

Health Interview Survey Procedure

1957-1974

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COOPERATION OF THE BUREAU OF THE CENSUS

Under the legislation establishing the National Health Survey, the Public Health Service is authorized to use, insofar as possible, the services or facilities of other Federal, State, or private agencies.

In accordance with specifications established by the National Center for Health Statistics, the Bureau of the Census, under a contractual arrangement, participated in planning the survey and collecting the data.

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HEALTH INTERVIEW SURVEY PROCEDURE

1957-1974

INTRODUCTION

The Health Interview Survey, one of a variety of programs conducted by the National Center for Health Statistics to gather information on the health of the American people, has been in operation since July 1957. The survey consists of a continuous sampling and interviewing of the civilian, noninstitutional population of the United States.

In addition to the collection of information and the production of health statistics, research studies relating to survey methodology and improved techniques in data collection have been carried out since the beginning of the survey. As a result of these studies and of the experience gained in the collection process, many changes have occurred in the format, content, and administration of the questionnaire, the collection document used in the survey.

This report outlines the changes that have led to the improvement of data collection in the household survey since its inception. The expansion of the survey is also examined to provide for the gathering of information on supplemental health-related topics.

An earlier report¹ published in 1964 covers the measurement concepts, the questionnaire development, and definitions used during the first 7 years of the survey. Certain components of the survey, particularly those dealing with the structure of the interview, the respondent, and

the time references of the interview, are described in great detail. Since the present report is not directed primarily to the ideological and behavioral aspects of the survey, the reader with interests in these areas is referred to the earlier report and to some of the methodological studies²⁻¹⁴ released by the National Center for Health Statistics. However, in order to present a chronological description of changes in the survey, the timespan 1957-74 will be covered in the present report.

HISTORY OF THE INTERVIEW SURVEY

Background of the Survey

Legislation authorizing the U.S. Public Health Service to conduct surveys of illness and disability was enacted in July 1956 (Public Law 652, 84th Congress). The Health Interview Survey, the first of a number of data-collection systems implementing the legislation, was organized during the fall and winter of 1956. The resources of the Bureau of the Census were obtained through contractual arrangement to prepare a sample design and to provide services for the collection and processing phases of the program. During February 1957, the procedures were pretested in the Washington, D.C., area and in Charlotte, N.C. From the findings of this pretesting, revisions were made in the collection procedures, and a national sample was pretested

during May and June 1957. Collection of data started officially on July 1, 1957, and has continued without interruption since that time.

However, prior to the planning of the interview questionnaire and the construction of a sample design, it was necessary to develop some concepts relating to the kinds of information to be collected. In the development of concepts, survey personnel relied heavily on the experiences of researchers who had used the interview as a data-collection method. Early in the 1920's, certain populations in Hagerstown, Md., were selected for epidemiological studies and the measurement of levels of selected health characteristics in a local population. These studies continued during the next several decades. During 1935-36, a major nationwide health survey was carried out with 737,000 urban households visited by interviewers. Both of these studies contributed to the knowledge concerning the basic kinds of health data that can be collected by household interview. Since 1936, with the development and refinement of sampling techniques and procedures, the interview method has been used as a means of data collection in a number of local studies of morbidity. Foremost among these are surveys conducted in Baltimore, Md.; Pittsburgh, Pa.; Hunterdon County, N.J.; Kansas City, Mo.; New York City; and the State of California.

Concepts Used in the Health Interview Survey

Even though plans for the Health Interview Survey could be based on the experience and findings of many researchers, concepts and definitions have continued to develop with the expansion and growth of the survey. From information gathered in interviews, an attempt is made to describe the social, demographic, and economic aspects of illness, disability, and the use of medical services. Since interview data measure these health items in terms of the impact they have on the lives of individuals rather than in terms of medical criteria, the concepts of morbidity, disability, and the use of services differ basically from those used in scientific and medical studies.

Morbidity.—Morbidity is considered as a departure from a state of physical or mental well-being, resulting from disease or injury, of

which the affected individual is aware. Awareness connotes a degree of measurable impact on the individual or his family in terms of the restrictions and disabilities caused by the morbidity. Morbidity includes not only active or progressive disease but also impairments, that is, chronic or permanent defects that are static in nature, resulting from disease, injury, or congenital malformation. The existence of morbidity in an individual caused by a particular disease, injury, or impairment is called a "morbidity condition," or simply a "condition."

