FAMILY CORE

Section I--FAMILY RELATIONSHIPS and VERIFICATION OF DEMOGRAPHIC INFORMATION

FID.020   **FR:**   **ENTER THE FAMILY NUMBER OF THE FAMILY YOU WISH TO INTERVIEW.**

>FAMINT<   Family number: _____ (Go to FID.030)
                 (N) No one is available to interview now. (Go to FID.035)

FID.030   **[If one person family]**

           FR: **READ IF NECESSARY:**

           I would like to speak with {you/name}. {Are/Is} {you/he/she} available?

           [If multi-person family]

           FR: **READ IF NECESSARY:**

           I would like to speak with someone in this family, preferably an adult who is knowledgeable about the family's health, to complete the interview for their family.

           Is **{READ NAMES FROM ROSTER}** available?

>FAMNEW<   (1) Yes, continue. (FID.045)
                 (2) No, arrange a callback (FID.035)

FID.035

>ARRANGE1< I need to call back to finish this family's interview.
                 What date and time would be best?

           FR: **TODAY IS {day and date in words}. ENTER CALLBACK DATE AND TIME, OR ENTER (A) FOR ANYDAY/ANYTIME, OR ENTER (N) IF CALLBACK BEFORE CLOSEOUT IS NOT POSSIBLE.**

           [If a callback cannot be arranged at FID.035 = <N>, go to FID.040; Else go to FID.020]

FID.040

>FAMNON1<   **FR:**   **SPECIFY WHY THIS FAMILY'S INTERVIEW CANNOT BE COMPLETED BEFORE CLOSEOUT.**

                                               (Go to Check Item FIDCCI1)

FID.045

>RELRESP1< **FR: ENTER THE LINE NUMBER OF THE PERSON YOU ARE SPEAKING TO.**

[Enter Person #] [ ]

[If RELRESP1 is 14-17 years old go to RELRESP2; Else go to FID.050]

You have selected a person less than 18 years old.
Is this correct?

>RELRESP2< (1) Yes, accept this person (FID.050)
(2) No, select another person (FID.045/RELRESP1)

FID.050

>FAMREF< **FR: {RELRESP1} HAS BEEN SELECTED AS THE FAMILY REFERENCE PERSON FOR THIS FAMILY. IS THIS FAMILY MEMBER AN APPROPRIATE CHOICE? PREFERABLY A CIVILIAN ADULT?**

>FAMREF_A< (1) Yes, accept this person (FID.060)
(2) No, select another person (FID.050/FAMREF_B)

>FAMREF_B< [Enter line number of family reference person]   [ ]

[If the person number at FID.050/FAMREF_B is 14 to 17 years go to FID.050/FAMREF_C; Else go to FID.060]

You have selected a person less than 18 years old. Is this correct?

>FAMREF_C< (1) Yes, accept this person (FID.060)
(2) No, select another person (FID.050/FAMREF_A)

FID.060   **FR: SHOW CARD H1.**

What is {PX-name's/your} relationship to {Family Reference Person name/you}?

>FRPREL< (2) Spouse (husband/wife)
(3) Unmarried partner
(4) Child (biological/adoptive
 /in-law/step/foster)
(5) Child of partner
(6) Grandchild
(7) Parent (biological/ adoptive
 /in-law/step/foster)
(8) Brother/sister(biological/
 adoptive/ in-law/step/
 foster)

(9) Grandparent (grandmother/father)
(10) Aunt/uncle
(11) Niece/nephew
(12) Other relative
(13) Housemate/Roommate
(14) Roomer/Boarder
(15) Other nonrelative
(16) Legal guardian
(17) Ward
(97) Refused
(99) Don't know   (Check Item FIDCCI2)

[If FID.060 = <4> go to FID.070, If FID.060=<7> go to FID.080, If FID.060 =<8> go to FID>090, If FID.060 =<13-15> go to FID.063; if there are no more persons go to Check Item FIDCCI2; Else go to FID.060.]

FID.063   Is {name} a relative of {Family Reference Person name}?

>FRPREL_C<   (1) Yes, they are relatives, select relationship again
(2) No, they are not relatives

[If FRPREL_C = <2>, Set those people with FRPREL= <13-15> is deleted person]

(Go to FID.060)

FID.070   Is {PX-name} {Family Reference Person name}'s biological (natural), adoptive, step, foster {son/daughter} or {son/daughter}-in-law?

>FDEGREE1<   (1) Biological [fill son/daughter]   (5) [fill son/daughter]-in-law
(2) Adoptive [fill son/daughter]   (7) Refused
(3) Step [fill son/daughter]   (9) Don't know
(4) Foster [fill son/daughter]

[If there are no more persons, go to FID.100; Else go to FID.060 for the next person in the family. If the age difference between the parent and child is less than 12, go to FID.075.]

FID.075   You said that {you are/{name's} is} {subject names}'s biological {mother/father}. There are only {1-11} years age difference between {you/them}.   Is this relationship correct?

>BIOCKF1<   (1) Yes, continue the interview (FID.060)
(2) No, change relationship (FID.070)

FID.080   Is {PX-name} {Family Reference Person name}'s biological (natural), adoptive, step, or foster {mother/father} or {mother/father}-in-law?

>FDEGREE2<   (1) Biological [fill mother/father]   (5) [fill mother/father]-in-law
(2) Adoptive [fill mother/father]   (7) Refused
(3) Step [fill mother/father]   (9) Don't know
(4) Foster [fill mother/father]

[If there are no more persons, go to FID.100; Else go to FID.060 for the next person in the family. If the age difference between the parent and child is less than 12, go to FID.085.]

FID.085   You said that {you are/PX-name's} is {Family Reference Person name}'s biological {mother/father}. There are only {1-11} years age difference between {you/them}. Is this relationship correct?

>BIOCKF2<   (1) Yes, continue the interview (FID.060)
(2) No, change the relationship (FID.080)

FID.090   Is {PX-name} { Reference Person name}'s full, half, adoptive, step, or foster {brother/sister} or {brother/sister}-in-law?

>FDEGREE3<   (1) Full [fill brother/sister]   (5) Foster [fill brother/sister]
              (2) Half [fill brother/sister]   (6) [fill brother/sister]-in-law
              (3) Adopted [fill brother/sister]   (7) Refused
              (4) Step [fill brother/sister]   (9) Don't know

              [If there are no more persons, go to FID.100; Else go to FID.060 for the next person in the family.]

Check Item FIDCCI2:   If more than 1 person in the family with FID.060/FRPREL = {2,3}, for each person, go to FID.091 and verify the relationship to the family reference person. Make corrections of the relationship. At end, go to FID.100.

FID.091   **FR: READ IF NECESSARY:**

           I have recorded that

           {list [L_NO]   [fill name] below}

           are the spouses or unmarried partners of {FRP-name}

           Which one is correct?

>FSPOUSCK<   _____(Go to FID.060)

FID.100   I have recorded that:

Name		Sex	Age		DOB
{name}		{SEX}	{AGE}		{BMONTH/BDAY/BYEAR}

           Race: {RACE}
           Origin: {Non-hispanic/HISPAN}

           FR: READ THE INFORMATION TO THE RESPONDENT. MAKE CORRECTIONS IF NECESSARY.

           Is this information correct?

>HHCHANGE<   (1) Yes, information is correct (Check Item FIDCCI3)
              (2) No, correction(s) needed/ more corrections needed (FID.110)

FID.110   Change(s) needed for {name}

             **FR: ENTER EACH NUMBER THAT APPLIES. IF A WRONG CHOICE, TYPE THAT CHOICE
                     AGAIN. ENTER (N) FOR NO MORE.**

>CWHAT2<   (M) Mistake -- No correction needed

>CWHAT__1< (1) Name
>**CWHAT__2<** (2) Age or DOB
>**CWHAT__3<** (3) Sex
>**CWHAT__4<** (4) National origin
>**CWHAT__5<** (5) Race   (Go to Check Item CHG_LOOP)

Check item CHG_LOOP: If CWHAT__1 = <X> [go to FID.120];   If CWHAT__2 = <X> [go to FID.125];
                     If CWHAT__2 = <X> [go to FID.180];   If CWHAT__4 = <X> [go to FID.190]
                     If CWHAT__3 = <X> [go to FID.220]; If CWHAT2 = <M> [go to FID.110];
                     When all change-needed items are corrected or changed, go to FID.100 for the next
                     family member. When no more eligible persons in the family, go to Check Item
                     FIDCCI3**.**

FID.120   What is {PX-name} correct name?

             **FR: PROBE FOR MIDDLE NAME OR MIDDLE INITIAL IF NOT REPORTED. INITIALS
                     MAY BE ENTERED FOR EACH FIELD BUT MUST BE FOLLOWED BY PRESS
                     <ENTER> TO SKIP TO LAST NAME IF NO MIDDLE NAME.**

             [If PX gt <1>]

             **FR: IF LAST NAME IS THE SAME AS DISPLAYED, PRESS <ENTER>, OTHERWISE,
                     ENTER THE NEW LAST NAME.**

             [endif]

>CHG_NAM1< FIRST NAME: _____
[equiv NAME_FNA]

>CHG_NAM2< MIDDLE NAME: _____
[equiv NAME_MNA]

>CHG_NAM3< LAST NAME: _____
[equiv NAME_LNA]   (Go to CHG_LOOP)

             [If CHG_NAM1 and CHG_NAM3 = <D,R>, go to FID.122; Else go to Check Item CHG_LOOP]

FID.122   How shall I refer to this person for the rest of the interview?

>**CHG_ALIAS**<_____
[**equiv ALIAS**]   (Go to CHG_LOOP)

FID.125   What is {your/name's} age and date of birth? Please give month, day, and year for the date of
                 birth.

(1) January	(5) May	(9) September
(2) February	(6) June	(10) October
(3) March	(7) July	(11) November
(4) April	(8) August	(12) December
	(97) Refused	(99) Don't know

>**CHG_AG01**<   [ ]Age/ Number
[**equiv AGEDOB_1**]

>**CHG_AG02**<   [ ] Time Period
[**equiv AGEDOB_2**]

              (1) Day(s)
              (2) Week(s)
              (3) Month(s)
              (4) Year(s)

Date of Birth:

>**DOB_M**<   MONTH: _____
>**DOB_BDAY**<   DAY: _____
>**DOB_Y_P**<   YEAR: _____   (Go to Check Item CHG_AGECAL1)

Check item CHG_AGECAL1:   C_AGE1 takes information entered in CHG_AG01 and CHG_AG02 and
                                        calculates an age.

                                        C_AGE2 takes the date-of birth information entered in FID.125 and calculates an
                                        age.

                                        C_AGE3 = current year - birth year -1, C_AGE4 = C_AGE3 + 1. If not enough
                                        DOB information was given to calculate an age, "D" will be assigned to C_AGE2.

                                                                          (Go to Check Item CHG_AGECK)

Check item CHG_AGECK: CHG_AGECK compares the two ages calculated in C_AGE1 and C_AGE2. C_AGE1 and C_AGE2 will either contain an age, or "D" if an age could not be calculated.

If C_AGE1 eq <D> and C_AGE2 ne <D>, set AGE = C_AGE2, go to FID.190
If C_AGE1 eq <D> and C_AGE2 eq <D>, and C_AGE3 eq blank, go to FID.145
If C_AGE1 eq <D> and C_AGE2 eq <D>, and C_AGE3 ne blank, go to FID.140
If C_AGE1 ne <D> and C_AGE2 ne <D>, and C_AGE1 eq C_AGE2, go to FID.190
If C_AGE1 ne <D> and C_AGE2 ne <D>, and C_AGE1 ne C_AGE2, and CHG_DOBV eq <>, go to FID.130
If C_AGE1 ne <D> and C_AGE2 ne <D>, and C_AGE1 ne C_AGE2, and CHG_DOBV ne <>, set AGE=C_AGE2, go to FID.190
If C_AGE1 ne <D> and C_AGE2 = <D>, and (C_AGE1 = C_AGE3 or C_AGE1 = C_AGE4); set AGE = C_AGE1; go to FID.190
If C_AGE1 ne C_AGE3 and C_AGE1 ne C_AGE4 and birth year eq blank, go to FID.140
If C_AGE1 ne C_AGE3 and C_AGE1 ne C_AGE4 and birth year ne <>; set AGE = C_AGE1, go to FID.190

FID.130   There is a difference between the age the computer calculated from {your/name's} date-of-birth and the age that you gave me. I recorded {your/name's} date-of-birth as {Birth month in words}/{birthday/birthyear}. Is that {your/name's} correct date-of-birth?

>CHG_DOBV< (1) Yes (Go to CHG_LOOP)   (2) No (Go to FID.135)
[equiv DOBVER]

FID.135   What is {your/name's} correct date-of-birth?

FR: OLD DATE of BIRTH = {BIRTHMONTH/BIRTHDAY/BIRTHYEAR} ASK IF NECESSARY:

(1) January   (5) May   (9) September
(2) February   (6) June   (10) October
(3) March   (7) July   (11) November
(4) April   (8) August   (12) December
(97) Refused   (99) Don't know

>DOB_M<   MONTH:_____
>DOB_BDAY<   DAY: _____
>DOB_B_P<   YEAR: _____

(Go to FID.150)

FID.140   {Are you/Would you} say {name} is

>CHG_AG06   (1) [fill C_AGE3/message] year(s) old? (Go to CHG_LOOP)
[equiv AGEPIC] (2) [fill C_AGE4] year(s) old? (Go to CHG_LOOP)
                (N) Neither is correct (Go to FID.145)
                (7) Refused (Go to FID.145)
                (9) Don't Know (Go to FID.145)

                [If answer is <1,2>, update AGE accordingly; go to CHG_LOOP.]

FID.145   What is your best guess of {name's} age?

                **FR: IF THE RESPONDENT DOES NOT KNOW THE AGE, ENTER YOUR BEST ESTIMATE
                OF THE PERSON'S AGE. ENTER (C) FOR COMPUTE IF THE RESPONSE IS A RANGE
                OF AGES.**

>CHG_AG07<   [ ] Number
[equiv AGEGES11]

>CHG_AG08<   [ ] Time Period
[equiv AGEGES12]

                (3) Month(s) (Check item)
                (4) Year(s) (Check item)
                (6) Compute from range (FID.165)
                (7) Refused (FID.150)
                (9) Don't know   (FID.150)

                **[If CHG_AG08 is <3> then AGE = <CHG_AG07/12>;
                If CHG_AG08 is <4> then AGE = <CHG_AG07>.
                If DOB_Y_P = <D,R>; set BYY1 eq <current year-AGE1-1> and BYY2 = <current year-AGE> go
                to FID.170;
                If DOB_Y_P ne <D,R>; set AGE = <C_AGE1>, go to CHG_LOOP.
                If CHG_AG08 = <D,R>, go to FID.150.]**

FID.150   Certain sections of this interview depend on knowing if a person is 18 years old or older. Could
                you please tell me if {you/name} {are/is} at least 18 years old?

