnitus or ringing in the ears?  
#### D. Blindness in one or both eyes?  
#### E. Cataracts?  
#### F. Glaucoma?  
#### G. Color blindness?  
#### H. A detached retina or any other condition of the retina?  
#### I. Any other trouble seeing with one or both eyes EVER when wearing glasses?  
#### J. A cleft palate or harelip?  
#### K. Stammering or stuttering?  
#### L. Any other speech defect?  
#### M. Loss of taste or smell which has lasted 3 months or more?  
#### N. A missing finger, hand, or arm; toe, foot, or leg?  

#### A. Any condition caused by an accident or injury which happened more than 3 months ago? If “Yes,” ask: What is the condition?  

#### Reask 2c  
#### O. A missing joint?  
#### P. A missing breast, kidney, or lung?  
#### Q. Palsy or cerebral palsy? (ser’s-bral)  
#### R. Paralysis of any kind?  
#### S. Curvature of the spine?  
#### T. REPEATED trouble with neck, back, or spine?  
#### U. Any TROUBLE with dry or itching skin?  
#### V. A clubfoot?  
#### W. A trick knee?  

#### R. A skin ulcer?  
#### S. Any kind of skin ulcer?  
#### T. DERMATITIS or any other skin trouble?  

#### 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 (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>Condition</th>
<th>Reask 3a</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. Hematia?</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 oesophagus?</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 (read names) have —
   If "Yes," ask 4b and c.

b. Who was this?

c. DURING THE PAST 12 MONTHS, did anyone else have —
   Enter condition and letter in appropriate person’s column.
   A—B are conditions affecting the glandular system.
   C is a blood condition.
   D—L are conditions affecting the nervous system.
   J—Y are conditions affecting the genito-urinary system.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Reask 4a</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>
</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.

5a. Has anyone in the family \textit{(read names)} EVER had —
   a. Has anyone in the family \textit{(read names)} \textit{EVER} had —
   b. Who was this?
   c. Has anyone else \textit{EVER} had —

Conditions affecting the heart and circulatory system.

<table>
<thead>
<tr>
<th>A. Rheumatic fever?</th>
<th>G. A stroke or a cerebrovascular accident? (set's a-bro vas ku-lar)</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? (pok-to-ris)</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>
</tbody>
</table>

5b. DURING THE PAST 12 MONTHS, did anyone in the family have —
   a. Who was this?
   b. DURING THE PAST 12 MONTHS, did anyone else have —

Conditions affecting the heart and circulatory system.

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

6a. DURING THE PAST 12 MONTHS, did anyone in the family \textit{(read names)} have —
   a. Who was this?
   b. DURING THE PAST 12 MONTHS, did anyone else have —

Conditions affecting the respiratory system.

<table>
<thead>
<tr>
<th>A. Bronchitis?</th>
<th>K. A missing lung?</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Asthma?</td>
<td>L. Lung cancer?</td>
</tr>
<tr>
<td>C. Hay fever?</td>
<td>M. Emphysema?</td>
</tr>
<tr>
<td>D. Sinus trouble?</td>
<td>N. Pleurisy?</td>
</tr>
<tr>
<td>E. A nasal polyp?</td>
<td>O. Tuberculosis?</td>
</tr>
<tr>
<td>F. A deflected or deviated nasal septum?</td>
<td>P. Any other work-related respiratory condition, such as dust on the lungs, asbestosis, or pneumoconiosis?</td>
</tr>
<tr>
<td>G. *Tonsillitis or enlargement of the tonsils or adenoids?</td>
<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 mask Q.</td>
</tr>
<tr>
<td>H. *Laryngitis?</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>
</tbody>
</table>

*If reported in this list only, ask:

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

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

<table>
<thead>
<tr>
<th>L1</th>
<th>Refer to age.</th>
<th>L1</th>
</tr>
</thead>
</table>

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

b. When did --- serve?
Mark box in descending order of priority. Thus, if person served in Vietnam and in Korea mark VN.

- 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) WWI
- Post Vietnam (May '75 to present) PVN
- Other Service (all other periods) OS

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

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

3a. Are any of those groups --- National origin or ancestry? (Where did --- ancestors come from?)

b. Please give me the number of the group. Circle all that apply.

