**NOTICE** – All information which would permit identification of the individual will be held in strict confidence, will be used only by persons engaged in and for the purposes of the survey, and will not be disclosed or released to others for any purposes.

*BUDGET BUREAU NO. 68-S6701.6*
*APPROVAL EXPIRES MARCH 31, 1969*

FORM NHS-HIS-1X (1968)
Revised (12-1-67)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR THE
U.S. PUBLIC HEALTH SERVICE

# U.S. HEALTH INTERVIEW SURVEY

1. Book _____ of _____ Books

2. Street address *(House No., Street, Apt. No. or other identification)* | Segment | Sheet No. ____ | Line No. ____
City | State | ZIP code

3. Year built – If "Ask" box is "X"d, complete this item **before** the interview
☐ Ask ☐ Do Not ask
**When was this structure originally built?**
☐ Before 4-1-60 *Continue interview* ☐ After 4-1-60 *Go to Q.13c, complete if required and end interview*

4. Special dwelling place name | Type | Type code | Description of Sample Unit *(Room No., bed No., etc.)* | Sample Unit number

11. Mailing address *(If different from 2)* ☐ Same as 2
City | State | ZIP code

| 5. PSU | 6a. Segment number | 6b. Segment type | 7. Serial number | 8. Sample | 9. R.O. number | 10. I.D. Code |
|---|---|---|---|---|---|---|
| | | A<br>B<br>P<br>LSDP | | B– | | |

12. Type of living quarters *(Mark appropriate box with an "X")* 1 ☐ Housing unit 2 ☐ Other unit

13. Ask: ☐ a. ☐ b. ☐ c. ☐ None *(Item L)*

a. **Are there any occupied or vacant living quarters besides your own in this building?** ☐ Yes – *(Fill Table X)* ☐ No

b. **Are there any occupied or vacant living quarters besides your own on this floor?** ☐ Yes – *(Fill Table X)* ☐ No

c. **Is there any other building on this property for people to live in – either occupied or vacant?** ☐ Yes – *(Fill Table X)* ☐ No

ITEM L ☐ Rural – *(14 and 15)* 1 ☐ All other *(16)*

14. **Do you own or rent this place?** ☐ Own *(15a)* ☐ Rent *(15b)* ☐ Rent free *(15a)*

15a. (Own or rent free) **Does this place have 10 or more acres?**
b. (Rent) **Does the place you rent have 10 or more acres?** } ☐ Yes *(15c)* ☐ No *(15d)*
c. **During the past 12 months did sales of crops, livestock, and other farm products from the place amount to $50 or more?** 2 ☐ Yes 4 ☐ No
d. **During the past 12 months did sales of crops, livestock, and other farm products from the place amount to $250 or more?** 3 ☐ Yes 5 ☐ No

16. **What is the telephone number here?** Telephone number 2 ☐ None

17. MOTOR VEHICLE ACCIDENT CHECK ITEM
Review question 30 to determine how many motor vehicle supplements need to be completed. (Fill a separate supplement for each different accident reported)
Number of M.V. Accident Supplements Required ☐ None *(Enter ending time in item 21.)*

18. **Was this interview observed?** 1 ☐ Yes 2 ☐ No
Name of observer _____

19. Interviewer's name | Code

20. Noninterview reason

| TYPE A | TYPE B | TYPE C |
|---|---|---|
| 1 ☐ Refusal – *(Describe in a footnote)* | 1 ☐ Vacant–non-seasonal 2 ☐ Vacant–seasonal | 1 ☐ Demolished 2 ☐ In sample by mistake |
| 2 ☐ No one at home – repeated calls | 3 ☐ Usual residence elsewhere | 3 ☐ Eliminated in sub-sample |
| 3 ☐ Temporarily absent | 4 ☐ Armed Forces | 4 ☐ Built after April 1, 1960 |
| 4 ☐ Other – *(Specify)* — | 5 ☐ Other – *(Specify)* — | 5 ☐ Other – *(Specify)* — |

21. Record of calls at household

| Item | | | 1 | Com | 2 | Com. | 3 | Com. | 4 | Com. | 5 | Com. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Entire household | | Date | | | | | | | | | | |
| | | Beginning time | | | | | | | | | | |
| | | Ending time | | | | | | | | | | |
| Record return calls for individual respondents | Person No.____ | Date | | | | | | | | | | |
| | | Beginning time | | | | | | | | | | |
| | | Ending time | | | | | | | | | | |
| | Person No.____ | Date | | | | | | | | | | |
| | | Beginning time | | | | | | | | | | |
| | | Ending time | | | | | | | | | | |

**WASH. USE ONLY**
Comp Int. 1 ☐ Yes 2 ☐ No
Calls
Date of completion
Length
Time of day

| | | | |
|---|---|---|---|
| 1a. **What is the name of the head of this household?** – Enter name in first column. | | 1a. | First name ① / Last name — RACE 1 W 2 N 3 OT — SEX 1 M 2 F |
| b. **What are the names of all other persons who live here?** – List all persons who live here. | | | |
| c. **I have listed** (Read names.) **Is there anyone else staying here now, such as friends, relatives, or roomers?** | Yes* ☐ No ☐ | | |
| d. **Have I missed anyone who USUALLY lives here but is now away from home?** | Yes* ☐ No ☐ | | |
| e. **Do any of the people in this household have a home anywhere else?** | Yes* ☐ No ☐ | | |
| If any adult males listed, ask: f. **Are any of the persons in this household now on full-time active duty with the Armed Forces of the United States?** | ☐ Yes *(Delete)* ☐ No | | * Apply household membership rules. |
| 2. **How is -- related to --** (head of household)? | | 2. | Relationship |
| 3. **How old was -- on his last birthday?** – Enter Age and circle Race and Sex | | 3. | HEAD — AGE |

**C**

I. When appropriate, enter the number of Hospitalizations, Doctor Visits, and days lost from work.

Check the Home Care box.

| H | DV | HC | WL |
|---|---|---|---|
| *(NP)* | *(14)* | ☐ Yes ☐ No } NP | *(5e)* |
| ☐ None *(NP)* | ☐ None *(NP)* | | ☐ None *(5f)* |

II. Record each condition in the person's column, with the question number (s) where it was reported.

| Q. No. | Condition |
|---|---|
| | |
| | |
| | |
| | |

| | | |
|---|---|---|
| If 17 years old or over, ask: 4. **Is -- now married, widowed, divorced, separated, or never married?** – Mark one box for each person. If person under 17 is or has been married, mark the "Und. 17" box and give marital status in a footnote. | 4. | 0 ☐ Und. 17 3 ☐ Never married 1 ☐ Married 4 ☐ Divorced 2 ☐ Widowed 5 ☐ Separated |

**H**

If related persons 19 years old or over are listed in addition to the respondent; say:
**We would like to have all adults who are at home take part in the interview.**
**Is your --, your --, etc., at home now?**
If other eligible respondents are at home, ask:
**Would you please ask --, --, etc., to join us?**

0 ☐ Under 19 years
1 ☐ At home
2 ☐ Not at home

**(This survey is being conducted to collect information on the Nation's health. I will ask about visits to doctors and dentists, illness in the family, and other health related items.)** (HAND CALENDAR)