>CHG_AG09<   (1) Less than 18 (FID.155)   (7) Refused (FID.160)
[equiv AGEGES2] (2) 18 or older (FID.160)   (9) Don't know (FID.160)

FID.155   **FR: ENTER YOUR BEST ESTIMATE OF {name's} AGE.
                ENTER "0" IF LESS THAN 1 YEAR OLD.**

>CHG_LESS<   Age:_____   (Go to CHG_LOOP)
[equiv LESS18]

FID.160   **FR: ENTER YOUR BEST ESTIMATE OF {name's} AGE.**

>**CHG_GREA<**   Age: _____
[equiv GREAT18]

                                                                    (Go to CHG_LOOP)

FID.165   **FR: ENTER FIRST AND LAST AGES OF THE RANGE.**

                 First/lower:

>**CHG_AG10<**   [ ] Number
[equiv AGERNG_1]

>**CHG_AG12<**   [ ] Time Period _____
[equiv AGERNG_3]

                 (3) Month(s)
                 (4) Year(s)

                 Last/higher

>**CHG_AG11<**   [ ] Number   _____
[equiv AGERNG_2]

>**CHG_AG13<**   [ ] Time Period
[equiv AGERNG_4]

                 (3) Month(s)
                 (4) Year(s)

                 [Covert CHG_AG10 and CHG_AG11 to year]

                 [Set AGE = (CHG_AG10 + CHG_AG11) /2]   (Go to CHG_LOOP)

FID.170   Would you say that {name} was born in:

>**CHG_YEAR<**   (1) [fill with 4-digit BYEAR1]   (7) Refused
[equiv YEARPIC] (2) [fill with 4-digit BYEAR2]   (9) Don't Know
                  (N) Neither is correct

                                                                    (Go to CHG_LOOP)

FID.180   **FR: ASK IF NOT APPARENT: IF DON'T KNOW OR REFUSED, ENTER BEST GUESS**

{Are/Is} {you/name} male or female?

>CHG_SEX<   (1) Male   (2) Female
[equiv SEX]
                                                                      (Go to CHG_LOOP)

FID.190   **FR: SHOW CARD H1.**

{Do/Does} {you/name's} consider {yourself/himself/herself} to be Hispanic or Latino?

                 FR: READ IF NECESSARY:

Puerto Rican
Cuban/Cuban American
Dominican (Republic)
Mexican
Mexican American
Central or South American
Other Latin American
Other Hispanic/Latino

Where do {your/name's} ancestors come from?

>CHG_NATO<   (1) Yes (FID.200)
[equiv ORIGIN] (2) No (Check Item CHG_LOOP)

FID.200   **FR: SHOW CARD H1** .

Please give me the number of the group that represents {your/name}'s Hispanic origin or ancestry.

FR: IF A NONHISPANIC GROUP IS NAMED, PRESS "F1" TO RETURN TO FID.190/CHG_NATO AND CHANGE THE ANSWER FROM "YES" TO "NO".

ENTER EACH NUMBER THAT APPLIES. ENTER (N) FOR NO MORE.

>**CHG_HISPAN**< (1) Puerto Rican
                 (2) Cuban
                 (3) Cuban American
                 (4) Mexican
                 (5) Mexican American
                 (6) Central or South American
                 (7) Other Latin American
                 (8) Other Spanish or Hispanic
                 (97) Refused
                 (99) Don't know

[ ] **CHG_HIS1**   [ ] **CHG_HIS2**   [ ] **CHG_HIS3**   [ ]**CHG_HIS4**   [ ] **CHG_HIS5**

[Equiv HISPAN_1 to HISPAN_5]

[If FID.200 = <7> go to FID.210; Else if FID.200 = <8> go to FID>215; Else go to Check Item CHG_LOOP]

FID.210   **FR: PROBE FOR THE COUNTRY**

FR: IF ANY OF THE FOLLOWING ARE MENTIONED, PRESS F1 TO RETURN TO HISPAN SCREEN AND CORRECT THE ENTRY.

Puerto Rican
Cuban/Cuban American
Dominican (Republic)
Mexican
Mexican American
Central or South American (**REFER TO HELP SCREEN**)

[(H) FOR A LIST OF CENTRAL OR SOUTH AMERICAN COUNTRIES]

FR: SPECIFY OTHER LATIN AMERICAN

>**CHG_HIS_SP2**< Other Latin American: _____
[equiv HIS_SP2]

                                              (Go to FID.200)

FID.215   **FR: PROBE FOR THE COUNTRY**

               **FR: IF ANY OF THE FOLLOWING ARE MENTIONED, PRESS F1 TO RETURN TO HISPAN
                          SCREEN AND CORRECT THE ENTRY**.

               Puerto Rican
               Cuban/Cuban American
               Dominican (Republic)
               Mexican
               Mexican American
               Central or South American (**REFER TO HELP SCREEN**)

               [(H) FOR A LIST OF CENTRAL OR SOUTH AMERICAN COUNTRIES]

               FR: SPECIFY OTHER SPANISH OR HISPANIC

>CHG_HIS_SP3< Other Spanish or Hispanic: _____
[equiv HIS_SP3]

                                                                        (Go to FID.200)

FID.220   **FR: SHOW CARD H2**

               What race {does/do} {name/you} consider {himself/herself/yourself} to be? Please select 1 or
               more of these categories.

               FR: ENTER (N) FOR NO MORE

               (1) White   (10) Chinese
               (2) Black/African American   (11) Filipino
               (3) Indian (American)   (12) Japanese
               (4) Alaska Native   (13) Korean
               (5) Native Hawaiian   (14) Vietnamese
               (6) Guamanian   (15) Other Asian
               (7) Samoan   (16) Some other race
               (8) Other Pacific Islander   (97) Refused
               (9) Asian Indian   (99) Don't know

               [ ] CHG_RAC1   [ ] CHG_RAC2   [ ] CHG_RAC3   [ ] CHG_RAC4   [ ] CHG_RAC5

               [Equiv RACE1 - RACE5]

               **[If FID.220 = <8> go to FID.230; If FID.220 = <15> go to FID.232; If FID.220 = <16> go to
               FID.234;   If multiple entries in FID.220 go to FID.240; Else go to Check Item CHG_LOOP]**

FID.230   **FR: IF ANY OF THE FOLLOWING ARE MENTIONED, PRESS F1 TO RETURN TO
                  RACE AND CORRECT THE ENTRY.**

White   Chinese
Black/African American   Filipino
Indian (American)   Japanese
Alaska Native   Korean
Native Hawaiian   Vietnamese
Guamanian   (97) Refused
Samoan   (99) Don't know
Asian Indian

          FR: SPECIFY THE OTHER PACIFIC ISLANDER

>**CHG_RAC_SP1**< Other Pacific Islander: _____
[**equiv RACSP1**]

                                                                    (Go to FID.220)

FID.232   **FR: IF ANY OF THE FOLLOWING ARE MENTIONED, PRESS F1 TO RETURN TO
                  RACE AND CORRECT THE ENTRY.**

White   Chinese
Black/African American   Filipino
Indian (American)   Japanese
Alaska Native   Korean
Native Hawaiian   Vietnamese
Guamanian   (97) Refused
Samoan   (99) Don't know
Asian Indian

          FR: SPECIFY THE OTHER ASIAN

>**CHG_RAC_SP2**< Other Asian: _____
[**equiv RACSP2**]

                                                                    (Go to FID.220)

FID.234   **FR: IF ANY OF THE FOLLOWING ARE MENTIONED, PRESS F1 TO RETURN TO
                        RACE AND CORRECT THE ENTRY.**

            White   Chinese
            Black/African American   Filipino
            Indian (American)   Japanese
            Alaska Native   Korean
            Native Hawaiian   Vietnamese
            Guamanian   (97) Refused
            Samoan   (99) Don't know
            Asian Indian

            FR: SPECIFY THE OTHER RACE

>CHG_RAC_SP3< Other Race: _____
[equiv RACSP3]
                                                                    (Go to FID.220)

FID.240   Which one of these groups, that is **(FR: READ GROUPS)** would you say BEST represents
                {your/name's} race?

>CHG_MLTR< (01-16) Race number
[equiv MLTRACE]
                                                                    (Go to CHG_LOOP)

Check item FIDCCI3: If a screened household and anyone in the household with ORIGIN = <1> (Hispanic
                Origin) or RACE = <2> (Black), then If AGE ge <14> and FID.250 = < > (not pre-filled)
                go to FID.250; Else go to Check Item FIDCCI4. If a screened household with no one with
                ORIGIN = <1> or RACE = <2>, then set outcome = <236> (screened out household)

FID.250   **FR: ASK OR VERIFY.**

                (Are/Is) {you/PX-name} now married, widowed, divorced, separated, never married, or living
                with a partner?

>MARITL<   (1) Married   (FID.260)   (5) Never married   (Check Item FIDCCI4)
                (2) Widowed   (Check Item FIDCCI4)   (6) Living with a partner   (FID.280)
                (3) Divorced   (Check Item FIDCCI4)   (7) Refused   (Check Item FIDCCI4)
                (4) Separated   (Check Item FIDCCI4)   (9) Don't Know   (Check Item FIDCCI4)

FID.260   **FR: ASK OR VERIFY.**

                Is {your/PX-name's} spouse living in the household?

>SPOUS<   (1) Yes   (FID.270)   (7) Refused   (Check Item FIDCCI4)
                (2) No   (Check Item FIDCCI4)   (9) Don't Know   (Check Item FIDCCI4)

FID.270   **FR: PROBE AS NECESSARY AND ENTER THE LINE NUMBER OF THE SPOUSE.**

>SPOUS2<   (01-30) Person number   (99) Don't know
               (97) Refused

                                                          (Go to Check Item FIDCCI4)

FID.280   {Have/Has} {you/PX-name} ever been married?

>COHAB1<   (1) Yes   (FID.290)   (7) Refused   (Check Item FIDCCI4)
               (2) No   (Check Item FIDCCI4)   (9) Don't Know   (Check Item FIDCCI4)

FID.290   What is {PX-name's/your} current legal marital status?

>COHAB2<   (1) Married   (4) Separated
               (2) Widowed   (7) Refused
               (3) Divorced   (9) Don't know

               [For FID.290, if FID.300 is not valid (blank), go to FID.300; Else go to Check Item FIDCCI4.]

FID.300   **FR: PROBE AS NECESSARY AND ENTER THE LINE NUMBER OF THE COHABITING
                          PARTNER.**

>COHAB3<   (01-30) Person number   (99) Don't know
               (97) Refused   (Go to Check Item FIDCCI4)

Check item FIDCCI4: If AGE(PX) ge <90> [go to FIDCCI6]; Else For Reference person's child:
               If Reference person's spouse is male, go to FID.305
               If Reference person's spouse is female, go to FID.315
               For Reference person's partner's child:
               If Reference person's partner is male, go to FID.305
               If Reference person's partner is female, go to FID.315
               Else go to Check Item FIDCCI4A

FID.305   I noted that {father's fullname} is the father of {child's fullname}. Is child's fullname} his
               biological, adoptive, step, foster of {son/daughter}-in-law?

>DEGREE4<   (1) Biological child   (5){Son/daughter}-in-law
               (2) Adoptive child   (7) Refused
               (3) Step child   (9) Don't know
               (4) Foster child

               **[If DEGREE4 = <1>[if (father's age - child's age) less than 12 go to FID.310];
               Else go to Check Item FIDCCI6.]**

FID.310   You said that {you/name} {are/is} {PX's name} BIOLOGICAL FATHER. There is only
                 {father's age - child's age} {years/year} age difference between {you/them}. Is this relationship
                 correct?

>BIOCK4<   (1) Yes, continue the interview (HHCCCI6)
                 (2) No, Change relationship (FID.305)

FID.315   I noted that {mother's fullname) is the mother of {child's fullname}. Is {child's fullname} her
                 biological, adoptive, step, foster child, or {son/daughter}-in-law?   (H)

>DEGREE5<   (1) Biological child   (5) {son/daughter}-in-law
                 (2) Adoptive child   (7) Refused
                 (3) Step child   (9) Don't know
                 (4) Foster child

                 **[If DEGREE5 = <1>[if (mother's age - child's age) less than 12 go to FID.320];
                 Else go to Check Item FIDCCI6.]**

FID.320   You said that {you/name} {are/is} {PX's name} BIOLOGICAL MOTHER. There is only
                 {mother's age - child's age} {years/year} age difference between {you/them}. Is this relationship
                 correct?

>BIOCK5<   (1) Yes, continue the interview (Check Item FIDCCI6)
                 (2) No, Change relationship (FID.315)

Check item FIDCCI4A: If MOTHER(PX) ne < > go to Check Item FIDCCI5 (mother already identified); If there
                 are no female family members other than PX with AGE ge <12> go to Check Item
                 FIDCCI5; Else go to FID.325.

FID.325   **FR: ASK OR VERIFY**

                 Is {PX-name's/your} mother a household member? (Include Mother-in-law)

                 **ENTER THE LINE NUMBER OF THE MOTHER OR MOTHER-IN-LAW.
                 IF THE MOTHER OR MOTHER-IN-LAW IS NOT A HOUSEHOLD MEMBER,
                 ENTER "00". IF THE PERSON HAS NO PARENTS PRESENT BUT HAS A LEGAL
                 GUARDIAN, ENTER "96."**

>MOTHER<   (00) Person not a household   (96) No parent in household; has legal
                     member (FID.340)   guardian (FID.360)
                 (01-30) Person number   (97) Refused (Check Item FIDCCI5)
                     (FID.330)   (99) Don't Know (Check Item FIDCCI5)

FID.330   Is {name(mother@)/this person} {PX-name}'s biological (natural), adoptive, step, or
                 foster mother or mother-in-law?

>**MOTHERC1**<   (1) Biological mother   (5) Mother-in-law
                 (2) Adoptive mother   (7) Refused
                 (3) Step mother   (9) Don't know
                 (4) Foster mother

                 **[If the age difference between the mother and child is less than 12 years at MOTHERC1, go to
                 MOTHERC2; Else go to Check Item FIDCCI5.]**

                 [If MOTHERC1 = <1>; If <AGE(MOTHER) - AGE(PX)> lt <12> display:]

                 You said that {name(MOTHER@)} is the BIOLOGICAL MOTHER of {PX-name}.
                 There is only {age difference} years age difference between them, is this relationship
                 correct?