During the course of this condition, there may be one or more periods when the affected individual considers himself to be "sick" or "injured." These periods are spoken of as episodes of illness. The period or periods of illness may coincide with the period during which the condition exists, or they may cover only a part of that period. A condition may involve no illness, in the usual sense of the word. Hence, illness is only one form of evidence of the existence of a morbidity condition. Other evidence might be a decrease in, or complete loss of, ability to perform various functions, particularly those of the musculoskeletal system or the sense organs; or a change in the appearance of the body, such as a rash or lump, believed to be abnormal by the person affected.

For the purposes of this survey, the concept of a morbidity condition is usually further limited by specifying that it includes only conditions as a result of which the person has taken one or more various actions. Such actions might be the restricting of usual activities, bed disability, work loss, the seeking of medical advice, or the taking of medicines.

The start, or onset, of the condition is conceived to be the time when the person first becomes aware of it. If there is an illness associated with the condition, the start, or onset, is usually the time when the illness begins or the injury occurs. In many instances, it may be the time when a physician tells the person that he has a condition of which he was previously unaware.

In the statement of this concept, there has been reference to the individual's awareness of his condition and to the individual's actions as a result of the condition. Obviously, in the case of children, the statement must be modified. It is

not always the child's awareness or the child's action that establishes the existence of a morbidity condition. Instead, it is the awareness and action of the people responsible for the care of the child, usually the parents. A similar modification applies to adults who are not competent to care for themselves.

Disability.—The term "disability" has several common uses. For example, a "disability" often means a condition that interferes with ability to work. Also, conditions are frequently classified as producing temporary partial, temporary total, permanent partial, or permanent total "disability." In this sense, the various degrees of "disability" have some legal or official definition that is related to compensation.

There is also the term "disabling," which has been used in illness surveys for many years to describe a condition that prevents the individual from carrying on his usual activities for 1 or more days. It has been observed that speaking of a "disabling condition," as the term has been used in surveys, meant to some people no less than severe chronic disability, despite the fact that the range of conditions covered might include such minor disability as the case of the common cold that laid the person up for a day or two.

Because the other uses had gained such wide acceptance in certain fields, it was decided not to employ the term "disability" in this survey except in a very general sense where it is intended to cover the whole field of interference with activities caused by disease, injury, or impairment (in much the same way that the term "morbidity" is used for a generic rather than a specific concept) and also where other words used with it make clear the desired meaning, as in "bed disability." For other specific indexes of disability, new terms that are more descriptive of the concepts of the survey have been and will be introduced. Furthermore, it was decided that the Health Interview Survey needed not one, but several different, specifically defined indexes of disability to serve different purposes. These are presented in appendix III.

The disability terms used in this survey may be grouped into the following three categories: (1) terms describing the individual's status during a specified day, or number of days, which

are equally applicable to acute conditions or chronic conditions, to all members of the population, and to any day of the week, for example, restricted-activity day and bed-disability day; (2) terms describing the individual's status during a specified day, or number of days, which apply to both acute and chronic conditions but only to certain members of the population on days when they would have been working at a job or business, or going to school, if it had not been for their condition, for example, work-loss day and school-loss day; and (3) terms applying only to chronic conditions, or persons with one or more chronic conditions, which describe their usual status "at the present time," meaning in this case during recent months, for example, "chronic activity limitation" and "chronic mobility limitation."

Since these terms were devised for use in this survey and have special meanings, it is especially important that the user of statistics from the survey become familiar with the concepts that the terms represent.

Medical services and facilities.—The personal interview can be used as a medium for determining how illnesses, injuries, and impairments affect people—the restrictions and disabilities they suffer and the medical care they receive. This latter term may be broadly interpreted to encompass the concept of utilization of medical services and facilities. It might be so broadly defined as to include everything that people use to care for their well-being, including such items as health sanitation, personal hygiene, and food intake. The Health Interview Survey measures the utilization of medical services and facilities in terms of medical attention, dental care, and hospitalization; use of X-ray facilities, preventive care services, nursing care services, and prosthetic appliances and devices; self-treatment; and other similar components of medical care or services.

The use of the concept of medical attendance necessitates defining the term "physician" and also defining what is meant by "talking to" or consulting a physician. The definitions are contained in appendix III. Medical attendance is broadly defined; it does not imply continued attendance or consultation, nor does it require that the physician give the advice in person. The emphasis is on the fact that the condition was

brought to the attention of a physician and that the initial action necessary to set in motion the procedure of diagnosis and treatment was taken. Any definition more restrictive than this would involve the question of what constitutes adequate care—a question that is not a part of the subject matter of the survey.