**The first few questions refer to the past two weeks, that is, the 2 weeks outlined in red on that calendar,**

**beginning Monday, _____, and ending this past Sunday, _____.**

WASHINGTON USE: BD | TLD | RAD

| | | |
|---|---|---|
| 5a. **During those two weeks, did -- stay in bed because of any illness or injury?** | 5a. | ☐ Yes *(5b)* ☐ No *(5c or d)* |
| b. **During that two-week period, how many days did -- stay in bed all or most of the day?** | b. | _____ days *(5c or d)* |
| If 17 years old or over ask: c. **During those two weeks, how many days did illness or injury keep -- from work?** For female add: **Not counting work around the house.** | c. | ☐ None } *Item C* _____ days |
| If 6 - 16 years old ask: d. **During those two weeks, how many days did illness or injury keep -- from school?** | d. | ☐ None *(5f)* _____ days *(5e)* |
| Ask only if bed days AND work loss or school loss. e. **On how many of these -- days lost from work (school) did -- stay in bed all or most of the day?** | e. | ☐ None } *5f* _____ days |
| f. **(BESIDES the days in bed and days lost from work, school) were there any days during the past 2 weeks that -- had to cut down on the things he usually does because of health?** | f. | ☐ Yes *(5g)* ☐ No *(6a)* |
| g. **(Again, not counting the days in bed and days lost from work, school), how many (other) days did he have to cut down for as much as a day?** | g. | ☐ None *(6a or NP)* _____ days *(6a)* |
| If 1+ days in Q.5, ask 6, otherwise go to next person. 6a. **What condition caused -- to** { stay in bed / miss work / miss school / cut down } **during the past 2 weeks?** | 6a. | *Enter conditions in Item C* *Ask 6b and c* |
| b. **Did any other condition cause him to (stay in bed, miss work, miss school, cut down) during that period?** | b. | ☐ Yes *(6c)* ☐ No *(6a or NP)* |
| c. **What condition?** | c. | *Enter conditions in Item C* *Reask 6b* |
| 7a. **During the past 2 weeks, did anyone in the family go to a dentist?** | | ☐ Yes *(7b)* ☐ No *(9)* |
| b. **Who was this?** – Mark "Dental Visit" box in person's column. | b. | ☐ Dental visit *(7c)* |
| c. **During the past 2 weeks, did anyone else in the family visit a dentist?** | | ☐ Yes *(Reask 7b and c)* ☐ No *(7d)* |
| For each person with "Dental Visit," ask: d. **During the past 2 weeks, how many times did -- visit a dentist?** | d. | ____ No. of dental visits *(NP)* |
| If dental visit, ask: 8a. **For what (other) condition did -- visit the dentist?** – Enter condition in 8a | 8a. | ☐ Exam. or cleaning } *(8b)* _____ |
| b. **Did -- visit the dentist for any (other) (specific) condition?** | b. | ☐ Yes *(8a)* ☐ No *(8c)* ☐ No cond. *(NP)* |
| For each condition in 8a, ask: c. **During the past 2 weeks was -- sick because of his . . .?** | c. | ☐ Yes *(Item C)* ☐ No } *(NP or 8c)* |
| 9a. **Has anyone in the family been a patient in a hospital during the past 2 weeks?** | 9a. | ☐ Yes *(9b)* ☐ No *(11)* |
| b. **Who was this?** – Mark "In hospital" box in person's column | b. | ☐ In hospital *(Item C and 9c)* |
| c. **During the past 2 weeks was anyone else a patient in a hospital?** | | ☐ Yes *(Reask 9b and c)* ☐ No *(10)* |
| If hospitalized, ask: 10a. **For what condition was -- in the hospital?** | 10a. | *Enter condition in Item C* |
| b. **While -- was in the hospital did he talk to a doctor about any other condition?** | b. | ☐ Yes *(10c)* ☐ No *(NP)* |
| c. **What condition?** | c. | *Enter condition in Item C* *Reask 10b and c* |

| | | |
|---|---|---|
| **11. During the past 2 weeks ( the 2 weeks outlined in red on that calendar) how many times has -- seen a medical doctor? (Do not count the doctors he saw while he was in the hospital.)** | 11. | ☐ None<br>____ Number of visits |
| **12a. (Besides those visits) During that 2-week period has anyone in the family been to a doctor's office or clinic for shots, X-rays, tests, or examinations?** ☐ Yes *(12b and c)* ☐ No *(13)* | | |
| **b. Who was this?**–Mark "Doctor Visit" box in person's column. | 12b. | ☐ Doctor visit *(12c)* |
| **c. Anyone else?** ☐ Yes *(12b and c)* ☐ No *(12d)* | | |
| If "Doctor visit," ask:<br>**d. How many times did -- visit the doctor during that period?** | d. | ____ Number of visits |
| **13a. During that period, did anyone in the family get any medical advice from a doctor over the telephone?** ☐ Yes *(13b and c)* ☐ No *(14)* | | |
| **b. Who was the phone call about?** – Mark "Yes" in person's column. | 13b. | ☐ Yes |
| **c. Any calls about anyone else?** ☐ Yes *(13b and c)* ☐ No *(13d)* | | |
| For each "Yes" marked, ask:<br>**d. How many telephone calls were made to get medical advice about --?** | d. | ____ Number of calls |
| If visits in Q.'s 11-13, enter the number in Item C and ask Q.14a, otherwise check the "No visits" box in Q.14a. | | ☐ No visits in Q.s 11-13 *(Item C and NP)* |
| **14a. For what condition did -- see or talk to a doctor during the past 2 weeks?** **NOTE:** If condition reported in 14a, enter it in Item C above, then ask 14d. Otherwise check appropriate box. → | 14a. | ☐ Pregnancy *(14e)*<br>☐ No condition *(14b)* |
| **b. Did -- see or talk to a doctor about any specific condition?** | b. | ☐ Yes *(14c)* ☐ No *(NP)* |
| **c. What condition?** | c. | *Enter condition in Item C and ask 14d* |
| **d. During that period, did -- see or talk to a doctor about any other condition?** | d. | ☐ Yes *(14c)* ☐ No *(NP)* |
| **e. During the past 2 weeks was -- sick because of her pregnancy?** | e. | ☐ Yes *(14f)* ☐ No *(NP)* |
| **f. What was the matter? – Anything else?** | f. | *Enter condition in Item C (NP)* |
| INTERVIEWER CHECK ITEM:<br>Check one box OR ask Q.15<br>Doctor visits in Q.'s 11-13 →<br>Hospitalized in past 2 weeks (Q.9) and no visits in Q.'s 11-13 → | | 1 ☐ Dr. Visits in Q.'s 11-13 *(NP)*<br>2 ☐ 2 wk Hosp. stay & No D.V. *(NP)*<br>*(If "neither" go to Q.15)* |
| All other, ask:<br>**15. ABOUT how long has it been since -- saw or talked to a medical doctor?**<br>(Estimate is acceptable. If less than 1 year, check appropriate "Months" box; if more than 1 year, enter number of whole years). | 15. | 3 ☐ Past 2 weeks not reported *(Q.11 and 14)*<br>4 ☐ 2 weeks – 6 months<br>5 ☐ Over 6-12 months<br>____ Years 0 ☐ Never |

**Now I'm going to read a list of conditions:**

**16a. During the past 12 months, has anyone in the family (you, your --, etc.) had any of the following conditions –**

If "Yes," ask b and c

**b. Who was this?**

**c. During the past 12 months has anyone else had . . . ?**

(Enter name of condition and letter of line where reported in appropriate persons column(s) in Item C.)