>**MOTHERC2**<   (1) Yes, continue the interview (Check Item FIDCCI5)
                 (2) No, select different person as MOTHER (FID.325)
                 (3) No, change relationship (FID.330--MOTHERC1)

Check item FIDCCI5: If AGE(PX) ge <90> go to Check Item FIDCCI6; If FATHER(PX) ne < > go to Check
                 Item FIDCCI6 (father already identified); If there are no male family members other than
                 PX with AGE ge <12> go to Check Item FIDCCI6; Else go to FID.340.

FID.340   Is {PX-name}'s father a household member? (Include father-in-law).

                 ENTER THE LINE NUMBER OF THE FATHER.
                 IF THE FATHER IS NOT A HOUSEHOLD MEMBER, ENTER "00".
                 IF THE PERSON HAS NO PARENTS PRESENT BUT HAS A LEGAL GUARDIAN, ENTER "96".

>**FATHER**<   (00) Person not a household member   (Check Item FIDCCI6)
                 (01-30) Person number   (FID.350)
                 (96) No Parent in Household; Has legal guardian   (FID.360)
                 (97) Refused   (Check Item FIDCCI6)
                 (99) Don't Know   (Check Item FIDCCI6)

FID.350   Is {name(father@)/this person} {PX-name}'s biological (natural), adoptive, step, or foster father or father-in-law?

>**FATHERC1**<   (1) Biological father   (5) Father-in-law
                 (2) Adoptive father   (7) Refused
                 (3) Step father   (9) Don't know
                 (4) Foster father

                 [If the age difference between the mother and child is less than 12 years at FATHERC1, go to FATHERC2; Else go to Check Item FIDCCI6.]

                 [If FATHERC1 = <1>; If <AGE(FATHER) - AGE(PX)> lt <12> display:]

                 You said that {name(FATHER@)} is the BIOLOGICAL FATHER of {PX-name}, there is only {age difference} years difference between them, is this relationship correct?

>**FATHERC2**<   (1) Yes, continue the interview (Check Item FIDCCI6)
                 (2) No, select different person as FATHER (FID.340)
                 (3) No, change relationship (FID.350--FATHERC1)

                 FR: PROBE AS NECESSARY AND ENTER THE LINE NUMBER OF {px-name's} GUARDIAN. IF THE GUARDIAN IS NOT A HOUSEHOLD MEMBER, ENTER "00".

FID.360

>**GUARD**<   (00) Person number   (97) Refused
                 (01-30) Person number   (99) Don't Know

                                                     (Go to Check Item FIDCCI6)

Check item FIDCCI6:   Set HHSTAT4 to <E> (Emancipated minor) in the following conditions:
                 (1) If a person is 14-17 years of age and married or cohabiting; or
                 (2) If a person is 14-17 years old and no other adults present in the family. Go to SASEL

Check item SASEL: 1. Sort all adults (AGE >= 18) of the same FX and NOT flagged
                 "A" or "D" in descending age order -- from the oldest to the youngest.
                 If no persons in this sorted group, GO TO SCSEL. If one person only in this
                 sorted group, flag with "S" and GO TO SCSEL. Else, GO TO step 2.
                 2. Generate a random number from 1 to N (number of persons in sort).
                 Set HHSTAT4 of the person whose person number corresponding to the random
                 number to <S> (Sample Adult); GO TO SCSEL.

Check item SCSEL: 1 . Sort all children (AGE < 18) of the same FX and NOT flagged "A"
                 or "D" or "E" in descending age order -- from the oldest to the youngest.
                 If no persons in this sort and more than 1 person in family, Go to SAID
.   If one person only in this sort, set the person's HHSTAT4 to <C>, go to SAID;
                 Else continue with step2.
                 2. Generate a random number from 1 to N (number of persons in sort).
                 Set HHSTAT4 of the person whose person number corresponding to the random number
                 to <C> (Sample Child); Go to SAID.

[If there is a sample adult selected]

FID.370   **[fill "S" flagged person name] IS SELECTED AS THE SAMPLE ADULT]**

>**SAID**<   **FOR FAMILY** [fill FX]**.**
        [endif]

        [IF there is a sample child selected]
        [fill "C" flagged person name] **IS SELECTED AS THE SAMPLE CHILD FOR FAMILY** [fill FX].

FID.380   **FR: VERIFY OR ASK.**

>**KNOW**<   Who in the family would you say knows about the health of all the family members?

        **FR: SELECT ALL THAT APPLY. TO SELECT A PERSON, ENTER THE NUMBER NEXT
               TO THE PERSON'S NAME. TO UNSELECT A PERSON, RE-ENTER THE NUMBER
               ENTER <N> FOR NO MORE.**

        [KNOW = 'x' for each person mentioned.]

        **[If the family has a sample child, go to FID.630; Else go the next section- Family Health Status and
        Limitation.]**

FID.630

>**KNOWSC**<   We select one child in each family for additional health questions. In this family that is {sample
        child name}. Who in the family would you say knows about the health of {sample child name}?

        **FR: SELECT ALL THAT APPLY. TO SELECT A PERSON, ENTER THE NUMBER NEXT
               TO THE PERSON'S NAME. TO UNSELECT A PERSON, RE-ENTER THE NUMBER
               ENTER <N> FOR NO MORE**

        [KNOWSC = 'x' for each person mentioned.]

(Go to next section -- Family Health Status and Limitation)

FAMILY CORE

Section II-- HEALTH STATUS AND LIMITATION OF ACTIVITIES

>FINTRO<   **FR: IF ANY PERSONS LISTED BELOW ARE NOT PRESENT, SAY:**

We would like to have all adult family members who are at home take part in the interview. Are (**READ NAMES BELOW**) at home now?

IF YES, ASK:

Could they join us? (**ALLOW TIME**)

FR: ENTER LINE NUMBER(S) OF FAMILY MEMBERS LISTED BELOW THAT ARE CURRENTLY PRESENT. ENTER UP TO 10 NUMBERS.

[ ] >**FINTRO01**<   [ ] >**FINTRO05**<   [ ] >**FINTRO09**<
[ ] >**FINTRO02**<   [ ] >**FINTRO06**<   [ ] >**FINTRO010**<
[ ] >**FINTRO03**<   [ ] >**FINTRO07**<
[ ] >**FINTRO04**<   [ ] >**FINTRO08**<

FR: ASK IF NECESSARY:

With whom am I speaking?

ENTER PERSON NUMBER OF THE RESPONDENT FOR THE FAMILY QUESTIONS FOR THIS FAMILY. IF MORE THAN ONE, ENTER THE NUMBER OF THE ONE YOU CONSIDER TO BE THE MAIN RESPONDENT.

>**FAMRESP**<   [Enter Person #]   [ ]

>**HLTH_BEG**<   I am now going to ask about {your/the} general health { /of family members} and the effects of any physical, mental, or emotional health problems.

Check item FHSCCI1 : If any family member is less than 5 years old go to FHS.005; If any family member is greater than 4 and less than 18 years old go to FHS.050; If all family members are greater than 17 go to FHS.070.

FHS.005   Are {fill names of children under 5}/Is {fill in name of child under 5} limited in the kind or amount of play activities he/she/they can do because of a physical, mental, or emotional problem?

>**FLAPLYLM**<   (1) Yes (FHS.010)   (7) Refused (FHS.050)
(2) No (FHS.050)   (9) Don't know (FHS.050)

FHS.010   Who is this? (Anyone else?)

>**PLAPLYLM**<   [ ]   [ ]   [ ]
[ ]   [ ]   [ ]

FHS.020   Is {subject's name listed in PLAYPLYLM} able to take part AT *ALL* in the usual kinds of play
               activities done by most children {subject's name}'s age?

>**PLAPLYUN**< (1) Yes (FHS.050)   (7) Refused (FHS.050)
                (2) No (FHS.050)   (9) Don't know (FHS.050)

FHS.050   Do any of the following family members, {fill names of children under age 18} receive Special
               Educational or Early Intervention Services?

>**FSPEDEIS**< (1) Yes (FHS.060)   (7) Refused (FHS.070)
                (2) No (FHS.070)   (9) Don't know (FHS.070)

FHS.060   Who is this? (Anyone else?)

>**PSPEDEIS**< [ ]   [ ]   [ ]
                [ ]   [ ]   [ ]

FHS.070   Because of a physical, mental, or emotional problem, {do/does} {you/anyone in the family} need
               the help of other persons with PERSONAL CARE NEEDS, such as eating, bathing, dressing, or
               getting around inside this home?

>**FLAADL**<   (1) Yes (FHS.080)   (7) Refused (FHS.150)
                (2) No (FHS.150)   (9) Don't know (FHS.150)

FHS.080   Who is this? (Anyone else?)

>**PLAADL**<   [ ]   [ ]   [ ]
                [ ]   [ ]   [ ]

FHS.090   {Do/Does} {you/subject's name} need the help of other persons with ....?
               (1) Yes (FHS.150)   (7) Refused (FHS.150)
               (2) No (FHS.150)   (9) Don't know (FHS.150)

>**LABATH**<   Bathing or showering?
>**LADRESS**<   Dressing?
>**LAEAT**<   Eating?
>**LABED**<   Getting in or out of bed or chairs?
>**LATOILT**<   Using the toilet, including getting to the toilet?
>**LAHOME**<   Getting around inside the home?

FHS.150   Because of a physical, mental, or emotional problem, {do/does} {you/anyone in the family} 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?

>**FLAIADL**<   (1) Yes (FHS.160)   (7) Refused (FHS.170)
                (2) No (FHS.170)   (9) Don't know (FHS.170)

FHS.160   Who is this? (Anyone else?)

>PLAIADL<   [ ]   [ ]   [ ]
                  [ ]   [ ]   [ ]

FHS.170   Does a physical, mental, or emotional problem NOW keep {you/anyone in the family (fill in
                 names of family members aged 18 and older)} from working at a job or business?

>FLAWKNOW< (1) Yes (FHS.180)   (7) Refused (FHS.190)
                 (2) No (FHS.190)   (9) Don't know (FHS.190)

FHS.180   Who is this? (Anyone else?)

>PLAWKNOW< [ ]   [ ]   [ ]
                  [ ]   [ ]   [ ]

FHS.190   {Are/(Other than the persons mentioned), are any of these family members} {you/repeat adult
                 names if needed} limited in the kind OR amount of work {you/they} can do because of a
                 physical, mental or emotional problem?

>FLAWKLIM<   (1) Yes (FHS.200)   (7) Refused (FHS.210)
                 (2) No (FHS.210)   (9) Don't know (FHS.210)

FHS.200   Who is this? (Anyone else?)

>PLAWKLIM<   [ ]   [ ]   [ ]
                  [ ]   [ ]   [ ]

FHS.210   Because of a health problem, {do/does} {you/anyone in the family} have difficulty walking without
                 using any special equipment?

>FLAWALK<   (1) Yes (FHS.220)   (7) Refused (FHS.230)
                 (2) No (FHS.230)   (9) Don't know (FHS.230)

FHS.220   Who is this? (Anyone else?)

>PLAWALK<   [ ]   [ ]   [ ]
                  [ ]   [ ]   [ ]

FHS.230   {Are/is} {you/anyone in the family} LIMITED IN ANY WAY because of difficulty remembering or
                 because {you/they} experience periods of confusion?

>FLAREMEM<   (1) Yes (FHS.240)   (7) Refused (Check item FHSCCI2)
                 (2) No (Check item FHSCCI2)   (9) Don't know (Check item FHSCCI2)

FHS.240   Who is this? (Anyone else?)

>PLAREMEM<   [ ]   [ ]   [ ]
                  [ ]   [ ]   [ ]

Check item FHSCCI2 : For family members NOT in the entry in FHS.010, FHS.060, FHS.080, FHS.160, FHS.180, FHS.200, FHS.220, or FHS.240 go to FHS.250; Otherwise, go to Check item FHSCCI3.

FHS.250   Are {you/anyone in the family (list names of persons without limitation if needed)} LIMITED IN ANY WAY in any activities because of physical, mental or emotional problems?

>**FLIMANY**<   (1) Yes (FHS.260)   (7) Refused (Check item FHSCCI3
                (2) No (Check item FHSCCI3))   (9) Don't know (Check item FHSCCI3)

FHS.260   Who is this? (Anyone else?)

>**PLIMANY**<   [ ]   [ ]   [ ]
                [ ]   [ ]   [ ]

Check item FHSCCI3 : For family members with an entry in FHS.010 through FHS.260:
              If AGE is less than 18 go to FHS.270; Else go to FHS.290.   If none with entry in
              FHS.010 through FHS.260, or the family roster is exhausted go to FHS.310.

FHS.270   What conditions or health problems cause {subject's name} limitations?

              FR: SHOW CARD F1. DO NOT READ. CODE ALL THAT APPLY, UP TO 5, BUT DO NOT PROBE. ENTER (N) FOR NO MORE.

>**LAHCC**<   (1) Vision/ problem seeing   (9) Other mental, emotional, or behavioral problem
                (2) Hearing problem   (10) Bone, joint, or muscle problem
                (3) Speech problem   (11) Epilepsy
                (4) Asthma/breathing problem   (12) Other impairment/problem (specify
                (5) Birth defect   one)(FHS.271)
                (6) Injury   (13) Other impairment/problem (specify
                (7) Mental retardation   one)(FHS.272)
                (8) Other developmental problem   (97) Refused
                   (e.g. cerebral palsy)   (99) Don't know/not sure

                [ ]   [ ]   [ ]
                [ ]   [ ]
                                                                       (Go to FHS.280)

FHS.271   **FR: SPECIFY CONDITION CAUSING LIMITATION. THIS SHOULD BE THE NAME OF A SPECIFIC CONDITION THAT IS NOT ON THE CONDITION   LIST.**

>**LACCSPEC**<   CONDITION: _____

FHS.272   **FR: SPECIFY CONDITION CAUSING LIMITATION. THIS SHOULD BE THE NAME OF A SPECIFIC CONDITION THAT IS NOT ON THE CONDITION LIST.**

>**LACCSPEC_1**< CONDITION:_____

FHS.280   How long {have/has}{you/subject's name} had [fill condition entered in FHS.270]?