- Puerto Rican
- Mexican/Mexicano
- Chicano
- Other Spanish
- Cuban
- Mexican American
- Other Latin American

4a. What is the number of the group or groups which represents --- race?

b. Which of those groups; that is, entries in 4a would you say BEST represents --- race?

---

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

---

Hand Card U.

Hand Card R. Ask first alternative for first person; ask second alternative for other persons.
### 6a. Earlier you said that —— has a job or business but did not work last week or the week before. Ask 6b.

**a. Was —— looking for work or on layoff from a job during those 2 weeks?**
- Yes (5a)
- No (5a)
- Looking (5b)
- Both (6b)

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

**6a. Earlier you said that —— worked last week or the week before. Ask 6b.**

**b. For whom did —— work? Enter name of company, business, organization, or other employer.**

**c. For whom did —— work at —— last full-time job or business lasting 2 consecutive weeks or more? Enter name of company, business, organization, or other employer, or mark “NEV” or “AF” box in person’s column.**

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

**e. Occupation**
- NEV (6a)
- AF (5a)

**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.**

**g. Class of worker**
- Self-employed in OWN business, professional practice, or farm? (1)
- Yes
- No
- Working WITHOUT PAY in family business or farm? (4)
- NEVER WORKED or never worked at a full-time job lasting 2 weeks or more (6)
- WP
- NW
- SE
- WP

**FOOTNOTES**

**L. DEMOGRAPHIC BACKGROUND PAGE, Continued**
**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?

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Under 14</td>
</tr>
<tr>
<td>1</td>
<td>Married — spouse in HH</td>
</tr>
<tr>
<td>2</td>
<td>Married — spouse not in HH</td>
</tr>
<tr>
<td>3</td>
<td>Widowed</td>
</tr>
<tr>
<td>4</td>
<td>Divorced</td>
</tr>
<tr>
<td>5</td>
<td>Separated</td>
</tr>
<tr>
<td>6</td>
<td>Never married</td>
</tr>
</tbody>
</table>

8a. Was the total combined FAMILY income during the past 12 months — that is, yours, **read names, including Armed Forces members living at home** more or less than $20,000? Include money from jobs, social security, retirement income, unemployment payments, public assistance, and so forth. Also include income from interest, dividends, net income from business, farm, or rent, and any other money income received.

Read if necessary: Income is important in analyzing the health information we collect. For example, this information helps us to learn whether persons in one income group use certain types of medical care services or have certain conditions more or less often than those in another group.

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.

<table>
<thead>
<tr>
<th>Letter</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>$20,000 or more (Hand Card I)</td>
</tr>
<tr>
<td>B</td>
<td>Less than $20,000 (Hand Card J)</td>
</tr>
</tbody>
</table>

a. Mark first appropriate box.

R  [ ] Present for all questions
b. [ ] Not present

<table>
<thead>
<tr>
<th>Person number(s) of respondent(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] None in household</td>
</tr>
</tbody>
</table>

L3  Enter person number of first parent listed or mark box.

L4  Enter person number of spouse or mark box.

**FOOTNOTES**
L5  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.

L7  Print full name, including middle initial, from question 1 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)?

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

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

9a. 99 □ DK (L7)

State

01 □ Puerto Rico 05 □ Cuba
02 □ Virgin Islands 06 □ Mexico
03 □ Guam 07 □ All other countries

L6  Month □ Data □ Year

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

9b. Altogether, how many years has — — lived in (State of present residence)?

9c. 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 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.

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

11. What is — — Social Security Number?

Mark if number obtained from 7

0 □ Does not have SSN 2 □ Records
1 □ Memory 7 □ Refused

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

1 □ Self-personal 2 □ Self-telephone
3 □ Proxy-personal 4 □ 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
   Last 3–4
   First 26–39
   Middle 40

14. Area code/telephone number
   97–108

13a. Address (Number and street)
   41–65

   City 88–89
   State 89–91
   ZIP 91–93
   Code

15. Relationship to household respondent
   106–108

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

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 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
Z2 ... $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

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)