| | Yes | No |
|---|---|---|
| **A. Gallstones?** | | |
| **B. Any other gallbladder trouble?** | | |
| **C. Hemorrhoids or piles?** | | |
| **D. Cirrhosis of the liver?** | | |
| **E. Fatty liver?** | | |
| **F. Hepatitis?** | | |

| | | | | |
|---|---|---|---|---|
| 15. | 3 ☐ Past 2 wks not reported *(Q.11 and 14)*<br>4 ☐ 2 weeks – 6 months<br>5 ☐ Over 6-12 months<br>____ Years 0 ☐ Nev. ☐ | 3 ☐ Past 2 wks not reported *(Q.11 and 14)*<br>4 ☐ 2 weeks – 6 months<br>5 ☐ Over 6-12 months<br>____ Years 0 ☐ Never ☐ | 15. 3 ☐ Past 2 wks not reported *(Q.11 and 14)*<br>4 ☐ 2 weeks – 6 months<br>5 ☐ Over 6-12 months<br>____ Years 0 ☐ Nev. ☐ | 3 ☐ Past 2 wks not reported *(Q.11 and 14)*<br>4 ☐ 2 weeks – 6 months<br>5 ☐ Over 6-12 months<br>____ Years 0 ☐ Never ☐ | 15. 3 ☐ Past 2 wks not reported *(Q. 11 and 14)*<br>4 ☐ 2 weeks – 6 months<br>5 ☐ Over 6-12 months<br>____ Years 0 ☐ Nev. ☐ |

| During the past 12 months has anyone in the family had – If "Yes," ask b and c | Yes | No | During the past 12 months has anyone in the family had – If "Yes," ask b and c | Yes | No | During the past 12 months has anyone in the family had – If "Yes," ask b and c | Yes | No |
|---|---|---|---|---|---|---|---|---|
| G. Yellow jaundice? | | | N. Gastritis? | | | U. Frequent constipation? | | |
| H. Any other liver trouble? | | | O. Frequent indigestion? | | | V. Any other bowel trouble? | | |
| I. Diabetes? | | | P. Any other stomach trouble? | | | W. Any other intestinal trouble? | | |
| J. Any disease of the pancreas? | | | Q. Enteritis? | | | X. Cancer of the stomach, colon or rectum? | | |
| K. Ulcer? | | | R. Diverticulitis? | | | Y. During the past 12 months has anyone in the family had any other condition of the digestive system? If "Yes," ask: Who was this? – What is the condition? (Enter in Item C) | | |
| L. Hernia or rupture? | | | S. Colitis? | | | | | |
| M. A disease of the esophagus? | | | T. Spastic Colon? | | | | | |

| | | | |
|---|---|---|---|
| Ages 17 + | **17a. What was -- doing most of the past 12 months –** (For males): **working or doing something else?** (For females): **keeping house, working or doing something else?**<br>If "something else," ask:<br>**b. What was -- doing?**<br>If 45+ years and was not "working," "keeping house" or "going to school," ask:<br>**c. Is -- retired?** | **17 and 18** | 1 ☐ Working *(22)*<br>2 ☐ Keeping house *(22)*<br>3 ☐ Retired *(21)*<br>4 ☐ Going to school *(24)*<br>5 ☐ 17+ something else *(21)*<br>6 ☐ 6-16 something else *(23)* |
| Ages 6 – 16 | **18a. What was -- doing most of the past 12 months – going to school or doing something else?**<br>If "something else," ask:<br>**b. What was -- doing?** | | |
| Ages 1 – 5 | **19a. Is -- able to take part at all in ordinary play with other children?** | **19a.** | ☐ Yes *(19b)* 1 ☐ No *(25)* |
| | **b. Is he limited in the kind of play he can do because of his health?** | **b.** | 2 ☐ Yes *(25)* ☐ No *(19c)* |
| | **c. Is he limited in the amount of play because of his health?** | **c.** | 2 ☐ Yes *(25)* 4 ☐ No *(NP)* |
| Ages Under 1 yr. | **20a. Is -- limited in any way because of his health?** | **20a.** | ☐ Yes *(20b)* 4 ☐ No *(NP)* |
| | **b. In what way is he limited?** | **b.** | _____ *(25)* |
| | **21a. Does -- health keep him from working?** | **21a.** | 1 ☐ Yes *(25)* ☐ No *(21b)* |
| | **b. Is he limited in the kind of work he could do because of his health?** | **b.** | 2 ☐ Yes *(25)* ☐ No *(21c)* |
| | **c. Is he limited in the amount of work he could do because of his health?** | **c.** | 2 ☐ Yes *(25)* ☐ No *(21d)* |
| | **d. Is he limited in the kind or amount of other activities because of his health?** | **d.** | 3 ☐ Yes *(25)* 4 ☐ No *(NP)* |
| | **22a. In terms of health, is -- PRESENTLY able to (work - keep house) at all?** | **22a.** | ☐ Yes *(22b)* 1 ☐ No *(25)* |
| | **b. Is he limited in the kind of (work - house work) he can do because of his health?** | **b.** | 2 ☐ Yes *(25)* ☐ No *(22c)* |
| | **c. Is he limited in the amount of (work - house work) he can do because of his health?** | **c.** | 2 ☐ Yes *(25)* ☐ No *(22d)* |
| | **d. Is he limited in the kind or amount of other activities because of his health?** | **d.** | 3 ☐ Yes *(25)* 4 ☐ No *(NP)* |
| | **23. In terms of health would -- be able to go to school?** | **23.** | ☐ Yes *(24a)* 1 ☐ No *(25)* |
| | **24a. Does (would) -- have to go to a certain type of school because of his health?** | **24a.** | 2 ☐ Yes *(25)* ☐ No *(24b)* |
| | **b. Is he (would he be) limited in school attendance because of his health?** | **b.** | 2 ☐ Yes *(25)* ☐ No *(24c)* |
| | **c. Is he limited in the kind or amount of other activities because of his health?** | **c.** | 3 ☐ Yes *(25)* 4 ☐ No *(NP)* |
| | **25a. What condition causes this limitation?**<br>If "old age", ask:<br>**Is this limitation caused by any specific condition?** | **25a.** | Enter condition in Item C and ask 25b |
| | **b. Is this limitation caused by any other conditions?** | **b.** | ☐ Yes *(25c)* ☐ No *(25d)* |
| | **c. What conditions?** | **c.** | Enter condition in Item C and reask 25b and c |
| | If 2+ conditions reported in 25, ask:<br>**d. Which of these conditions would you say is the MAIN cause of his limitation?** | **d.** | ☐ Only one condition<br>_____<br>Enter main condition |
| | FOOTNOTES: | | **WASHINGTON USE** |