>LHCCLN<   [ ] NUMBER

(01-94) 1-94 times   (97) Refused
(95)   95+ times   (99) Don't know
(96)   Since birth

>LHCCLT<   [ ] TIME PERIOD

(1) Days(s)   (6) Since Birth
(2) Week(s)   (7) Refused
(3) Month(s)   (9) Don't know
(4) Year(s)

**[Go back to Check item FHSCCI3 for next family member. If no more family members go to
FHS.310.]**

FHS.290   What conditions or health problems cause {subject's name} limitations?

        **FR: SHOW CARD F2. DO NOT READ. CODE ALL THAT APPLY, UP TO 5, BUT DO NOT
               PROBE. ENTER (N) FOR NO MORE.**

>LAHCA<   (1) Vision/ problem seeing   (12) Cancer
           (2) Hearing problem   (13) Birth defect
           (3) Arthritis/rheumatism   (14) Mental retardation
           (4) Back or neck problem   (15) Other developmental problem (e.g. cerebral palsy)
           (5) Fractures, bone/joint injury (16) Senility
           (6) Other injury   (17) Depression/anxiety/emotional problem
           (7) Heart problem   (18) Weight problem
           (8) Stroke problem   (19) Other impairment/problem (specify one)(FHS.291)
           (9) Hypertension/high blood   (20) Other impairment/problem (specify one)(FHS.292)
                pressure   (97) Refused
           (10) Diabetes   (99) Don't know/not sure
           (11) Lung/breathing problem

           [ ]   [ ]   [ ]
           [ ]   [ ]
                                                    (Go to FHS.300)

FHS.291   **FR: SPECIFY CONDITION CAUSING LIMITATION. THIS SHOULD BE THE
                   NAME OF A SPECIFIC CONDITION THAT IS NOT ON THE CONDITION LIST.**

>LACASPEC< CONDITION: _____

FHS.292   **FR: SPECIFY CONDITION CAUSING LIMITATION. THIS SHOULD BE THE
                 NAME OF A SPECIFIC CONDITION THAT IS NOT ON THE CONDITION
                 LIST.**

>LACASPEC_1< CONDITION: _____

FHS.300   How long {have/has}{you/subject's name} had [fill condition entered in FHS.290]?

>LHCALN<   [ ] NUMBER

                 (01-94) 1-94   (97) Refused
                 (95)   95+   (99) Don't know
                 (96)   Since birth

>LHCALT<   [ ] TIME PERIOD

                 (1) Days(s)   (6) Since Birth
                 (2) Week(s)   (7) Refused
                 (3) Month(s)   (9) Don't know
                 (4) Year(s)

                 **[Go back to Check item FHSCCI3 for next family member. If no more family members go to
                 FHS.310.]**

                 Ask this question for each member separately:

FHS.310   Would you say {subject's name} health in general is excellent, Very good, good, fair, or poor?

>PHSTAT<   (1) Excellent   (5) Poor
                 (2) Very good   (7) Refused
                 (3) Good   (9) Don't know
                 (4) Fair

(Go to next section--Injuries)

Section III -- INJURIES

Injuries are a major health problem. In order to develop new ways to help prevent both accidental and intentional injuries, we need to know more about them. In this next set of questions, I will ask about injuries that happened in the past 3 months; note here that we are only interested in injuries that required medical advice or treatment.

FIJ.010   DURING THE PAST THREE MONTHS, that is since {91 days before today date}, {were/was} {you/anyone in the family} injured seriously enough that {you/they} got medical advice or treatment?

>**FINJ3M<**   (1) Yes (FIJ.020)   (7) Refused (FIJ.300)
               (2) No (FIJ.300)   (9) Don't know (FIJ.300)

FIJ.020   Who was this? (Anyone else?)

>**PINJ3MR<**   [ ]   [ ]   [ ]
               [ ]   [ ]   [ ]

FIJ.030   How many different times in the past three months {were/was} {you/subject's name} injured seriously enough to seek medical advice or treatment?

>**IJNO3M<**   Times Injured (01-94): _____

FIJ.040   **[If FIJ.030 = 1, ask:]**

           When did {subject's name} injury happen?

>**IJDATE_M<**   MONTH: _____
>**IJDATE_D<**   DAY: _____
>**IJDATE_Y<**   YEAR: _____

           [If FIJ.030 greater than 1, ask:]

           Now I'm going to ask a few questions about {subject's name} most recent injury. When did that injury happen?

>**IJDATE_M<**   MONTH: _____
>**IJDATE_D<**   DAY: _____
>**IJDATE_Y<**   YEAR: _____

           [If FIJ.030 = 2 or more, ask:]

           We just talked about {subject's name} injury on {recent injury date}. When did {subject's name} injury BEFORE THAT happen?

>**IJDATE_M<**   MONTH: _____
>**IJDATE_D<**   DAY: _____
>**IJDATE_Y<**   YEAR: _____

[FIJ.050 to FIJ.295 are asked for each injury episode]

FIJ.050   At the time of the injury, what part(s) of {subject's name} body was hurt? What kind of injury was it? Anything else?

FR: RECORD THE BODY PART, THEN THE KIND OF INJURY.

BODY PART   KIND OF INURY

>IJBODY1<   _____   >IJKIND1<   _____
>IJBODY2<   _____   >IJKIND2<   _____
>IJBODY3<   _____   >IJKIND3<   _____
>IJBODY4<   _____   >IJKIND4<   _____

FIJ.070   How did {subject's name} injury(s) happen? Please describe fully the circumstances or events leading to the injury(s), and any object, substance, or other person involved.

FR: ENTER THE VERBATIM RESPONSE, PROBING FOR AS MUCH DETAIL AS POSSIBLE, INCLUDING SPECIFICALLY WHAT THE INJURED PERSON WAS DOING AT THE TIME AND ALL CIRCUMSTANCES SURROUNDING THE EVENT. RECORD ALL VOLUNTEERED INFORMATION.

>IJHOW1<   _____
>IJHOW2<   _____
>IJHOW3<   _____
>IJHOW4<   _____

FIJ.080   FR: ENTER THE FIRST APPROPRIATE BOX WHICH DESCRIBES THE CAUSE OF THE PERSON'S INJURY FROM THE LIST BELOW.

>CAUS<   (1) Vehicle as transportation, including motor vehicle/   (5) Fall (FIJ.170)
           bicycle/motorcycle/pedestrian/train/boat/airplane(FIJ.090)   (6) Other (FIJ.200)
          (2) Gun/being shot (FIJ.190)   (7) Refused (FIJ.200)
          (3) Fire/burn/scald related (FIJ.150)   (9) Don't know (FIJ.200)
          (4) Near drowning/water in lungs (FIJ.160)

FR: THE NEXT SET OF QUESTIONS ARE ASKED TO VERIFY DETAILS OF THE CIRCUMSTANCES SURROUNDING THE INJURY(S). IF YOU ALREADY KNOW THE ANSWER BECAUSE OF THE VERBATIM RESPONSE FOR HOW THE INJURY(S) OCCURRED, VERIFY THE ANSWER WITH THE RESPONDENT. OTHERWISE, ASK THE QUESTION.

FIJ.090   {Were/Was} {you/subject's name} injured as the driver of a vehicle, a passenger in a vehicle, a bicycle rider, or as a pedestrian?

>MVWHO<   (1) Driver of a vehicle (FIJ.100)   (4) Pedestrian (FIJ.140)
           (2) Passenger of a vehicle (FIJ.100)   (7) Refused (FIJ.200)
           (3) Bicycle rider (FIJ.130)   (9) Don't know (FIJ.200)

FIJ.100   What type of vehicle {were/was} {you/subject's name} in?

>MVTYP<   (01) Passenger car (FIJ.120)   (07) Farm equipment (tractor) (FIJ.200)
               (02) Light truck (including pickups,   (08) Airplane (FIJ.120)
                   vans and utility vehicles) (FIJ.120)   (09) Boat (FIJ.200)
               (03) Bus (FIJ.200)   (10) Train (FIJ.200)
               (04) Large truck (FIJ.120)   (11) Other (FIJ.200)
               (05) Motorcycles (including mopeds,   (97) Refused (FIJ.200)
                   minibikes) (FIJ.130)   (99) Don't know (FIJ.200)
               (06) All terrain vehicle or ski/snow-
                   mobile (FIJ.130)

FIJ.120   **[If AGE is greater than or = to 5, ask:]**

               {Were/Was} {you/subject's name} wearing a safety belt at the time of the accident?

               [Else, ask:]

               {Were/Was} {you/subject's name} buckled in a car safety seat at the time of the accident?

>SBELT<   (1) Yes   (7) Refused
               (2) No   (9) Don't know
                                                                          (Go to FIJ.200)

FIJ.130   {Were/Was} {you/subject's name} wearing a helmet at the time of the accident?

>HELMT<   (1) Yes   (7) Refused
               (2) No   (9) Don't know
                                                                          (Go to FIJ.200)

FIJ.140   What type of vehicle {were/was} {you/subject's name} struck by?

>MVHIT<   (01) Passenger car   (07) Farm equipment (tractor)
               (02) Light truck (including pickups,   (08) Bicycle
                   vans and utility vehicles)   (09) Train
               (03) Bus   (10) Boat (includes all on)
               (04) Large truck   water vehicles
               (05) Motorcycle (including mopeds   (11) Other
                   and minibikes)   (97) Refused
               (06) All terrain vehicle or ski or   (99) Don't know
                   snow-mobile
                                                                          (Go to FIJ.200)

FIJ.150 What was it that burned/scalded {you/subject's name}?

FR: IF RESPONSE IS FIRE OR SMOKE ASK:

What caused the fire/smoke?

>**BURN**< (01) Cigarette, cigar, pipe   (07) Other explosive
           (02) Cooking unit   (08) Water or steam
           (03) Heater   (09) Food
           (04) Wiring   (10) Chemicals
           (05) Motor vehicle battery caps,   (11) Other
                radiator caps   (97) Refused
           (06) Fireworks   (99) Don't know

                                                              (Go to FIJ.200)

FIJ.160 What body of water was involved?

>**WATER**< (1) Bathtub   (5) River, creek
            (2) Swimming pool   (6) Other
            (3) Lake, pond   (7) Refused
            (4) Bay, ocean, sea   (9) Don't know

                                                              (Go to FIJ.200)

FIJ.170 How did {you/subject's name} fall? Anything else?

FR: SHOW CARD F3. RECORD UP TO 2 RESPONSES. ENTER 'N' FOR NO MORE.

On or down or from:

>**FALL**< (1) Escalator   (7) Building or other structure
           (2) Stairs or steps   (8) Chair, bed, sofa or other furniture
           (3) Floor/level ground   (9) Tree
           (4) Curb, including sidewalk (10) Toilet, commode
           (5) Ladder or scaffolding   (11) Bathtub, shower
           (6) Playground equipment

           Into:

           (12) Swimming pool   (97) Refused
           (13) Hole or other opening   (99) Don't know
           (14) Other
           [ ]   [ ]

FIJ.180   What caused {you/subject's name} to fall? Was it due to:

>**FWHY**<   (1) Slipping, tripping or stumbling   (5) Or something else
                 (2) Jumping or diving   (7) Refused
                 (3) Collision with/pushing, shoving   (9) Don't know
                     by another person
                 (4) Loss of balance/dizziness/
                     becoming faint/seizure

                                                                          (Go to FIJ.200)

FIJ.190   What kind of gun was it?

>**GUNTP**<   (1) Firearm (handgun, shotgun, rifle)   (4) Other
                 (2) BB or pellet gun   (7) Refused
                 (3) Dart gun   (9) Don't know

FIJ.200   What {were/was} {you/subject's name} doing when the injury(s) happened?

                 FR: SHOW CARD F4. RECORD UP TO 2 RESPONSES. ENTER 'N' FOR NO MORE.

>**WHAT**<   (1) Driving or riding in a motor vehicle   (7) Leisure activity (excluding sports)
                 (2) Working at paid job   (8) Sleeping, resting, eating, drinking
                 (3) Working around the house or yard   (9) Cooking
                 (4) Attending school   (10) Being cared for (hands on care from
                 (5) Unpaid work (incl. housework,   other person)
                     shopping, volunteer work)   (11) Other
                 (6) Sports (organized team or individual   (97) Refused
                     sport such as running, biking,   (99) Don't know
                     skating)
                 [ ]   [ ]

FIJ.220   Where (were/was} {you/subject's name} when the injury(s) happened?

                 FR: SHOW CARD F5. RECORD UP TO 2 RESPONSES. ENTER 'N' FOR NO MORE.

>**WHER**<   (1) Home (inside)   (11) Farm
                 (2) Home (outside)   (12) Park/recreation area (fields, bike
                 (3) School (not residential)   or jog path),
                 (4) Child care center or Preschool   (13) River/lake/stream/ocean
                 (5) Residential institution (excl. hosp.) (14) Swimming pool
                 (6) Health care facility (incl. hospital) (15) Industrial or construction area
                 (7) Street/highway   (16) Mine/quarry
                 (8) Parking lot   (17) Other public building
                 (9) Sport facility, ath. field or playground (18) Other
                 (10) Trade and service areas (Shopping Center (97) Refused
                      restaurant, store, bank, gas station) (99) Don't know

                 [ ]   [ ]

FIJ.240   {Were/Was} {you/subject's name} hospitalized for at least one night as a result of this injury/these injuries?

>IHOSP<   (1) Yes (FIJ.250)   (7) Refused (Check Item FIJCCI1)
           (2) No (Check Item FIJCCI1)   (9) Don't know (Check Item FIJCCI1)

FIJ.250   How many nights {were/was} {you/subject's name} in the hospital?

           FR: IF "STILL IN HOSPITAL," ASK HOW MANY NIGHTS UP TO TODAY.

>IHNO<   (01-94) 1-94 nights   (97) Refused
           (95)   95+ nights   (99) Don't know

Check item FIJCCI1 : If AGE is greater than 13 then go to FIJ.260; Else
           If AGE is greater than 4 and less than 14 then go to FIJ.270; Else
           If AGE is less than 5 then return to FIJ.040 for next injury episode or next person.
           If there are no more persons and no more injury episodes, go to FIJ.300.

FIJ.260   As a result of this injury/these injuries, how much work did{you/subject's name} miss?

           FR: SHOW CARD F6.

>WKLS<   (0) None   (6) Not employed at the time of the injury
           (1) Less than 1 day   (7) Refused
           (2) 1 to 5 days   (9) Don't know
           (3) Six or more days

FIJ.270   As a result of this injury/these injuries, how much school did {you/subject's name} miss?