Two of the principal concepts in the area of medical care included in the interview are the physician visit and the classification of visits by type of service. These are closely paralleled by similar concepts in the area of dental care. In both of these areas, the following rules apply: (1) Included in the statistics are visits during which the service is given, not by the physician or dentist himself, but by some other person such as a nurse or dental hygienist acting under the physician's or dentist's supervision, and (2) excluded are visits during which the service consisted of a single procedure administered identically to a number of people who all came for the same purpose, as in a glaucoma or diabetes screening program.

The first rule was adopted because it was believed to give a more useful measure of the total volume of care provided and because the concept as defined corresponded more closely to what the layman thinks of as a visit to the physician or dentist. The second rule, on the other hand, was introduced because certain types of service, particularly in the field of mass preventive care, seemed remote from the personalized care that is implied by the terms "physician visit" and "dental visit." If a physician administered a test of hearing to every child in a school classroom, it hardly seemed appropriate that every child be counted as having had one "physician visit." Therefore, it was decided that the counting of such services could be better handled as a separate inquiry into the volume and type of preventive care services.

The average layman responding in an interview cannot give accurate detailed information about the nature of the service performed at each visit. Consequently, visits have been classified in broad groups according to the type of service. The definitions and method of classifying physician visits and the terms dealing with the classification of hospitalization are presented in appendix III. The use of X-ray facilities has

been measured in terms of visits to X-ray facilities, the part-of-body X-rayed, and the place of service.

The extent of personal and nursing care received at home has been the subject of inquiry in terms of the condition causing the requirement, the duration of the care, who performed the service, and whether it was constant or part time. The use of prosthetic appliances and other devices has been concerned with the use of hearing aids, artificial limbs, braces, and wheel chairs. The condition causing the use of the appliance was determined, as was the extent of use. The use of home remedies and other forms of self-treatment, the extent of preventive care, the availability of medical care, and attitudes regarding medical care are items that have recently been added to the survey questionnaire.

TECHNICAL ASPECTS OF THE SURVEY

Statistical Design

The sampling plan of the survey follows a multistage probability design, which permits a continuous sampling of the civilian, noninstitutionalized population of the United States. The sample is designed in such a way that the sample of households interviewed each week is representative of the target population and that weekly samples are additive over time. This feature of the design permits both continuous measurement of characteristics of samples and more detailed analysis of less common characteristics and smaller categories of health-related items. The continuous collection has administrative and operational advantages as well as technical assets since it permits fieldwork to be handled with an experienced, stable staff.

In the first stage of the sampling process, primary sampling units (PSU's) are selected from a universe of 1,900 such units, which are geographically defined and collectively cover the 50 States and the District of Columbia. Each PSU consists of a standard metropolitan statistical area (SMSA) or one or two contiguous counties. In a series of successive sampling steps, a final sampling unit is selected, which consists typically of a cluster of neighboring households,

called a "segment." (Segments of 4, 6, and 9 households have been used at various times.)

A basic design has persisted throughout the existence of the survey, but among the modifications, four have been sufficiently distinct to be identified by design dates: the designs of 1957, 1959, 1963, and 1973. In the original 1957 design, 372 PSU's were selected from the universe. Approximately 36,000 households within these sampling units were assigned for interviewing, with the average size of assignment being 12 households per interviewer. In the 1959 design, the number of selected PSU's was increased to 503, with a corresponding increase to 38,000 households per year and to 13.5 households per average assignment. Both the 1957 and the 1959 designs were based on population figures from the 1950 Decennial Census.

In 1963, when population data from the 1960 census became available, many changes were made to increase the efficiency of design. The number of PSU's was decreased from 372 to 357. The structure of segments and assignments was modified in three important respects: (1) segment size was changed from an expected six households to an expected nine households; (2) the nine households were alternate ones in a cluster of about 18 neighboring households, whereas, earlier, the six had been a compact cluster of six adjacent households; and (3) assignments in a given week consisted of paired neighboring segments in 1963, while, earlier, an assignment attempted to pair unlike segments. In the new design, heterogeneity is obtained by giving the same interviewer different types of segments in successive weekly assignments. One result accompanying these changes was an increase in the average size of assignment from 13.5 households to 16 households. The manner of selecting specific segments was changed for about two-thirds of the total sample, from area sampling to list sampling, using the 1960 census registers as the list frame. Most of the remaining third of the sample continued as an area sample. Finally, the evidence from better estimates of components of variance, plus the above changes, together with the benefits from joint designing with the Census/Bureau of Labor Statistics Current Population Survey led to a reduction from 503 to 357 PSU's and an increase from 38,000 to 42,000 sample households. In July

1968, segment size was changed to six households. In January 1973, the sample design was modified to reflect the 1970 Decennial Census. The number of PSU's was increased from 357 to 376, and segment size was changed from six adjacent households to four adjacent households.