| | | |
|---|---|---|
| **26a. Has -- been in a hospital at any time since a year ago?** | 26a. | ☐ Yes *(26b)* ☐ No *(Item C)* |
| **b. How many times was -- in a hospital since a year ago?** | b. | ____Times *(Item C and NP)* |
| **27a. Has anyone in the family been in a nursing home, convalescent home or similar place since a year ago?** ☐ Yes *(27b)* ☐ No *(28)* | 27a. | |
| **b. Who was this?** – Mark "Yes" in person's column. | b. | ☐ Yes |
| For each "Yes" marked, ask: **c. During that period, how many times was -- in a nursing home or similar place?** | c. | ____Times *(Item C)* |
| (Examine ages of all persons listed). For each child 1 year old or under, ask: **28a. When was -- born?** If on or after the date stamped in 26a, ask 28b. | 28a. | Month ¦ Day ¦ Year |
| **b. Was -- born in a hospital?** If "Yes" and no hospitalizations entered in his column, enter "1" in 26 and Item C. If "Yes" and a hospitalization is reported for the mother and baby ask 28c. | b. | ☐ Yes ☐ No |
| **c. Is this hospitalization included in the number you gave me for --?** If "No," correct entries in Q. 26 and Item C. | c. | ☐ Yes ☐ No |
| If person is 55 years old or over, ask: **The following questions refer to different kinds of personal care some people need at home:** | | ☐ Under 55 *(Item C)* ☐ 55 or over *(29a)* |
| **29a. Does -- need any help at home with injections, shots or other treatments?** | 29a. | ☐ Yes *(Item C)* ☐ No |
| **b. Does -- need any help in bathing, dressing or putting on his shoes?** | b. | ☐ Yes *(Item C)* ☐ No |
| **c. Does -- need anyone's help at home when walking up stairs or getting from room to room?** | c. | ☐ Yes *(Item C)* ☐ No |
| **d. Does -- need any help at all in caring for himself?** | d. | ☐ Yes *(Item C)* ☐ No |
| **e. During the past 12 months, has -- received any care at home from a nurse?** | e. | ☐ Yes *(29f & g)* ☐ No *(Item C)* |
| **f. During this 12-month period, about how many visits did a nurse make to care for --?** | f. | ____Times |
| **g. Were any of these visits during the past 2 weeks?** | g. | ☐ Yes *(Item C)* ☐ No *(Item C)* |
| **These next questions are about motor vehicle accidents, that is, accidents, involving cars, trucks, buses, motorcycles, and so forth. We are interested in all types of motor vehicle accidents even if no one was injured. 30a. During the past 12 months, has -- been in a motor vehicle accident either as a (driver), passenger or pedestrian?** | 30a. | ☐ Yes *(30b)* ☐ No *(NP)* |
| **b. How many motor vehicle accidents has -- been in during the past 12 months?** | b. | ____Number of accidents |
| **c. On what date(s) did the accident(s) happen?** | c. | Month ¦ Day ¦ Year<br>1.<br>2.<br>3. |
| **d. Was -- in any other motor vehicle accident during the past 12 months?** | d. | ☐ Yes *(30c & d)* ☐ No *(NP)* |
| For all persons 14 years of age and older, ask: **31a. Has -- driven a motor vehicle during the past 12 months?** | 31a. | X0 ☐ Under 14 yrs. *(NP)*<br>☐ Yes *(31b)*<br>X1 ☐ No *(NP)* |
| **b. How many years has -- been driving?** | b. | 00 ☐ Less than 1 year<br>____Number of years |
| **R** Q. 5-31 For persons 19 years old or over, show who responded for (or was present during the asking of) Q. 5-31. If persons responded for self, show whether entirely or partly. For persons under 19 show who responded for them. If eligible respondent is "at home" but did not respond for self, enter the reason in a footnote. | | 1 ☐ Responded for self-entirely<br>2 ☐ Responded for self-partly<br>Person_____was resp. ☐ |

## CONDITION 1

1. Person number →

Enter person number and "name of condition" and ask question 2.

Name of condition

Ask for all conditions.

2. Did -- ever at any time talk to a doctor about his . . .? 1 ☐ Yes 2 ☐ No

Examine "Name of condition" entry in Item 1 and mark.

☐ Accident or injury *(4)* ☐ Condition on Card C *(9)* ☐ Neither *(3a)*

If "Doctor talked to," ask: →
If "Doctor not talked to," record adequate description of condition or illness.

3a. What did the doctor say it was? Did he give it a medical name?

Do not ask for Cancer.

b. What was the cause of . . .?
☐ Accident or injury *(4)*

If the entry in 3a or 3b includes the words:

| | | |
|---|---|---|
| Asthma | "Ailment" | Ask: |
| Cyst | "Attack" | |
| Growth | "Condition" | |
| Measles | "Defect" | |
| Rupture | "Disease" | |
| Tumor | "Disorder" | |
| Ulcer | "Trouble" | |

c. What kind of . . . is it?

For ALLERGY OR STROKE, ask:

d. How does the ALLERGY (STROKE) affect him?

For any entry that includes the words:

| | | |
|---|---|---|
| Abscess | Inflammation | Ask: |
| Ache(except headache) | Neuralgia | |
| Bleeding | Neuritis | |
| Blood clot | Pain | |
| Boil | Palsy | |
| Cancer | Paralysis | |
| Cramps (except menstrual) | Rupture | |
| Cyst | Sore | |
| Damage | Soreness | |
| Growth | Tumor | |
| Hemorrhage | Ulcer | |
| Infection | Varicose veins | |
| | Weak | |
| | Weakness | |

e. What part of the body is affected?

Show the following detail:

Ear or eye . . . one or both
Head . . . . . skull, scalp, face
Back . . . . . .upper, middle, lower
Arm . . . . . .shoulder, upper, elbow, lower, wrist, hand; one or both
Leg . . . . . .hip, upper, knee, lower, ankle, foot; one or both

**WASHINGTON USE**

Question No.

Condition diag. code

Number of this condition

1 ☐ Chronic 2 ☐ Acute

Total conditions

Accident - 1st injury
1 ☐ Yes 2 ☐ No

Req. hospital
1 ☐ Yes 2 ☐ No

Other accident
1 ☐ Adv. Reac. 2 ☐ Other

I.C. or Dum. code

Cause of limitation
0 ☐ NA 1 ☐ Yes *(MC)*
2 ☐ Yes *(Not MC)* 3 ☐ No

## FILL QUESTIONS 4-8 FOR ALL ACCIDENTS OR INJURIES

4a. Did the accident happen during the past 2 years or before that time?
☐ During past 2 years *(4b)*
☐ Before 2 years *(5a)*

b. When did the accident happen?
Enter month and year: Mark one box.

| Month | Year |
|---|---|
| | |

☐ Last week
☐ Week before
☐ 2 weeks – 3 months
☐ 3-12 months
☐ 1-2 years

Ask for all accidents or injuries:

5a. At the time of the accident what part of the body was hurt? What kind of injury was it? Anything else?

| Part(s) of body | Kind of injury |
|---|---|
| | |
| | |

If accident happened BEFORE 3 months, ask:

b. What part of the body is affected now? How is his -- affected? Is he affected in any other way?

| Part(s) of body | Present effects |
|---|---|
| | |
| | |

6a. Was a car, truck, bus, or other motor vehicle involved in the accident in any way? 1 ☐ Yes *(6b)* 2 ☐ No *(7)*

b. Was more than one vehicle involved? ☐ Yes ☐ No

c. Was it (either one) moving at the time? 1 ☐ Yes 2 ☐ No

7. Where did the accident happen?

1 ☐ At home (inside house)
2 ☐ At home (adjacent premises)
3 ☐ Street and highway (includes roadway)
4 ☐ Farm
5 ☐ Industrial place (includes premises)
6 ☐ School (includes premises)
7 ☐ Place of recreation and sports, except at school
8 ☐ Other – *Specify the place where accident happened* →