           FR: SHOW CARD F7.

>SCLS<   (0) None   (6) Not in school at the time of the injury
           (1) Less than 1 day   (7) Refused
           (2) One to five days   (9) Don't know
           (3) Six or more days

FIJ.280   As a result of this injury/theses injuries {do/does}{you/subject's name} now need the help of
           other persons with {your/his/her} personal care needs, such as eating, bathing, dressing or getting
           around this home?

>IJADL<   (1) Yes (FIJ.285)   (7) Refused (FIJ.290)
           (2) No (FIJ.290)   (9) Don't know (FIJ.290)

FIJ.285   Do you expect {you/subject's name} will need this help for a total of 6 months or longer?

>LIMTM<   (1) Yes   (7) Refused
           (2) No   (9) Don't know

FIJ.290   As a result of this injury/these injuries {do/does} {you/subject's name} now 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?

>IJIAD<   (1) Yes (FIJ.295)   (7) Refused (Check Item FIJCCI1A)
           (2) No (Check Item FIJCCI1A)   (9) Don't know (Check Item FIJCCI1A)

FIJ.295   Do you expect {you/subject's name} will need this help for a total of 6 months or longer?

>HLIMT<   (1) Yes   (7) Refused
           (2) No   (9) Don't know   (Go to Check Item FIJCCI1A)

Check item FIJCCI1A: Return to FIJ.040 for next injury episode or next person.
                       If there are no more persons and no more injury episodes, go to FIJ.300.

FIJ.300   The next questions are about POISONING, which includes coming into contact with harmful substances, and overdose or wrong use of any drug or medication. Do not include any illnesses such as poison ivy or food poisoning.

           FR: HAND CALENDAR CARD.

           DURING THE PAST THREE MONTHS, that is since {91 days before today's date}, did {you/anyone in the family} have a poisoning that caused someone to seek medical advice or treatment, including calls to a poison control center?

>FPOIS3M< (1) Yes (FIJ.310)   (7) Refused (FAU.010)
           (2) No (FAU.010)   (9) Don't know (FAU.010)

FIJ.310   Who was this? (Anyone else?)

>PPOIS3MR< [ ]   [ ]   [ ]
           [ ]   [ ]   [ ]

FIJ.320   How many different times in the PAST THREE MONTHS {were/was}{you/subject's name} poisoned?

>POIN3M<   (01-94) 1-94 times   (97) Refused
           (95)   95+ times   (99) Don't know

FIJ.330   [If FIJ.320 = 1, ask:]

           When did {subject's name} poisoning happen?

>POIDTEM< MONTH: _____
>POIDTED< DAY: _____
>POIDTEY< YEAR: _____

[If FIJ.320 is greater than 1, ask:]

Now I'm going to ask a few question about {subject's name} most recent poisoning. When did that happen?

>**POIDTEM**<   MONTH: _____
>**POIDTED**<   DAY: _____
>**POIDTEY**<   YEAR: _____

[If FIJ.320 is greater than or = to 2, ask:]

We just talked about {subject's name} poisoning on {recent poisoning date}. When did {subject's name} poisoning BEFORE THAT happen?

>**POIDTEM**<   MONTH: _____
>**POIDTED**<   DAY: _____
>**POIDTEY**<   YEAR: _____

[FIJ.340 to FIJ.410 are repeated for each poisoning episode.]

FIJ.340   Did {you/subject's name} poisoning result from:

FR: SHOW CARD F8.

>**POITPR2**<   (1) a drug or medical substance used mistakenly or in overdose (FIJ.360)
                 (2) a harmful or toxic solid or liquid substance (FIJ.360)
                 (3) inhaling gases or vapors   (FIJ.360)
                 (4) eating a poisonous plant or other substance mistaken for food (FIJ.360)
                 (5) a venomous animal or plant (FIJ.360)
                 (6) something else (FIJ.350)
                 (7) Refused (FIJ.360)
                 (9) Don't know   (FIJ.360)

FIJ.350   **FR: ENTER THE VERBATIM RESPONSE.**

>**PSPEC_1**<   _____
>**PSPEC_2**<   _____
>**PSPEC_3**<   _____
>**PSPEC_4**<   _____

FIJ.360   Did you or did someone else call a poison control center for advice in treating {subject's name} poisoning?

>**POICC**<   (1) Yes   (7) Refused
                 (2) No   (9) Don't know

FIJ.370   {Were/Was} {you/subject's name} hospitalized for at least one night as a result of this poisoning?

>PHOSP<   (1) Yes (FIJ.380)   (7) Refused (Go to Check Item FIJCCI2)
             (2) No (Go to Check Item FIJCCI2)   (9) Don't know (Go to Check Item FIJCCI2)

FIJ.380   How many nights {were/was} {you/subject's name} in the hospital?

             FR: IF "STILL IN HOSPITAL," ASK HOW MANY NIGHTS UP TO TODAY.

>PHNO<   (01-94) 1-94 nights   (97) Refused
             (95)   95+ nights   (99) Don't know

Check item FIJCCI2 : If AGE greater than 13 then go to FIJ.400; Else
             If AGE greater than 4 and less than 14 then go to FIJ.410; Else
             If AGE less than 5 then return to FIJ.330 for the next poisoning event or the next person.
             If there are no more persons and no more poisoning events, go to FAU.010.

FIJ.400   As a result of this poisoning, how much work did {you/subject's name} miss?

             FR: SHOW CARD F6.

>PWKLS<   (0) None   (6) Not employed at the time of poisoning
             (1) Less than 1 day   (7) Refused
             (2) One to five days   (9) Don't know
             (3) Six or more days

FIJ.410   As a result of this poisoning, how many days of school did {you/subject's name} miss?

             FR: SHOW CARD F7.

>PSCLS<   (0) None   (6) Not in school at the time of poisoning
             (1) Less than 1 day   (7) Refused
             (2) One to five days   (9) Don't know
             (3) Six or more days

Check item FIJCCI3 : Return to FIJ.330 for next poison episode or next person.
             If there are no more persons and no more poison episodes,
             go to next section--Health Care Access and Utilization.

Part A -- Access To Care

FAU.010   The following questions are about the use of health care. Do not include dental care.

DURING THE PAST 12 MONTHS, has medical care been delayed for {you/anyone in the family} because of worry about the cost?

>**FDMED12M**<   (1) Yes (FAU.020)   (7) Refused (FAU.030)
                   (2) No (FAU.030)   (9) Don't know (FAU.030)

FAU.020   For which family member was medical care delayed? (Anyone else?)

>**PDMED12M**<   [ ]   [ ]   [ ]   [ ]   [ ]
                   [ ]   [ ]   [ ]   [ ]   [ ]

FAU.030   DURING THE PAST 12 MONTHS, was there any time when {you/anyone in the family} needed medical care, but did not get it because {you/the family} couldn't afford it?

>**FNMED12M**<   (1) Yes (FAU.040)   (7) Refused (FAU.050)
                   (2) No (FAU.050)   (9) Don't know (FAU.050)

FAU.040   Who didn't get needed care? (Anyone else?)

>**PNMED12M**<   [ ]   [ ]   [ ]   [ ]   [ ]
                   [ ]   [ ]   [ ]   [ ]   [ ]

Part B -- Hospital Utilization

FAU.050 DURING THE PAST 12 MONTHS {were/was} {you/anyone in the family} a patient in a hospital OVERNIGHT? (Do not include an overnight stay in the emergency room.)

[If there is a child <1 year old in the family add]

Remember to include any new mothers and/or babies who were hospitalized for the baby's birth.

>**FHOSPYR<**   (1) Yes (FAU.060)   (7) Refused (FAU.120)
                        (2) No (FAU.120)   (9) Don't know (FAU.120)

FAU.060 Who was in a hospital overnight? (Anyone else?)

>**PHOSPYR<**   [ ]   [ ]   [ ]   [ ]   [ ]
                     [ ]   [ ]   [ ]   [ ]   [ ]

FAU.070 How many different times did {you/subject's name} stay in any hospital overnight or longer DURING THE PAST 12 MONTHS?

>**HOSPNO<**   (001-365) 1-365 Times   (999) Don't know
                        (997)   Refused

FAU.110 Altogether how many nights {were/was} {you/subject's name} in the hospital DURING THE PAST 12 MONTHS?

>**HPNITE<**   (001-365) 1-365 Nights   (999) Don't know
                        (997)   Refused

[If FAU.070 < FAU.110 go to NEXT_HOSP; Else go to FAU.115]

FAU.115   **FR :   DO NOT READ ALOUD:**

[fill HPNITE_N] is less than the total number of times just reported that {you/subject's name} was in the hospital overnight. PROBE TO CORRECT.

>**HPVER<**   (1) Increase total number of nights in hospital (FAU.110)
                (2) Decrease total number of times [you/subject's name] stayed in hospital (FAU.070)
                (3) Proceed without correcting (NEXT_HOSP)

Check item: NEXT_HOSP: Go back for next person listed in FAU.060. When no more people, go to FAU.120.
.

Part C -- Health Care Contacts

These next questions are about health care received during the 2 WEEKS outlined on that calendar. Include care from ALL types of medical doctors, such as dermatologists, psychiatrists, ophthalmologists, and general practitioners. Also include care from OTHER health professionals such as nurses, physical therapists, and chiropractors. DO NOT INCLUDE DENTAL CARE.

FAU.120   **[If FAU.050 = 1, add:]**

Do not include care while an overnight patient in a hospital.

[Else, continue to read:]

During those 2 WEEKS, did {you/anyone in the family} receive care AT HOME from a nurse or other health care professional?

[Exclude children born during interview week]

>FHCHM2W<   (1) Yes (FAU.130)   (7) Refused (FAU.150)
                 (2) No (FAU.150)   (9) Don't know (FAU.150)

FAU.130   Who received care at home? (Anyone else?)

>PHCHM2W<   [ ]   [ ]   [ ]   [ ]   [ ]
                 [ ]   [ ]   [ ]   [ ]   [ ]

FAU.140   How many home visits did {you/subject's name} receive during those 2 WEEKS?

>PHCHMN2W<   (01-49) 1-49 Visits   (97) Refused
                 (50)   50+ Visits   (99) Don't know

FAU.150   During those 2 WEEKS, did {you/anyone in the family} talk over the PHONE with a doctor, nurse, or other health care professional about a member of this family? Include phone calls for medical advice, prescriptions or test results, but do NOT include phone calls to make appointments.

[Exclude children born during interview week]

>FHCPH2W<   (1) Yes (FAU.160)   (7) Refused (FAU.180)
                 (2) No (FAU.180)   (9) Don't know (FAU.180)

FAU.160   Who was the phone call about? (Anyone else?)

>PHCPH2W<   [ ]   [ ]   [ ]   [ ]   [ ]
                 [ ]   [ ]   [ ]   [ ]   [ ]

FAU.170   During those 2 WEEKS, how many telephone calls were made about {you/subject's name}?

>PHCPHN2W<   (01-49) 1-49 Calls   (97) Refused
                 (50)   50+ Calls   (99) Don't know

FAU.180   During those 2 WEEKS, did {you/anyone in the family} see a doctor or other health care professional at a doctor's OFFICE, a clinic, an emergency room, or some other place? (Do not include times during an overnight hospital stay.)

              [Exclude children born during interview week]

>FHCDV2W<   (1) Yes (FAU.190)   (7) Refused (FAU.210)
              (2) No (FAU.210)   (9) Don't know (FAU.210)

FAU.190   Who received care? (Anyone else?)

>PHCDV2W<   [ ]   [ ]   [ ]   [ ]   [ ]
              [ ]   [ ]   [ ]   [ ]   [ ]

FAU.200   How many times did {you/subject's name} visit a doctor or other health care professional during those 2 WEEKS?

>PHCDVN2W< (01-49) 1-49 Times   (97) Refused
              (50)   50+ Times   (99) Don't know

FAU.210   During the past 12 MONTHS did {you/anyone in the family} receive care from doctors or other health care professionals 10 or more times?

>F10DVYR<   (1) Yes (FAU.220)   (7) Refused   (FHI.010)
              (2) No   (FHI.010)   (9) Don't know   (FHI.010)

FAU.220   Who received care 10 or more times (exclude telephone calls)? (Anyone else?)

>P10DVYR<   [ ]   [ ]   [ ]   [ ]   [ ]
              [ ]   [ ]   [ ]   [ ]   [ ]

(Go to next section--Health Insurance)

Section V -- HEALTH INSURANCE

FHI.010   The next questions are about health insurance.

Are you familiar with the family's health care coverage?

>**HRFHI**<   (1) Yes (FHI.050)   (7) Refused (FHI.020)
            (2) No (FHI.020)   (9) Don't know (FHI.020)

FHI.020   Who else in the family could answer questions about the family's health insurance?

>**PHIWHO**<   [Enter person #s] [ ]   [ ]   [ ]   [ ]   [ ]   [ ]   [ ]   [ ]

FHI.030   Is {the person/anyone that} you just mentioned available now to answer questions about health insurance?

>**FAVAIL**<   (1) Yes (FHI.040)   (7) Refused (FHI.050)
            (2) No (FHI.050)   (9) Don't know (FHI.050)

FHI.040   **FR:**   **SELECT APPROPRIATE PERSON TO ANSWER DETAILED HEALTH INSURANCE QUESTIONS.**

>**FAVAIL31**<   [Enter person #]   [ ]

Check item FHICCI1 : If FHI.040 has more than 1 input: show message "FR: PLEASE MARK ONLY ONE RESPONDENT. <1> Back up and make a correction", go back to FHI.040 for correction.

FHI.050   **FR:**   **SHOW CARD F9.**

[If FAVAIL = <1>]

The next questions are about health insurance.

[If FAVAIL ne <1>]

Since no one else is available to answer these questions, we can just continue. Just give the best answers you can.

{Are you/Is anyone} covered by health insurance or some other kind of health care plan?

         FR: **READ IF NECESSARY: INCLUDE HEALTH INSURANCE OBTAINED THROUGH EMPLOYMENT OR PURCHASED DIRECTLY AS WELL AS GOVERNMENT PROGRAMS LIKE MEDICARE AND MEDICAID THAT PROVIDE MEDICAL CARE OR HELP PAY MEDICAL BILLS.**

>**FHICOV**<   (1) Yes (FHI.060)   (7) Refused (Check Item FHICCI9)
            (2) No (Check Item FHICCI9)   (9) Don't know (Check Item FHICCI9)

FHI.060   Who has coverage? (Anyone else?)