8. Was -- at work at his job or business when the accident happened?

1 ☐ Yes
2 ☐ No
3 ☐ While in Armed Services
4 ☐ Under 17 at time of accident

| | | |
|---|---|---|
| Mark for all conditions | ☐ First eye cond. *(9)* ☐ Not first eye cond. *(10a)* ☐ Not an eye cond. *(10a)* ☐ Under 6 *(10a)* | |
| | **9. Can -- see well enough to read ordinary newspaper print with glasses?** | ☐ Yes ☐ No |
| Ask question 10a for all conditions. | **10a. During the past two weeks, did his . . . cause him to cut down on the things he usually does?** | ☐ Yes ☐ No *(15a)* |
| | **b. Did he have to cut down for as much as a day?** | ☐ Yes ☐ No *(15a)* |
| Ask questions 11 and 12 if "Yes" marked in question 10b. | **11. How many days did he have to cut down during that 2-week period?** | ____ Days |
| | **12. During that 2-week period, how many days did his . . . keep him in bed all or most of the day?** | ____ Days 00 ☐ None |
| Ask question 13 if person is 6-16 years old. | **13. How many days did his . . . keep him from school during that 2-week period?** | ____ Days 00 ☐ None |
| Ask question 14 if person is 17 years old or over. | **14. How many days did his . . . keep him from work during that 2-week period?** (For females add) **not counting work around the house?** | ____ Days 00 ☐ None |
| Ask question 15 for all conditions. | **15a. When did he first notice his . . .? – Was it during the past 3 months or before that time?** | ☐ During 3 mos. *(15b)*<br>☐ More than 3 mos. ago *(16)* |
| | **b. Did he first notice it during the past two weeks or before that time?** | ☐ Past 2 wks. *(15c)*<br>4 ☐ More than 2 wks. ago *(AA)* |
| | **c. Which week, last week or the week before?** | 1 ☐ Last week<br>2 ☐ Wk before } *(AA)* |
| Ask Q.16 only if cond. was first noticed "more than 3 mos. ago." | **16. Did -- first notice it during the past 12 months or before that time?** | 5 ☐ 3-12 months<br>6 ☐ More than 12 mos. ago |

**AA** Continue if this condition started "more than 3 mos. ago" or is in this list: STOP for all other conditions and for accidents, injuries, and pregnancies.

| | | | | | | |
|---|---|---|---|---|---|---|
| Cancer, any kind | Colitis | Enteritis | Gallstones | Hernia, any kind | Rupture, any kind |
| Cirrhosis of the liver | Diverticulitis | Fatty liver | Hemorrhoids | Piles | Ulcer, any kind |

INTERVIEWER CHECK ITEM: ☐ "Yes" in question 2 *(18)* ☐ "No" in question 2 *(17)*

| | | |
|---|---|---|
| Ask if "No" in question 2. | **17. During the past 12 months what did -- do or take for his . . .? Anything else?** Write in and mark → | ☐ Medicine *(24)* ☐ Treatm't *(24)*<br>☐ Restraint *(24)* ☐ Noth. *(24)* |
| Ask if "Yes" in question 2. | **18. After -- first noticed something was wrong, how long was it before he talked to a doctor about it?** (Estimate is acceptable) | 0 ☐ Discovered by Doctor *(20)*<br>2 ____ Days 4 ____ Months<br>3 ____ Weeks 5 ____ Years |
| | **19. Before -- talked to a doctor about his . . ., what did he do or take for this condition? Anything else?** Write in and mark → | ☐ Medicine ☐ Treatment<br>☐ Restraint ☐ Nothing |
| | **20a. Does -- NOW take any medicine or treatment for his . . .?** | 1 ☐ Yes 2 ☐ No *(21)* |
| | **b. Was any of this medicine or treatment recommended by a doctor?** | 1 ☐ Yes 2 ☐ No |
| | **21. Has he EVER had surgery for this condition?** | 1 ☐ Yes 2 ☐ No |
| | **22. Has he EVER been hospitalized for this condition?** | 1 ☐ Yes 2 ☐ No |
| | **23. During the past 12 months, about how many times has -- seen or talked to a doctor about his . . .?** | ____ Times 000 ☐ None |
| Ask for all conditions past AA. | **24. About how many days during the past 12 months, has this condition kept him in bed all or most of the day?** | ____ Days 000 ☐ None |
| If "other" in 25a and bothered at all, ask 25b. If not bothered at all go to 25c. | **25a. How often does his . . . bother him – all of the time, some of the time, or never?** (Mark one box) | 1 ☐ All the time *(25b)* 0 ☐ Never *(25c)*<br>2 ☐ Some time *(25b)* 3 ☐ Other |
| | **b. When it does bother him, is he bothered a great deal, some, or very little?** (Mark one box and go to next cond.) | 1 ☐ Great deal 2 ☐ Some 3 ☐ Very little 4 ☐ Other *(Specify)* _____ |
| | **c. Does -- still have his . . .?** | 1 ☐ Yes *(Next condition)*<br>0 ☐ No *(25d)* |
| | **d. Is this condition completely cured or is it under control?** _____ ← | 2 ☐ Cured *(25e)* 3 ☐ Und. cont. *(Next cond.)*<br>4 ☐ Other – *Specify (Next cond.)* |
| | **e. About how long did -- have this condition before it was cured?** | 0 ☐ Less than one month<br>____ months ____ year(s) |

## HOSPITAL PAGE

1. **Person number** → [ ] USE YOUR CALENDAR | Probe | I.C. or Dum.

Enter month, day, year; if the exact date is not known, obtain the best estimate.

**You said that -- was in the (hospital/nursing home) during the past year.**

Make sure the YEAR is correct

2. **When did -- enter the (hospital/nursing home) (the last time)?** Month | Day | Year

Enter the full name of the hospital or nursing home; the street or highway on which it is located, and the city and State; if the city is not known, enter the county.

3. **What is the name and address of this (hospital/nursing home)?**

Name

Street | City (or county) | State

Do not include any nights in interview week. If the exact number is not known, accept the best estimate.

4. **How many nights was -- in the (hospital/nursing home)?**

(Total nights in hospital/nursing home) →

Complete Q. 5 from entries in Q.'s 2 and 4. If not clear, ask the questions.

Do not include any nights in interview week.

5a. **How many of these -- nights were during the past 12 months?** →

b. **How many of these -- nights were during the past 2 weeks?** →

c. **Was -- still in the (hospital/nursing home) last Sunday night for this hospitalization (stay)?** [ ] Yes [ ] No

If medical name unknown, enter an adequate description.

Entry must show CAUSE, KIND, and PART OF BODY in same detail as required for the Condition page.

6. **For what condition did -- enter the (hospital/nursing home) – do you know the medical name?** →

For delivery, ask: **Was this a normal delivery?**

For newborn, ask: **Was the baby normal at birth?**

If "No" ask: **What was the matter?**

Record in "Condition" box

Condition

Cause

Kind

Part of body

Ask for all conditions EXCEPT deliveries and births.

7. **Was this the first time -- was hospitalized for . . .?** 1 [ ] Yes 2 [ ] No

If name of operation is not known, describe what was done.

8a. **Were any operations performed on -- during this stay at the (hospital/nursing home )?** [ ] Yes 0 [ ] No *(Item T)*

b. **What was the name of the operation?** Operation

c. **Any other operations?** [ ] Yes *(Describe)* [ ] No

**ITEM T** Mark appropriate boxes: 1 [ ] "Yes" in Q.5c *(12)* [ ] "No" in Q.5c *(Mark one box)* → 2 [ ] Under 55 *(12)* [ ] 55 and over *(9a)*

9a. **When -- left (name of hospital/nursing home) did he return home or go some other place?**
3 [ ] Home *(10)* 4 [ ] Some other place *(9b)*

b. **What kind of place did -- go to?** *(Specify)*

**Interviewer:** If the place in 9b is a hospital, nursing home or similar place, was a hospital page filled for that stay?
[ ] Hospital page filled *(Stop)* [ ] Hospital page not filled *(Fill hospital page for unreported stay)*

10. **After leaving the hospital (nursing home) how many days did -- have to remain in bed all or most of the day?** 000 [ ] None XX1 [ ] Still in bed [ ] days

11. **ALTOGETHER how many days was -- confined to the house after returning home from the hospital (nursing home)?** 000 [ ] None XX1 [ ] Still confined to house [ ] days

12. **NOTE TO INTERVIEWER:** Complete a Hospital Supplement for each completed hospital stay ("No" in question 5c) before going to the next Hospital Page.