>**PHICOV**<   [Enter person #s] [ ]   [ ]   [ ]   [ ]   [ ]   [ ]   [ ]   [ ]

                 **[For members who were not marked in FHI.060, go to FHICCI9; Those family members who were
                 marked in FHI.060, go to FHI.070.]**

FHI.070   What kind of health insurance or health care coverage {do/does} {you/subject's name} have?
                 INCLUDE those that pay for only one type of service (nursing home care, accidents, or dental care),
                 exclude private plans that only provide extra cash while hospitalized.

                 **FR: SHOW CARD F9 AND CARD F10.
                           MARK "X" ALL THAT APPLY.**

[ ] >**HIKINDA**<   (01) Private health insurance plan from employer or workplace
[ ] >**HIKINDB**<   (02) Private health insurance plan purchased directly
[ ] >**HIKINDC**<   (03) Private health insurance plan through a State or local government program or
                          community program
[ ] >**HIKINDD**<   (04) Medicare
[ ] >**HIKINDE**<   (05) Medi-GAP
[ ] >**HIKINDF**<   (06) Medicaid
[ ] >**HIKINDG**<   (07) CHIP (Children's Health Insurance Program)
[ ] >**HIKINDH**<   (08) Military health care/VA
[ ] >**HIKINDI**<   (09) CHAMPUS/TRICARE/CHAMP-VA
[ ] >**HIKINDJ**<   (10) Indian Health Service
[ ] >**HIKINDK**<   (11) State-sponsored health plan
[ ] >**HIKINDL**<   (12) Other government program
[ ] >**HIKINDM**<   (13) Single Service Plan (e.g. dental, vision, prescriptions)

Check item FHICCI3: (Medicare Coverage) Loop through every non-deleted and non Armed Forces family
                 member roster:
                      1. If the person in FHI.070 marked 5 and not 4, mark HIKINDD=X and go to FHI.080.
                      2. If the person in FHI.070 marked 4, go to FHI.080.
                      3. If the person in FHI.070 did not mark 4, go to Check item FHICCI4

FHI.080   Earlier I recorded that {you/subject name} {are/is} covered by Medicare. May I please see
                 {your/subject's name} Medicare card to determine the type of coverage and to record the Health
                 Ins. Claim Number? This number is needed to allow Medicare records of the Health Care
                 Financing Administration to be easily and accurately located and identified for statistical or
                 research purposes. We may also need to link it with other records in order to re-contact you.
                 Except for these purposes, NCHS will not release your Health Insurance Claim Number to
                 anyone, including any other government agency. Providing the Health Insurance Claim Number
                 is voluntary and collected under the authority of the Public Health Service Act. Whether the
                 number is given or not, there will be no effect on your benefits. This number will be held in strict
                 confidence.

                 **FR: READ IF NECESSARY: THE PUBLIC HEALTH SERVICE ACT IS TITLE 42, UNITED
                           STATES CODE, SECTION 242K.**

>**MCNO_1**<   Claim Number (only numbers): _____-_____-_____
>**MCNO_2**<   (any characters): - ____

FHI.090   **FR: FILL IN APPROPRIATE COVERAGE TYPE BELOW**

>MCPART<   (1) Part A - Hospital Only (Check item FHICCI4)   (4) Card Not Available (FHI.100)
               (2) Part B - Medical Only (FHI.100)   (7) Refused (FHI.100)
               (3) Both Part A & Part B (FHI.100)   (9) Don't know (FHI.100)

FHI.100   {Are/Is} {You/subject's name} under a Medicare managed care arrangement, such as an HMO, that
               is, a Health Maintenance Organization? (With an HMO, you must generally receive care from HMO
               doctors, otherwise the expense is not covered unless you were referred by the HMO
               or there was a medical emergency).

>MCHMO<   (1) Yes   (7) Refused
               (2) No   (9) Don't know

               [If answer = 1, ask:]

FHI.110   What is the name of the HMO?

>MCHMO_NA< Name: _____

FHI.114   If {you/subject's name} {need/s} to go to a different doctor or place for special care, {do/does}
               {you/she/he} need approval or a referral? (Do not include emergency care.)

>MCREF<   (1) Yes   (7) Refused
               (2) No   (9) Don't know

FHI.116   Besides {your/subject's name} Medicare insurance, {are/is} {you/subject's name} paying an
               additional monthly or yearly premium to receive a more comprehensive health benefit plan?

>MCPAYPRE< (1) Yes   (7) Refused
               (2) No   (9) Don't know

Check item FHICCI4 : **(Medicaid Coverage)** If the person in FHI.070 marked 6 then go to FHI.120; Else go to
               Check item FHICCI4.5.

FHI.120   **FR: SHOW CARD F10 FOR STATE MEDICAID NAMES**

               The next questions are about Medicaid coverage. In this State it is also called (state name).
               {You/subject's name} {are/is} listed as having Medicaid coverage. Can {you/subject's name}
               go to ANY doctor who will accept Medicaid or MUST {you/he/she} choose from a book or list
               of doctors or is a doctor assigned?

>MACHMD<   (1) Any doctor (FHI.140)   (7) Refused (FHI.140)
               (2) Select from book/list (MACHMD_1)   (9) Don't know (FHI.140)
               (3) Doctor is assigned (MACHMD_2)

FHI.130   **[If answer = 2, ask:]**

What is the name of the health plan that provided the book or list?

>**MACHMD_1<**   Name: _____   (FHI.140)

[If answer = 3, ask:]

What is the name of the health plan that assigned the doctor?

>**MACHMD_2<**   Name: _____   (FHI.140)

FHI.140   {Are/Is} {you/subject's name} required to sign up with a certain primary care doctor, group of doctors, or certain clinic which {you/he/she} must go to for all of {your/his/her} routine care? (Do not include emergency care or care from a specialist {you/he/she} was referred to).

>**MAPCMD<**   (1) Yes   (7) Refused
               (2) No   (9) Don't know

FHI.150   If {you/subject's name} {need/needs} to go to a different doctor or place for special care, (do/does) {you/he/she} need approval or a referral?   (Do not include emergency care.)

>**MAREF<**   (1) Yes   (7) Refused
               (2) No   (9) Don't know

[When roster exhausted go to Check item FHICCI4.5.]

Check item FHICCI4.5: If any person in FHI.070 marked 13, then go to FHI.156; else go to Check item FHICCI5.

FHI.156   What type of service or care do {your/subject name's} single service plan or plans pay for? (Mark all that apply)

        FR: SHOW CARD F11.

>**SSTYPE<**   (1)   Accidents (Check Item FHICCI5)
               (2)   AIDS care (Check Item FHICCI5)
               (3)   Cancer treatment (Check Item FHICCI5)
               (4)   Catastrophic care (Check Item FHICCI5)
               (5)   Dental care (Check Item FHICCI5)
               (6)   Disability Insurance (cash payments when unable to
                     work for health reasons) (Check Item FHICCI5)
               (7)   Hospice care (Check Item FHICCI5)
               (8)   Hospitalization only (Check Item FHICCI5)
               (9)   Long-term care (nursing home care) (Check Item FHICCI5)
               (10) Prescriptions (Check Item FHICCI5)
               (11) Vision care (Check Item FHICCI5)
               (12) Other - specify (FHI.157)
               (97) Refused (Check Item FHICCI5)
               (99) Don't know (Check Item FHICCI5)

FHI.157   **FR: SPECIFY OTHER TYPE OF SERVICE**

>**SSOTHER**<   Service: _____

Check item FHICCI5:   Loop through the family member roster:
                If any person with -
                 - Private health insurance plan from employer or workplace (in FHI.070 marked 1),
                 - Private health insurance plan purchased directly (in FHI.070 marked 2),
                 - Private health insurance plan through a State or local government program or
                  community program (in FHI.070 marked 3)
                 - Medi-gap (in FHI.070 marked 5),
                Then go to Check item FHICCI6;   Else go to Check item FHICCI7.

Check item FHICCI6:   The next questions are about private health insurance plans obtained through work,
                   purchased directly, or through a State or local government or community program.

                   [If more than 1 person has private insurance plan say:]

                   We have the following persons listed as being covered by such plans {read names}.

FHI.160   It is important that we record the complete and accurate name of each health insurance
                   plan. What is the COMPLETE name of the first plan?

                   FR: REMIND RESPONDENT IF NECESSARY:

                   Do NOT include plans that only provide extra cash while in the hospital or plans that pay for only
                   one type of service, such as nursing home care, accidents, or dental care.

                   FR: IF NECESSARY:

                   Do you have something with the plan name on it?

>**HIPNAM_N**<   Name: _____

FHI.170   Which family members are covered by that plan?

>**HIPNAM_B**<   [Enter person #s] [ ]   [ ]   [ ]   [ ]   [ ]   [ ]   [ ]   [ ]

FHI.171   Are there any more health insurance plans?

>**MORPLAN**<   (1) Yes (FHI.172)   (2) No (Check Item FHICCI7)

FHI.172   What is the name of the next plan?

>**NEXTPNM**<   Name: _____

FHI.173   Which family members are covered by that plan?

>**NEXTPNM_B<** [Enter person #s] [ ]   [ ]   [ ]   [ ]   [ ]   [ ]   [ ]   [ ]

FHI.174   Are there any more health insurance plans in addition to those already mentioned?

>**MORPLAN2<** (1) Yes (FHI.175)   (2) No (Check Item FHICCI7)

FHI.175   What is the name of the next plan?

>**NEXTPNM2<** Name: _____

FHI.176   Which family members are covered by that plan?

>**NEXTPNM2_B<** [Enter person #s] [ ]   [ ]   [ ]   [ ]   [ ]   [ ]   [ ]   [ ]

FHI.177   Are there any more health insurance plans in addition to those already mentioned?

>**MORPLAN3<** (1) Yes (FHI.178)   (2) No (Check Item FHICCI7)

FHI.178   What is the name of the next plan?

>**NEXTPNM3<** Name: _____

FHI.179   Which family members are covered by that plan?

>**NEXTPNM3_B<** [Enter person #s] [ ]   [ ]   [ ]   [ ]   [ ]   [ ]   [ ]   [ ]

Check item FHICCI7 : If any private insurance covered person wasn't listed on any of the above plans, go to
                FHI.180. If there are no such persons, go to Check item FHICCI8.

FHI.180   {Subject's name} is listed as having private insurance but was not mentioned as being covered by
                any of the plans we just discussed. Is {subject's name} covered by private insurance?

>**HIVER1<**   (1) Yes (FHI.190)   (7) Refused (FHI.070)
                (2) No (FHI.070)   (9) Don't know (FHI.070)

FHI.190   Is the health insurance plan of {subject's name} the same as one of those already mentioned?

                **FR: MARK "X" ANY THAT APPLY (fill in from FHI.170: HIPNAM, NEXTPNM,
                        NEXTPNM2.).**

>**HIVER2_1<**   [ ]1 [fill HIPNAM]
>**HIVER2_2<**   [ ]2 [fill NEXTPNM] (if available)
>**HIVER2_3<**   [ ]3 [fill NEXTPNM2] (if available)
>**HIVER2_4<**   [ ]4 [fill NEXTPNM3] (if available)
>**HIVER2_5<**   [ ]5 Some other plan not already mentioned

                **[If anyone in the family has private health insurance, loop through all the private plans;
                Else go to Check item FHICCI9]**

Check item FHICCI8 : FHI.200-FHI.248 are repeated for each health plan.

FHI.200   **[If multiple plan names (i.e. from FHI.160 - FHI.179), read:]**

Now I am going to ask some questions about the {plan/plans} you just told me about,
{/starting with} [fill plan name].

[else read]

Next I would like to ask you about [fill plan name].

[Read to everyone]

Health insurance plans are usually obtained in one person's name even if other family members
are covered. That person is called the policyholder. In whose name is this plan?

    FR: ENTER (0) FOR POLICYHOLDER OUTSIDE OF FAMILY.

>**WHONAM**<   [Enter person #]   [ ]

FHI.210   Was this plan originally obtained through the workplace, such as through a present or former
employer or union?

>**PLNWRK**<   (1) Employer   (5) No
           (2) Union   (7) Refused
           (3) Through workplace, but Don't know if employer or union   (9) Don't know
           (4) Through workplace, self-employed or professional association

FHI.220   Who pays for this health insurance plan?

    **FR: ENTER ALL THAT APPLY. IF GOVERNMENT PROGRAM IS REPORTED, PROBE
            FOR MEDICARE OR MEDICAID BEFORE ENTERING CODE 7.
            IF GOVERNMENT IS THE EMPLOYER**, ENTER CODE 2.

>**PLNPAY**<   (1) Self or Family (FHI.230)   (6) CHIP (Children's Health Insurance
           (2) Employer or Union (FHI.240)   Plan) (FHI.240)
           (3) Someone outside the household (FHI.240)   (7) State or local government or community
           (4) Medicare (FHI.240)   program (FHI.240)
           (5) Medicaid (FHI.240)   (97) Refused (FHI.240)
                                                         (99) Don't know (FHI.240)

           [ ]   [ ]   [ ]
           [ ]   [ ]   [ ]

FHI.230   During the PAST 12 MONTHS, how much did {you/your family} spend for health insurance
           premiums for {plan name}? Please include payroll deductions for premiums.

>**HICOSTNO**<   [ ] NUMBER

           (1-9,999) Less than $500
           (99,997) Refused
           (99,999) Don't know

>**HICOSTTP**<   [ ] TIME PERIOD

           (1) Week   (5) Bi-yearly
           (2) Bi-weekly   (6) Yearly
           (3) Month   (97) Refused
           (4) Quarter   (99) Don't know

FHI.240   Is {plan name} an HMO (Health Maintenance Organization), an IPA (Individual Practice
           Association), a PPO (Preferred Provider Organization), a POS (Point-of-Service), or is it some other
           kind of plan?

>**PLNMGD**<   (1) HMO/IPA   (4) Other
               (2) PPO   (7) Refused
               (3) POS   (9) Don't know

FHI.242   Under this plan, can {you/the family member(s) with this plan} choose ANY doctor or MUST
           {you/they} choose one from a specific group or list of doctors?

>**MGCHMD**<   (1) Any doctor (FHI.244)   (7) Refused (FHI.248)
               (2) Select from group/list (FHI.246) (9) Don't know (FHI.248)

FHI.244   Do {you/the family member(s) with this plan} have the option of choosing a doctor from a
           preferred or select list at a lower cost?

>**MGPRMD**<   (1) Yes   (7) Refused
               (2) No   (9) Don't know   (FHI.248)

FHI.246   If {you/the family member(s) with this plan} select a doctor who is not in the plan, will {plan
           name} pay for any part of the cost?

>**MGPYMD**<   (1) Yes   (7) Refused
               (2) No   (9) Don't know

FHI.248   When a family member with this plan needs to go to a different doctor or place for special care,
           does the family member need approval or a referral? (Do not include emergency care.)

>**MGPREF**<   (1) Yes   (7) Refused
               (2) No   (9) Don't know

Check item FHICCI8A: If there are more health plans, return to Check Item FHICCI8; Else go to Check Item
               FHICCI9.

Check item FHICCI9 : Loop through each non-deleted family member: If any family member is in the armed forces, go to FHI.320; Else if any member with no entry marked in FHI.060, go to FHI.260; Else if any member marked FHI.070 with 7, 11, or 12 go to FHI.250; Else if any member FHI.070 only 13 marked, go to FHI.260. Else go to FHI.300.

FHI.250   Earlier I recorded that {you/subject's name} {are/is} covered by a state-sponsored or other public program (other than Medicaid) that pays for health care. What is the name of the plan?

>STNAME<   Plan: _____

FHI.260   Just to verify, other than single service plans, {do/does} {you/he/she} have Medicare, Medicaid, CHIP (Children's Health Insurance Program), CHAMPUS, or CHAMPVA ... or any private insurance?

     FR: READ STATE NAME FOR MEDICAID AND STATE SPONSORED HEALTH INSURANCE PROGRAM FROM CARDS F9 AND F10.

>HICHECK<   (1) Yes (FHI.060)   (7) Refused (FHI.270)
                     (2) No (FHI.270)   (9) Don't know (FHI.270)

FHI.270   Not including Single Service Plans, about how long has it been since {subject's name} last had health care coverage?

     FR: SHOW CARD F12.

>HILAST<   (1) 6 months or less   (4) More than 3 years
                     (2) More than 6 months, but not   (5) Never
                          more than 1 year ago   (7) Refused
                     (3) More than 1 year, but not more   (9) Don't know
                          than 3 years ago

FHI.280   Which of these are reasons {you/subject's name} stopped being covered or do not have health insurance?

     FR: SHOW CARD F13.

     (1) Person in family with health insurance   (7) Medicaid/Medical plan stopped after
          lost job or changed employers   pregnancy
     (2) Got divorced or separated/death   (8) Lost Medicaid/Medical plan because
          of spouse or parent   of new job or increase in income
     (3) Became ineligible because of age/left school   (9) Lost Medicaid (other)
     (4) Employer does not offer coverage/   (10) Other (specify) _____
          Or not eligible for coverage   (97) Refused
     (5) Cost is too high   (99) Don't know
     (6) Insurance company refused coverage

>HISTOP<   [ ]   [ ]   [ ]
                     [ ]   [ ]

                                                      (Go to FHI.320)

FHI.300   In the PAST 12 MONTHS, was there any time when {subject's name} did NOT have ANY health
             insurance or coverage?

>**HINOTYR<**   (1) Yes (FHI.310)   (7) Refused (FHI.320)
                (2) No (FHI.320)   (9) Don't know (FHI.320)

FHI.310   In the PAST 12 MONTHS, about how many months {were/was} {you/subject's name} without
             coverage?

>**HINOTMYR<** (01-12) 1-12 months   (97)   Refused   (99) Don't know

FHI.320   During the PAST 12 MONTHS, about how much did {you/your family} spend for medical care,
             including dental care? Do NOT include the cost of health insurance premiums, over the counter
             remedies, or any costs for which you expect to be reimbursed.

             FR: SHOW CARD F14.

>**HCSPFYR<**   (0) Zero   (4) $3,000-$4,999
                (1) Less than $500   (5) $5,000 or more
                (2) $500-$1,999   (7) Refused
                (3) $2,000-$2,999   (9) Don't know

(Go to next section--Socio-Demographic Background)

Section VI -- SOCIO-DEMOGRAPHIC BACKGROUND

[FSD.001 to FSD.130 are asked for each person in the family.]

FSD.001   In what country {were/was} {you/subject's name} born?

>PLBORN<

(001) United States	(010) Ecuador	(022) India
(002) Puerto Rico	(011) El Salvador	(023) Iran
(003) Outlying Area of the U.S.	(012) England	(024) Ireland/Eire
(American Samoa, Guam, U.S.	(013) France	(025) Italy
Virgin Islands, Northern Marianas,	(014) Germany	(026) Jamaica
Other U.S. Territory)	(015) Greece	(027) Japan
(004) Canada	(016) Guatemala	(997) Refused
(005) Cambodia	(017) Guyana	(999) Don't know
(006) China	(018) Haiti	
(007) Colombia	(019) Honduras	
(008) Cuba	(020) Hong Kong	
(009) Dominican Republic	(021) Hungary	

OTHER COUNTRIES FOR NATIVITY

>PLBORN2<

(028) Laos	(041) Vietnam	(300) Bermuda
(029) Mexico	(042) Yugoslavia	(376) Bolivia
(030) Nicaragua	(200) Afghanistan	(377) Brazil
(031) Peru	(375) Argentina	(205) Burma
(032) Philippines	(185) Armenia	(378) Chile
(033) Poland	(102) Austria	(311) Costa Rica
(034) Portugal	(501) Australia	(155) Czech Republic
(035) Russia	(130) Azores	(105) Czechoslovakia
(036) Scotland	(333) Bahamas	(106) Denmark
(037) Korea/South Korea	(202) Bangladesh	(338) Dominica
(038) Taiwan	(334) Barbados	(415) Egypt
(039) Thailand	(310) Belize	(417) Ethiopia
(040) Trinidad & Tobago	(103) Belgium	(507) Fiji

OTHER COUNTRIES FOR NATIVITY

>PLBORN3<

(108) Finland	(224) Malaysia	(156) Slovakia/Slovak Rep.
(421) Ghana	(436) Morocco	(449) South Africa
(138) Great Britain	(128) Netherlands	(134) Spain
(340) Grenada	(514) New Zealand	(136) Sweden
(126) Holland	(440) Nigeria	(137) Switzerland
(211) Indonesia	(142) Northern Ireland	(237) Syria
(213) Iraq	(127) Norway	(240) Turkey
(214) Israel	(229) Pakistan	(195) Ukraine
(216) Jordan	(253) Palestine	(387) Uruguay
(427) Kenya	(317) Panama	(180) USSR
(183) Latvia	(132) Romania	(388) Venezuela
(222) Lebanon	(233) Saudi Arabia	(353) Caribbean
(184) Lithuania	(234) Singapore	(318) Central America

OTHER REGIONS/CONTINENTS FOR NATIVITY

>PLBORN4<	(389) South America	(252) Middle East	(555) Asia

>PLBORN4<   (389) South America   (252) Middle East   (555) Asia
    (304) North America   (468) North Africa   (462) Pacific Islands
    (148) Europe   (527) Other Africa   (245) Elsewhere

If PLBORN=1 go to FSD.002; all others go to FSD.003.

FSD.002   In what state {were/was} {you/subject's name} born?

>USBORN<   State: _____ (Go to FSDCCI1)

FSD.003   **FR: READ IF NECESSARY:**

Earlier I recorded {your/subject's name] date of birth as {fill in date of birth}.

In what year did {you/subject's name} come to the United States to stay?

>USYR<   Year: _____
(1900-1999) 1900-1999 years (FSD.005)
(9997) Refused (FSD.004)
(9999) Don't know (FSD.004)

FSD.004   **FR: READ IF NECESSARY:**

Earlier I recorded that {you/subject's name} {are/is} _____ years old.

About how long {have/has} {you/subject's name} been in the United States?

FR: ENTER 95 FOR 95 OR MORE YEARS. IF LESS THAN 1 YEAR, GIVEN AS A RESPONSE, CODE THE ANSWER AS "1".

>USLONG<   Years: _____
(0-95) 0-95 years
(97) Refused
(99) Don't know

FSD.005   **FR: SHOW CARD F15.**

                 {Are/Is} { you/subject's name} a CITIZEN of the United States?

>**CITIZEN**<   (1) Yes, born in the United States
                 (2) Yes, born in Puerto Rico, Guam, American Virgin Islands, or other U.S. territory
                 (3) Yes, born aboard to American parent(s)
                 (4) Yes, U.S. citizen by naturalization
                 (5) No, not a citizen of the United States
                 (7) Refused
                 (9) Don't know

Check item FSDCCI1 : If AGE is less than or = to 6, go to FSD.006. When no more family members AGE is
                 less than or = 6, then go to FSD.010.

FSD.006   Is {subject's name} now attending Head Start?

>**HEADST**<   (1) Yes (FSD.010)   (7) Refused (FSD.007)
                 (2) No (FSD.007)   (9) Don't know (FSD.007)

FSD.007   Has {subject's name} ever attended Head Start?

>**HEADSTEV**<   (1) Yes   (7) Refused
                 (2) No   (9) Don't know

FSD.010   What is the HIGHEST level of school {you/subject's name} {have/has} completed or the highest
                 degree {you/subject's name} {have/has} received? Please tell me the number from the card. Enter
                 highest level of school:

                 FR: SHOW CARD F16.

>**EDUC**<   (00) Never attended/   (14) GED or equivalent
                       kindergarten only   (15) Some college, no degree
                 (01) 1st grade   (16) Associate degree: occupational,
                 (02) 2nd grade   technical, or vocational program
                 (03) 3rd grade   (17) Associate degree: academic program
                 (04) 4th grade   (18) Bachelor's degree
                 (05) 5th grade   (Example: BA, AB, BS, BBA)
                 (06) 6th grade   (19) Master's degree
                 (07) 7th grade   (Example: MA, MS, MEng, MEd, MBA)
                 (08) 8th grade   (20) Professional School degree
                 (09) 9th grade   (Example: MD, DDS, DVM, JD)
                 (10) 10th grade   (21) Doctoral degree (Example: PhD, EdD)
                 (11) 11th grade   (22) Child under 5 years old
                 (12) 12th grade, no diploma   (97) Refused
                 (13) HIGH SCHOOL GRADUATE   (99) Don't know

FSD.041   {Have you/Has anyone in the family} ever been honorably discharged from active duty in the U.S. Army, Navy, Air Force, Marine Corp, or Coast Guard? (If so, who? Anyone else?)

          FR: SERVICE IN NATIONAL GUARD OR RESERVES IS NOT CONSIDERED ACTIVE DUTY

>MILTRYDS< [ ]   [ ]   [ ]   [ ]
              [ ]   [ ]   [ ]

Check item FSDCCI2 : Go through all non-deleted family members, If AGE greater than or = to 18 go to FSD.050; Else go to next section (Income and Assets). When the family roster is exhausted, go to next section (Income and Assets).

FSD.050   Which of the following {were/was} {you/subject's name} doing LAST WEEK?

>DOINGLW< (1) Working at a job or business (FSD.070)   (7) Refused (FSD.060)
              (2) With a job or business but not at work (FSD.060)   (9) Don't know (FSD.060)
              (3) Looking for work (FSD.060)
              (4) Not working at a job or business (FSD.090)

FSD.060   Did {you/subject's name} do any work at a job or business at all LAST WEEK (includes unpaid work in family farm or business)?

>WRKLW<   (1) Yes (FSD.070)   (7) Refused (FSD.100)
              (2) No (If FSD.050=3 Go to FSD.100; Else FSD.090)   (9) Don't know (FSD.100)

FSD.070   How many hours did {you/subject's name} work LAST WEEK at ALL jobs or businesses?

>WRKHRS<   Hours: _____

              (01-34) 1-34 hours (FSD.080)   (97) Refused (FSD.080)
              (35-95) 35-95 hours (FSD.110)   (99) Don't know (FSD.080)

FSD.080   {Do/Does} {you/subject's name} USUALLY work 35 hours or more per week in total at ALL jobs or businesses?

>WRKFTALL< (1) Yes   (7) Refused
              (2) No   (9) Don't know
                                                                  (Go to FSD.110)

FSD.090   **[If FSD.050 = 2, ask:]**

                 What is the main reason {you/subject's name} did not work last week?

                 [Else, ask:]

                 What is the main reason {you/subject's name} did not have a job or business last week?

>WHYNOWRK< (1) Taking care of house or family   (5) On layoff
            (2) Going to school   (6) Disabled
            (3) Retired   (7) Refused
            (4) Unable to work for health reasons   (9) Don't know

FSD.100   **[If FSD.060 = 7 or 9, ask:]**

                 Did {you/he/she} work for pay at any time in {last year in 4 digit format}?

                 [Else, ask:]

                 Although you reported that {you/subject's name} did not work at any time in the LAST week, did {you/he/she} work for pay at any time in {last year in 4 digit format}?

>WRKLYR<   (1) Yes (FSD.110)   (7) Refused (Check item FSDCCI3)
            (2) No (Check item FSDCCI3)   (9) Don't know (Check item FSDCCI3)

FSD.110   How many months in {last year in 4 digit format} did {you/subject's name} have at least one job or business?

                 FR: IF LESS THAN ONE MONTH, ENTER (1).

>WRKMYR<   (01-12) 1-12 months   (99) Don't know
            (97)   Refused

FSD.120   What is your best estimate of {your/subject's name} earnings (include hourly wages, salaries, tips and commissions) before taxes and deductions from ALL jobs and businesses in {last year in 4 digit format}?

                 FR: ENTER 999,995 IF THE REPORTED INCOME IS GREATER THAN $999,995.

>**ERNYR**<   (000001-999994) 1-999994 dollars   (999997) Refused
              (999995) $999,995+   (999999) Don't know

Check item FSDCCI3: If FSD.050 = 1 or 2, go to FSD.130; Else, go to Check item FSDCCI2 for next
                        person. When roster exhausted, go to next section (Income and Assets).

FSD.130   Was health insurance offered to {you/subject's name} through {your/his/her} workplace?

>HIEMPOF<   (1) Yes   (7) Refused
                     (2) No   (9) Don't know

(Go to next section--Income and Assets)

Part A -- Sources of Income

>INTROINC<   **FR: READ THE FOLLOWING:**

The next questions are about {your/your combined family} income. Each income question refers to income received in {last calendar year}.

FIN.010   When answering these questions, please remember that by "combined family income", I mean your income PLUS the income of all family members living in this household (including cohabiting partners, and armed forces members living at home) BEFORE TAXES.

Are you knowledgeable about your family's finances?

>FCINC<   (1) Yes (FIN.030)   (7) Refused (FIN.011)
               (2) No (FIN.011)   (9) Don't know (FIN.011)

FIN.011   Who else in the family could answer questions about the family's finances?