## DOCTOR VISITS (1)

1. **Person number** [ ]

| First Visit | Dum. |
|---|---|
| | |

Record each date on which a Doctor was visited in a separate question 2a of the Doctor Visits questions.

**Earlier, you told me that -- had seen or talked to a doctor during the past 2 weeks.**

**2a. On what dates during that 2-week period did -- visit or talk to a doctor?**

| Month | Day |
|---|---|
| | |

Ask and record the answer to question 2b on the last set of Doctor Visits questions for each person.

**b. Were there any other doctor visits for -- during that period?**

[ ] Yes *(Reask Q. 2a)* [ ] No *(Ask Q. 3-6 for each visit)*

FOOTNOTES:

**3. Where did -- see the doctor on the** (date), **at a doctor's office, a clinic or some other place?** (Mark one box)

- X0 [ ] While inpatient in hospital *(STOP)*
- 01 [ ] Home
- 10 [ ] Telephone
- 20 [ ] Doctor's office
- 30 [ ] Pre-paid Ins. Group
- 40 [ ] Hospital Out-Patient Clinic
- 50 [ ] Hospital Emergency Room
- 60 [ ] Health Department
- 70 [ ] Company or Industry
- 80 [ ] Other *(Specify)* →

**4a. How much was the doctor's bill for that visit (call)?**

| Dollars | Cents |
|---|---|
| | |

If bill not received, ask:

**b. How much do you expect the doctor's bill to be for that visit (call)?**

| Dollars | Cents |
|---|---|
| | |

**5. Is the doctor a general practitioner or a specialist?**

01 [ ] General Practitioner [ ] Specialist

**What kind of specialist is he?** →

**6a. Why did you visit (call) a doctor on** (date)**?**

Write in and mark one box

- 1 [ ] Diag. or treatment *(6b)*
- 2 [ ] Pre or Post natal care *(Next D.V.)*
- 3 [ ] General check-up *(Next D.V.)*
- 4 [ ] Eye exam. (glasses)
- 5 [ ] Immunization
- 6 [ ] Other

*(Next D.V.)*

If 2 or more doctor visits for person and no condition reported in 6a, ask:

**b. For what condition did you visit the doctor on this date?**

Write in [ ] [ ] [ ]

## DOCTOR VISITS (2)

1. **Person number** [ ]

| First Visit | Dum. |
|---|---|
| | |

Record each date on which a Doctor was visited in a separate question 2a of the Doctor Visits questions.

**2a. On what dates during that 2-week period did -- visit or talk to a doctor?**

| Month | Day |
|---|---|
| | |

Ask and record the answer to question 2b on the last set of Doctor Visits questions for each person.

**b. Were there any other doctor visits for -- during that period?**

[ ] Yes *(Reask Q. 2a)* [ ] No *(Ask Q. 3-6 for each visit)*

FOOTNOTES:

**3. Where did -- see the doctor on the** (date), **at a doctor's office, a clinic or some other place?** (Mark one box)

- X0 [ ] While inpatient in hospital *(STOP)*
- 01 [ ] Home
- 10 [ ] Telephone
- 20 [ ] Doctor's office
- 30 [ ] Pre-paid Ins. Group
- 40 [ ] Hospital Out-Patient Clinic
- 50 [ ] Hospital Emergency Room
- 60 [ ] Health Department
- 70 [ ] Company or Industry
- 80 [ ] Other *(Specify)* →

**4a. How much was the doctor's bill for that visit (call)?**

| Dollars | Cents |
|---|---|
| | |

If bill not received, ask:

**b. How much do you expect the doctor's bill to be for that visit (call)?**

| Dollars | Cents |
|---|---|
| | |

**5. Is the doctor a general practitioner or a specialist?**

01 [ ] General Practitioner [ ] Specialist

**What kind of specialist is he?** →

**6a. Why did you visit (call) a doctor on** (date)**?**

Write in and mark one box

- 1 [ ] Diag. or treatment *(6b)*
- 2 [ ] Pre or Post natal care *(Next D.V.)*
- 3 [ ] General check-up *(Next D.V.)*
- 4 [ ] Eye exam. (glasses)
- 5 [ ] Immunization
- 6 [ ] Other

*(Next D.V.)*

If 2 or more doctor visits for person and no condition reported in 6a, ask:

**b. For what condition did you visit the doctor on this date?**

Write in [ ] [ ] [ ]

## HOME CARE PAGE

| Person No. | Control |
|---|---|
| | |

**Earlier in the interview you mentioned that -- needed help of some kind here at home. I am going to read a list of different kinds of personal care some people need in the home. Please tell me if -- needs help in any of the following ways.**

For each "Yes" answer to 1a, ask:

| | No | Yes | 1b. Who helps --? | Does anyone else help --? | WASH. USE |
|---|---|---|---|---|---|
| **1a. Does -- need help at home – in walking up stairs or getting from room to room?** | | | | ☐ No | |
| **in dressing or putting on shoes?** | | | | ☐ No | |
| **Does -- need help at home – with bathing (shaving) or other toilet activities?** | | | | ☐ No | |
| **in eating or having meals served in bed?** | | | | ☐ No | |
| **Does -- need help at home – with changing bandages?** | | | | ☐ No | |
| **in receiving injections?** | | | | ☐ No | |
| **with other treatments?** If "Yes," ask: **What kinds of treatment?** *Specify* _____ | | | | ☐ No | |
| **Does -- need help at home – in changing bed positions?** | | | | ☐ No | |
| **in exercising or physical therapy?** | | | | ☐ No | |
| **in cutting toenails?** | | | | ☐ No | |
| **Does -- get any OTHER help or care here at home?** If "Yes," ask: **What kinds of other help or care?** *Specify* _____ | | | | ☐ No | |

**IF PERSON DOES NOT NEED OR RECEIVE CARE**

All "No's" to question 1a, reconcile differences between answers in question 29 and question 1a above or describe the situation in the footnote space below.

**2. For what condition(s) does -- need this help or care?** *(Specify condition(s))* _____

**Any other conditions?** _____

**3. How long has -- received help or care at home?** *(Mark one box)*

1 ☐ 1 month or less
2 ☐ Over 1 to 6 months
3 ☐ Over 6 to 12 months
4 ☐ Over 1 to 3 years
5 ☐ Over 3 to 5 years
6 ☐ Over 5 years

**4. Because of --'s health, must someone be in the house with him all of the time, part of the time, or only when providing the needed help or care?**

1 ☐ All of the time
2 ☐ Part of the time
3 ☐ Only when providing the needed help or care

For each person, other than a nurse, listed in 1b, ask:

**5a. Is -- a nurse, a physical therapist, or some other kind of health worker?**

If "Nurse," reported in Q. 1b or 5a, ask:

**b. Is the nurse that cares for -- a registered nurse, a practical nurse, or some other kind of nurse?**

(Determine the type(s) of person(s) providing the care in question 1 and mark appropriate box in column (1) of Table H.)