>PINWHO>   [ ]   [ ]   [ ]   [ ]   [ ]

FIN.012   Is anyone that you just mentioned available now to answer questions about finances?

>FINAVAIL<   (1) Yes (FIN.013)   (7) Refused (Check item FINCCI1)
               (2) No (Check item FINCCI1)   (9) Don't know (Check item FINCCI1)

FIN.013   Person number of respondent for detailed income questions.

>PNINDT<   [Enter person #s] [ ]   [ ]   [ ]   [ ]   [ ]   [ ]   [ ]   [ ]

Check item FINCCI1 :   If an entry in FIN.011 = respondent, set SAINFLG = 1 (SAINFLG = Sample Adult Income Flag), go to FIN.030.

FIN.030   **[If FINAVAIL = <2>, ask:]**

Since no one else is available to answer these questions, we can just continue. Just give the best answers you can.

[If one person family, ask:]

Did you receive income in {last year in 4 digit format} from... Wages and Salaries?

[else, ask:]

Did any family members 18 and older, that is (READ NAMES)**,** receive income in {last year in 4 digit format} from... Wages and Salaries?

>FSAL<   (1) Yes (FIN.040)   (7) Refused (FIN.050)
               (2) No (FIN.050)   (9) Don't know (FIN.050)

FIN.040   Who received this? (Anyone else?)

>PSAL<   [ ]   [ ]   [ ]
                 [ ]   [ ]   [ ]

FIN.050   **[If one person family, ask:]**

                 Did you receive income in {last year in 4 digit format} from... self-employment including business
                 and farm income?

                 [else, ask:]

                 Did any family member 18 and older, that is **(FR: READ NAMES AGAIN IF NECESSARY)** receive
                 income in {last year} from ... self-employment including business and farm income?

>FSEINC<   (1) Yes (FIN.060)   (7) Refused (FIN.070)
                 (2) No (FIN.070)   (9) Don't know (FIN.070)

FIN.060   Who received this? (Anyone else?)

>PSEINC<   [ ]   [ ]   [ ]
                 [ ]   [ ]   [ ]

FIN.070   Did {you/anyone in the family} receive income in {last year in 4 digit format} from
                 Social Security or Railroad Retirement?

                 FR: READ IF NECESSARY:

                 Social Security checks are either automatically deposited in the bank or mailed to arrive
                 on the 3rd of every month. If mailed, they are sent in a yellow/gold colored envelope.

>FSSRR<   (1) Yes (FIN.080)   (7) Refused (FIN.090)
                 (2) No (FIN.090)   (9) Don't know (FIN.090)

FIN.080   Who received this? (Anyone else?)

>PSSRR<   [ ]   [ ]   [ ]
                 [ ]   [ ]   [ ]

Check item FINCCI1 : If AGE le <64> go to FIN.082; Else if AGE ge <65> go to FIN.090.

FIN.082   Was {your/any family member's} **(READ NAMES BELOW)**; Social Security or Railroad
                 Retirement income received as a disability benefit?

>FSSRRD<   (1) Yes (FIN.084)   (7) Refused (FIN.090)
                 (2) No (FIN.090)   (9) Don't know (FIN.090)

FIN.084   **FR: ASK OR VERIFY.**
           ENTER APPLICABLE LINE NUMBER(S).
           ENTER (N) FOR NO MORE AFTER THE LAST NUMBER.

           Who received Social Security or Railroad Retirement as a disability benefit? (Anyone else?)

>PSSRRDB<   [ ]   [ ]   [ ]
                [ ]   [ ]   [ ]

FIN.086   Did {you/subject's name listed in FIN.084/PSSRRDB} receive this benefit because {you are/he
           is/she is}is disabled?

>PSSRRD<   (1) Yes   (7) Refused
               (2) No   (9) Don't know

FIN.090   Did {you/any family members living here} receive income from...any disability pension {other than
           Social Security or Railroad Retirement}?

>FPENS<   (1) Yes (FIN.100)   (7) Refused (FIN.102)
               (2) No (FIN.102)   (9) Don't know (FIN.102)

FIN.100   Who received this? (Anyone else?)

>PPENS<   [ ]   [ ]   [ ]
               [ ]   [ ]   [ ]

FIN.102   Did {you/any family members living here} receive income from...any retirement or survivor pension
           {fill "other than Social Security or Railroad Retirement" if FSSRR=1 and FPENS ne 1;
           or fill "other than disability pension if FPENS=1 and FSSRR ne 1; or fill "other than Social
           Security or Railroad Retirement or disability pension" if FSSRR=1 and FPENS=1; or No Fill if
           FSSRR ne 1 and FPENS ne 1)?

>FOPENS<   (1) Yes (FIN.104)   (7) Refused (FIN.110)
                (2) No (FIN.110)   (9) Don't know (FIN.110)

FIN.104   **FR: ASK OR VERIFY.**
           ENTER APPLICABLE LINE NUMBER(S)
           ENTER (N) FOR NO MORE AFTER THE LAST NUMBER.

           Who received this? (Anyone else?)

>POPENS<   [ ]   [ ]   [ ]
                [ ]   [ ]   [ ]

FIN.110   Did {you/any family members living here} receive Supplemental Security Income (SSI)?

FR: READ IF NECESSARY:

Federal SSI checks are either automatically deposited in the bank or mailed to arrive on the first of every month. If mailed, they are sent in a blue colored envelope.

>**FSSI<**   (1) Yes (FIN.120)   (7) Refused (FIN.150)
             (2) No (FIN.150)   (9) Don't know (FIN.150)

FIN.120   Who in the family received this? (Anyone else?)

>**PSSI<**   [ ]   [ ]   [ ]
             [ ]   [ ]   [ ]

FIN.122   Did {you/subject's name listed in FIN.120/PSSI} receive SSI because {you/he/she} {have/has} a disability?

>**PSSID<**   (1) Yes   (7) Refused
             (2) No   (9) Don't know

FIN.150   At any time during {last year in 4 digit format}, even for one month, did {you/any family member living here} receive any government payments because your income was low, such as welfare, public assistance, AFDC, or some other program?

>**FTANF<**   (1) Yes (FIN.160)   (7) Refused (FIN.170)
             (2) No (FIN.170)   (9) Don't know (FIN.170)

FIN.160   Who in the family received this? (Anyone else?)

>**PTANF<**   [ ]   [ ]   [ ]
             [ ]   [ ]   [ ]

FIN.164   At any time during {fill year}, did {you/anyone in the family} receive any OTHER kind of welfare assistance such as help with getting a job, placement in education or job training programs, or help with transportation or child care?

>**FOWEN<**   (1) Yes (FIN.166)   (7) Refused (FIN.170)
             (2) No (FIN.170)   (9) Don't know (FIN.170)

FIN.166   Who received this? (Anyone else?)

>**POWEN<**   [ ]   [ ]   [ ]
             [ ]   [ ]   [ ]

FIN.170   Did {you/anyone in the family} receive interest from savings or other bank accounts?

>**FINTRST**<   (1) Yes (FIN.180)   (7) Refused (FIN.190)
                 (2) No (FIN.190)   (9) Don't know (FIN.190)

FIN.180   Who received this? (Anyone else?)

>**PINTRST**<   [ ]   [ ]   [ ]
                 [ ]   [ ]   [ ]

FIN.190   Did {you/anyone in the family} receive income from... dividends received from stocks
                 or mutual funds, or net rental income from property, royalties, estates or trusts?

>**FDIVD**<   (1) Yes (FIN.200)   (7) Refused (FIN.210)
                 (2) No (FIN.210)   (9) Don't know (FIN.210)

FIN.200   Who received this? (Anyone else?)

>**PDIVD**<   [ ]   [ ]   [ ]
                 [ ]   [ ]   [ ]

FIN.210   Did {you/anyone in the family} receive income from... child support?

>**FCHLDSP**<   (1) Yes (FIN.200)   (7) Refused (FIN.230)
                 (2) No (FIN.230)   (9) Don't know (FIN.230)

FIN.220   Who received this? (Anyone else?)

>**PCHLDSP**<   [ ]   [ ]   [ ]
                 [ ]   [ ]   [ ]

FIN.230   Did {you/anyone in the family} receive income from any other source such as alimony,
                 contributions from family/others, VA payments, Worker's Compensation, or unemployment
                 compensation?

>**FINCOT**<   (1) Yes (FIN.240)   (7) Refused (FIN.250)
                 (2) No (FIN.250)   (9) Don't know (FIN.250)

FIN.240   Who received this? (Anyone else?)

>**PINCOT**<   [ ]   [ ]   [ ]
                 [ ]   [ ]   [ ]

Part B -- Amounts and Home Ownership

FIN.250   Now I am going to ask about the total combined income {for you/of your family} in {last year in 4 digit format}, including income from all sources we have just talked about such as wages, salaries, Social Security or retirement benefits, help from relatives and so forth. Can you tell me that amount before taxes?

   FR: IF NECESSARY REMIND RESPONDENT THAT TOTAL COMBINED FAMILY INCOME IS THEIR INCOME PLUS THE INCOME OF ALL FAMILY MEMBERS INCLUDING COHABITING PARTNERS AND ARMED FORCES MEMBERS LIVING AT HOME BEFORE TAXES.

>FAMINC<   (0-999995) 0-999,995 dollars (FIN.280)   (999997) Refused (FIN.260)
               (999996) 999,995+ dollars (FIN.280)   (999999) Don't know (FIN.260)

FIN.260   You may not be able to give us an exact figure for your { /total combined family} income, but can you tell me, if your income in {last year in 4 digit format} was

>FINC20<   (1) $20,000 or more (FIN.270)   (7) Refused (FIN.280)
               (2) Less than $20,000 (FIN.270)   (9) Don't know (FIN.280)

   FR: IF ANSWER FOR FIN.260 = 1, SHOW CARD F18.
          IF ANSWER FOR FIN.260 = 2, SHOW CARD F19.
          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 SERVICES OR HAVE CERTAIN CONDITIONS MORE OR LESS OFTEN THAN THOSE IN ANOTHER GROUP.

FIN.270   Of those income groups, can you tell me which letter best represents {your/the total combined FAMILY} income during {last year in 4 digit format}?

>FINCCAT<   (00) A   (08) I   (16) Q   (24) Y   (32) GG   (40) OO
                (01) B   (09) J   (17) R   (25) Z   (33) HH   (41) PP
                (02) C   (10) K   (18) S   (26) AA   (34) II   (42) QQ
                (03) D   (11) L   (19) T   (27) BB   (35) JJ   (43) RR
                (04) E   (12) M   (20) U   (28) CC   (36) KK   (97) Refused
                (05) F   (13) N   (21) V   (29) DD   (37) LL   (99) Don't know
                (06) G   (14) O   (22) W   (30) EE   (38) MM
                (07) H   (15) P   (23) X   (31) FF   (39) NN

FIN.280   Is this house/apartment owned, being bought, rented or occupied by some other arrangement by {you/someone in the family}?

>HOUSEOWN< (1) Owned or being bought (FIN.300)
               (2) Rented (FIN.282)   (7) Refused (FIN.300)
               (3) Other arrangement (FIN.300)   (9) Don't know (FIN.300)

FIN.282   {Are/Is} {you/anyone in your family} paying lower rent because the Federal, State, or local government is paying part of the cost?

>**FGAH**<   (1) Yes   (7) Refused
               (2) No   (9) Don't know

Part C -- Program Participation

FIN.300   Have {you/any of these family members living here} EVER applied for Supplemental Security
           Income or SSI? This includes people who applied for benefits even if the claim was denied.

>**FSSAPL**<   (1) Yes (FIN.310)   (7) Refused (FIN.330)
                (2) No (FIN.330)   (9) Don't know (FIN.330)

FIN.310   Who in the family applied for it? (Anyone else?)

>**PSSAPL**<   [ ]   [ ]   [ ]
                [ ]   [ ]   [ ]

FIN.330   Have {you/any of these family members living here} EVER applied for disability benefits from
           Social Security? This includes people who applied for benefits even if the claim was denied.

>**FSDAPL**<   (1) Yes (FIN.340)   (7) Refused (Check Item FINCCI3)
                (2) No (Check Item FINCCI3)   (9) Don't know (Check Item FINCCI3)

FIN.340   Who in the family applied for it? (Anyone else?)

>**PSDAPL**<   [ ]   [ ]   [ ]
                [ ]   [ ]   [ ]

<u>**Check item FINCCI3**</u>: If persons not in FIN.160, go to FIN.360; Else go to FIN.350.

FIN.350   Earlier I recorded that {you/subject's name} received government payments from programs such as
           welfare or public assistance {last year in 4 digit format}. During {last year in 4 digit format}, about
           how many months did {you/subject's name} receive those payments?

           FR: IF LESS THAN 1 MONTH, ENTER (1).

>**TANFMYR**<   (01-11) 1-11 months   (97) Refused
                (12) 12 months or all   (99) Don't know

FIN.360   {Were/Was} {you/anyone in the family} authorized to receive food stamps (which includes a food
           stamp card or voucher, or cash grants from the state for food) at anytime during {last year
           in 4 digit format}?

           **FR: AN AUTHORIZED PERSON IS ONE WHOSE NAME APPEARS ON A
                    CERTIFICATION CARD**

>**FFSTIP**<   (1) Yes (single person family FIN.380; else FIN.370) (7) Refused (next questionnaire)
                (2) No (next questionnaire)   (9) Don't know (next questionnaire)

FIN.370   Who was authorized to receive Food Stamps? (Anyone else?)

>**PFSTP**<   [ ]   [ ]   [ ]
                [ ]   [ ]   [ ]

FIN.380   During {last year in 4 digit format}, about how many months {were/was} {you/subject's name}
               authorized to receive Food Stamps?

               FR: IF LESS THAN 1 MONTH, ENTER (1).

>**FSTPMYR<**   (01-11) 1-11 months   (97) Refused
               (12)   12 months or all   (99) Don't know

FIN.384   At any time during {last year in 4 digit format} did {you/anyone in the family} receive benefits from
               the WIC program, that is, the Women, Infants, and Children program?

>**FINWIC<**   (1) Yes (single person family go to next question; Else FIN.385)
               (2) No (Go to next questionnaire)
               (7) Refused   (Go to next questionnaire)
               (9) Don't know   (Go to next questionnaire)

FIN.385   Who in your family received this? (Anyone else?)

>**PWIC<**   [ ]   [ ]   [ ]
               [ ]   [ ]   [ ]

(Go to next questionnaire)