FOOTNOTES:

## TABLE H

| Type of persons providing care (1) | | During the past two weeks on about how many days did -- receive help or care from (relative, nurse, etc.)? (2) | | About how many hours a day does -- receive help or care from (relative, nurse, etc.)? (3) | | | Is (relative, nurse, etc.) paid for these services? (4) | |
|---|---|---|---|---|---|---|---|---|
| | | Days | xx Don't know | Hours | oo Less than 1 hour | xx Don't know | 1 Yes | 2 No |
| **NON-HEALTH WORKERS** | **A.** ☐ Related household members | | | | | | | X |
| | **B.** 1 ☐ Related persons not in household | | | | | | | |
| | **C.** 2 ☐ Friend or neighbor | | | | | | | |
| | **D.** 3 ☐ Other *(Specify)* → _____ | | | | | | | |
| **HEALTH WORKERS** | **E.** 4 ☐ Nurse - Registered | | | | | | | |
| | **F.** 5 ☐ Nurse - Practical or other | | | | | | | |
| | **G.** 6 ☐ Physical therapist | | | | | | | |
| | **H.** 7 ☐ Other *(Specify)* → _____ | | | | | | | |

**INTERVIEWER:** Mark the appropriate box before going to Q's 6-8.

☐ Person 65 + and "Yes" in column (4) *(Go to 6)*
☐ Person 55-64 and "Yes" in column (4) *(Go to 7)*
☐ All "No's" in column (4) *(Go to 8)*

**6. Are any of these services paid for by Medicare?** 1 ☐ Yes 2 ☐ No x ☐ Don't know

**7a. Who pays (the remainder of the bill) for these services?**
**b. Anyone else?**

1 ☐ Self or family
2 ☐ Other relative or friend
3 ☐ Health insurance
4 ☐ Agency or organization (Visiting Nurses Association, etc.)
5 ☐ Welfare
6 ☐ Other *(Specify)* _____

**8a. During the past 12 months, has -- received any care at home from a nurse?** ☐ Yes *(8b)* 000 ☐ No *(Stop)*

**b. During the past 12 months, ABOUT how many visits did a nurse make to care for --?** Number of visits _____

FOOTNOTES:

**WASHINGTON USE**

**These next questions are about health insurance. We are interested in all kinds of health insurance plans except those which pay only for accidents.**

**32a. (Not counting Social Security Medicare), is anyone in the family covered by hospital insurance, that is, a health insurance plan which pays any part of a hospital bill?** ☐ Yes *(32b,c)* ☐ No *(32d)*

**b. What is the name of the plan?** (Record in Table H.I.)

**c. (Again not counting Medicare), is anyone in the family covered by any other health insurance plan which pays any part of a hospital bill?** ☐ Yes *(32b,c)* ☐ No *(32d)*

**d. (Besides** Medicare and **the -- plan(s) you already told me about)is anyone in the family covered by any health insurance plan which pays any part of a doctor's or surgeon's bill?** ☐ Yes *(32e,f)* ☐ No *(If no plans in Q. 32a-d go to Q.33)*

**e. What is the name of the plan?** (Record in Table H.I.)

**f. Does anyone in the family have any other health insurance plan (besides Medicare)?** ☐ Yes *(32e,f)* ☐ No

*(Complete Table H.I. for each plan)*

| | | |
|---|---|---|
| If 65 or over, ask:<br>**33. These next questions are about Social Security Medicare. Does -- have a Medicare card?** | 33. | 0 ☐ Und. 65 *(NP)* ①<br>☐ Yes *(NP)* ☐ No *(NP)* |
| If "Yes" for one or more persons in Q. 33, ask:<br>**34. It would be helpful if I could see -- (and --) Medicare card (s) to determine what type of coverage he has (they have). May I please see this (those) card(s)?**<br>(Transcribe the information from the card or check the appropriate "No card" box.) | 34. | From card: 1 ☐ Hospital 2 ☐ Medical } *NP*<br>No card: 4 ☐ Can't loc. 5 ☐ Refused } *NP*<br>6 ☐ Other ________ |
| For each person with "No" in Q.33 or "No card" in Q.34, ask:<br>**35a. Is -- covered by that part of Social Security Medicare which pays for hospital bills?** | 35a. | ☐ Yes ☐ No |
| **b. Is -- covered by that part of Medicare which pays for doctor's bills, that is, the Medicare plan for which he or some agency must pay $3.00 a month?** | b. | ☐ Yes *(NP)* ☐ No *(NP)* |
| **I** For each person check Table H.I. and Q. 34 and 35 and determine if "Covered" by insurance or Medicare or "Not Covered" by either. | | 0 ☐ Covered *(NP)*<br>☐ Not covered *(36)* |
| **36. (Many people do not carry health insurance for various reasons). Would you mind telling me why -- does not have health insurance?** | 36. | *(NP)* |
| **FOOTNOTES:** | | **WASHINGTON USE ONLY** |

| WASHINGTON USE ONLY | H | S | D |
|---|---|---|---|
| No. of plans | | | |
| Type of plans | | | |
| Cov. of head | | | |

| | | |
|---|---|---|
| If 17 years old or over, ask:<br>**37a. What is the highest grade -- attended in school?** | 37a. | ☐ None ☐ Und. 17 *(NP)*<br>Elem: 1 2 3 4 5 6 7 8<br>High: 9 10 11 12<br>College: 1 2 3 4 5+ |
| **b. Did -- finish the -- grade (year)?** | b. | ☐ Yes ☐ No |
| Ask for all males 17 years old or over:<br>**38a. Did -- ever serve in the Armed Forces of the United States?** | 38a. | ☐ Female *(NP)*<br>☐ Yes *(38b)* ☐ No *(NP)* |
| **b. Was any of his Service during a war?** | b. | ☐ Yes *(NP)* ☐ DK ☐ No } *(38c)* |
| **c. Was any of his Service between June 27, 1950, and January 31, 1955?** | c. | ☐ Yes *(NP)* ☐ DK ☐ No } *(38d)* |
| **d. Was any of his Service after January 31, 1955?** | d. | ☐ Yes ☐ No ☐ DK |

## TABLE H.I.

| Line No. | Name of plan (1) | Which members of the family are covered by (name of plan)? Circle column numbers. Is anyone else in the family covered under this policy? (2) | If 2 or more members of family covered by this plan ask: Do all these persons have the same benefits under this -- plan? (*If no, fill separate line for each person(s) with different benefits) (3) | Does -- pay any part of a hospital bill? (4) | Does -- pay any part of a surgeon's bill? (5) | Does this plan pay any part of a doctor's bill for office visits or home calls? * Yes (Next plan) ** No (Column 7) (6) | Does this plan pay any part of a doctor's bill for office visits or home calls after a certain amount has been paid by the family? (7) |
|---|---|---|---|---|---|---|---|
| A | | 1 2 3 4 5 6 7 8 9 10 | ☐ Yes ☐ No* | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes* ☐ No** | ☐ Yes ☐ No |
| B | | 1 2 3 4 5 6 7 8 9 10 | ☐ Yes ☐ No* | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes* ☐ No** | ☐ Yes ☐ No |
| C | | 1 2 3 4 5 6 7 8 9 10 | ☐ Yes ☐ No* | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes* ☐ No** | ☐ Yes ☐ No |
| D | | 1 2 3 4 5 6 7 8 9 10 | ☐ Yes ☐ No* | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes* ☐ No** | ☐ Yes ☐ No |
| E | | 1 2 3 4 5 6 7 8 9 10 | ☐ Yes ☐ No* | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes* ☐ No** | ☐ Yes ☐ No |

| | | | | | |
|---|---|---|---|---|---|
| 33. | 0 ☐ Und.65 *(NP)* (2) ☐ Yes *(NP)* ☐ No *(NP)* | 0 ☐ Und.65 *(NP)* (3) ☐ Yes *(NP)* ☐ No *(NP)* | 33. 0 ☐ Und.65 *(NP)* (4) ☐ Yes *(NP)* ☐ No *(NP)* | 0 ☐ Und.65 *(NP)* (5) ☐ Yes *(NP)* ☐ No *(NP)* | 33. 0 ☐ Und.65 *(NP)* (6) ☐ Yes *(NP)* ☐ No *(NP)* |
| | From card: 1 ☐ Hospital 2 ☐ Medical } *NP* | From card: 1 ☐ Hospital 2 ☐ Medical } *NP* | From card: 1 ☐ Hospital 2 ☐ Medical } *NP* | From card: 1 ☐ Hospital 2 ☐ Medical } *NP* | From card: 1 ☐ Hospital 2 ☐ Medical } *NP* |

| | | |
|---|---|---|
| Ask for all persons 17 years old or over:<br>**39a. Did -- work at any time last week or the week before?** – For females add: **Not counting work around the house?** | 39a. | 1 ☐ Yes *(40a)* 0 ☐ Und. 17 *(NP)*<br>2 ☐ No *(39b and c)* |
| **b. Even though -- did not work during these 2 weeks, does he have a job or business?** | b. | 1 ☐ Yes *(39c)* 2 ☐ No *(39c)* |
| **c. Was he looking for work or on layoff from a job?** | c. | ☐ Yes *(39d)* ☐ No *(Omit 39d)* |
| **d. Which – looking for work or on layoff from a job?** | d. | 1 ☐ Looking 3 ☐ Both<br>2 ☐ Layoff |
| If "Yes" in 39c only, questions 40a through 40d apply to this person's LAST full-time civilian job.<br>Ask for all persons with a "Yes" in 39a, b, or c.<br>**40a. Who does (did) -- work for?** | 40a. | Employer |
| **b. What kind of business or industry is this?** | b. | Industry |
| **c. What kind of work is (was) -- doing?** | c. | Occupation |
| Fill 40d from entries in 40a - 40c, if not clear, ask:<br>d. Class of worker | d. | 1 ☐ Pv't. pd. 4 ☐ Own<br>2 ☐ Gov. Fed. 5 ☐ Non-pd.<br>3 ☐ Gov. Oth. 6 ☐ Nev. wkd. |
| INTERVIEWER CHECK ITEM<br>If person is under 17 years, or not in Labor Force (Q.40a-d blank) check "Not in Labor Force."<br>If in Labor Force (Q.40 filled) refer to WL in Item C and make appropriate entry. | | 0 ☐ Not in Labor Force or Under 17 *(NP)*<br>1 ☐ No work-loss days in Labor Force *(NP)*<br>☐ Work-loss days _____ *(41a)* |
| **Earlier you said that -- lost -- days from work during the past 2 weeks –**<br>(If self-employed, ask c; for other workers, ask a)<br>**41a. On how many of these -- days that he lost from work was he paid any wages by his employer?** | 41a. | 00 ☐ None *(41c)*<br>____Days *(41b)* |
| **b. On how many of these -- days was he paid his full day's pay?** | b. | 00 ☐ None *(41c)* 15 ☐ All of them *(41g)*<br>____Days *(41c)* |
| **c. (In addition to this sick leave pay) will -- be paid for some of the income he lost on these days, through some other source, such as, loss of pay insurance, workman's compensation or State temporary disability insurance?** | c. | ☐ Yes *(41d)*<br>☐ No *(41e)* |
| **d. Who will pay this?** (Enter verbatim response) | d. | *(41e)* |
| **e. How much income did he lose because of the -- days lost from work?** | e. | $_____ |
| **f. Is this before or after taxes?** | f. | 1 ☐ Before 2 ☐ After |
| **g. How much does -- usually earn per week?** If not regularly employed, ask:<br>**How much would -- have earned in a week if he wasn't sick?** | g. | $_____ |
| **h. Is this before or after taxes?** | h. | 1 ☐ Before *(NP)* 2 ☐ After *(NP)* |
| **42. Which of these income groups represents your total combined family income for the past 12 months – that is yours, your --'s, etc.?** (Show Card I) **Include income from all sources such as wages, salaries, social security or retirement benefits, help from relatives, rent from property, and so forth.** | 42. | Group (1)<br>0 ☐ A* 3 ☐ D* 6 ☐ G 7 ☐ H<br>1 ☐ B* 4 ☐ E* 8 ☐ I<br>2 ☐ C* 5 ☐ F 9 ☐ J |
| *For each family with A through E checked in question 42, ask:<br>**43a. During the past 12 months, has anyone in the family (you, your --, etc.) received any public assistance, relief, or welfare money from State or local governments?** | 43a. | Mark same box for all related household members<br>☐ Yes *(43b)*<br>0 ☐ No *(Household page)* |
| **b. At present, are you or any member of your family receiving any of this aid?** | b. | 1 ☐ Yes *(43c)*<br>2 ☐ No *(Household page)* |
| **c. What kind of aid is this?** | c. | |

| E | *If this questionnaire is for an "EXTRA" unit in a B or NTA segment, enter* → | Serial No. of original Sample Unit _____ | Item No. by which found _____ | *If in NTA Segment, also enter for FIRST unit listed on property* → | SEGMENT LIST: Sheet number | SEGMENT LIST: Line number |
|---|---|---|---|---|---|---|

**TABLE X – LIVING QUARTERS DETERMINATIONS AT LISTED ADDRESS**

| LINE NUMBER | For listed units, enter sheet and line number and stop. For unlisted units *(If B Segment, go to 1b or 1c; If area Segment, go to 2.)* | B SEGMENTS ONLY — **INTERVIEWER:** Are these quarters within the specific sample address shown in columns 2-4 of the B Segment List? Yes *(Enter "X" and continue Table X)* | No *(Enter "X" and STOP Table X)* | QUESTIONNAIRE ITEM NO. WHERE FOUND | **Are these** *(specify location)* **quarters for more than one group of people?** Yes *(Fill one line for each group)* | No | LOCATION OF UNIT *(Examples: Basement, 2nd floor)* | USE OR CHARACTERISTICS — OCCUPIED — **Do the occupants of these** *(specify location)* **quarters live and eat with any other group of people?** Yes | No | ALL QUARTERS — **Do these** (specify location) **quarters have:** **Direct access from the outside or through a common hall?** Yes | No | **A kitchen or cooking equipment for exclusive use?** Yes | No | CLASSIFICATION — Not a separate unit *(Add occupants to this Questionnaire)* | Fill separate Questionnaire and Interview: HU | Other unit | IF HU IN B SEGMENT ASK: **In what year were these** *(specify location)* **quarters created?** *(If 1959 or 1960, specify "F" if first half or "L" if last half.)* | *(If before July 1960)* **What was the name of the household head of these quarters on April 1, 1960?** |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| (1) | (1a) | (1b) | (1c) | (2) | (3a) | (3b) | (4) | (5a) | (5b) | (6a) | (6b) | (7a) | (7b) | (8) | (9a) | (9b) | (10) | (11) |
| 1 | S ____ L ____ | | | | | | | | | | | | | | | | | |
| 2 | S ____ L ____ | | | | | | | | | | | | | | | | | |
| 3 | S ____ L ____ | | | | | | | | | | | | | | | | | |

**NOTE:** Be sure to continue interview with item 14 or 16 of the Household Page.

**FOOTNOTES:**



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