Estimating Procedures

Since the design of the interview survey is a complex multistage probability sample, it is necessary to use complex procedures in the derivation of estimates. The following four basic operations are involved:

1. *Inflation by the reciprocal of the probability of selection.*—The probability of selection is the product of the probabilities of selection from each step of selection in the design (PSU, segment, and household).

2. *Nonresponse adjustment.*—The estimates are inflated by a multiplication factor, which has as its numerator the number of sample households in a given segment and as its denominator the number of households interviewed in that segment.

3. *First-stage ratio adjustment.*—Sampling theory indicates that the use of auxiliary information that is highly correlated with the variables being estimated improves the reliability of the estimates. To reduce the variability between PSU's within a region, the estimates are ratio adjusted to the 1960 populations within six color-residence classes.

4. *Poststratification by age-sex-color.*—The estimates are ratio adjusted within each of 60 age-sex-color cells to an independent estimate of the population of each cell for the survey period. These independent estimates are prepared by the Bureau of the Census. Both the first-stage and poststratified ratio adjustments take the form of multiplication factors applied to the weight of each elementary unit (person, household, condition, and hospitalization).

The contribution of decedents to a total inventory of events, conditions, or services can be estimated. Since the sample of households is preselected for an entire collection year, it can be assumed that the continuous sampling produces results that are analogous to those that would be obtained (with adjustment for seasonal

variation) if all sample persons were interviewed on a single day during the year. If it is also assumed that the death rate throughout the year is fairly constant and that the vast majority of deaths occur in the civilian, noninstitutionalized population, a complete survey conducted on July 1, for example, would include the experience of approximately one-half of the decedents during a given year. Thus, the conditions, events, and services for the remaining half of the decedents are missing from the interview data regardless of whether the reference period of the interview item is 2 weeks or a complete year.

In 1972, there were 1,962,000 deaths in the United States. Estimates of the experience attributable to approximately 981,000 of these persons are missing from the interview survey. It has been established through methodological studies and from statistics provided by the Hospital Discharge Survey that individuals experience higher rates of disability and hospital episodes and receive a greater number of medical services during the last year of life than do persons in the general population.^{15,16,17} On the basis of these findings, it can be estimated that as a maximum the rates among the decedents missed in the survey might be three times as high as those for the surveyed population. Table A provides, for selected items, a rough estimate of the underestimation caused by the exclusion from the survey of the experience of decedents.

In 1972, there were approximately 28 million discharges from short-stay hospitals, a rate of 13.9 discharges per 100 persons. If the rate of discharges among decedents were three times that in the general population, or 40 discharges per 100 persons, then 392,000 were omitted from the survey. The inclusion of these would

have increased the rate of discharges to 14.1 per 100 persons.

The effect of the ratio-estimating process is to make the sample more closely representative of the civilian, noninstitutionalized population by age, sex, color, and residence, which thereby reduces sampling variance.

As noted, each week's sample represents the population living during that week and characteristics of the population. Consolidation of samples over a time period, for example, a calendar quarter, produces estimates of average characteristics of the U.S. population for the calendar quarter. Similarly, population data for a year are averages of the four quarterly figures.

For prevalence statistics, such as number of persons with speech impairments or number of persons classified by time interval since last physician visit, figures are first calculated for each calendar quarter by averaging estimates for all weeks of interviewing in the quarter. Prevalence data for a year are then obtained by averaging the four quarterly figures.

For other types of statistics—namely, those measuring the number of occurrences during a specified time period—such as incidence of acute conditions, number of disability days, or number of visits to a doctor or dentist, a similar computational procedure is used, but the statistics are interpreted differently. For these items, the questionnaire asks for the respondent's experience over the 2 calendar weeks prior to the week of interview. In such instances, the estimated quarterly total for the statistic is 6.5 times the average 2-week estimate produced by the 13 successive samples taken during the period. The annual total is the sum of the four quarters. Thus, the experience of persons *interviewed during a year*—experience that actually

Table A. Estimation of the effect of the exclusion of decedent experience on interview survey data (1972 estimates)

Interview item	Survey data		Decedent data		Survey rate adjusted to include decedent experience
	Number (in thousands)	Rate per person	Estimated rate per decedent	Estimated number missed in survey data (in thousands)	
Bed-disability days	1,319,566	6.5	19.5	19,130	6.6
Physician visits	1,016,548	5.0	15.0	14,715	5.1
Persons injured	64,259	0.3	0.9	883	0.3

occurred for each person in a 2-calendar-week interval prior to week of interview—is treated as though it measured the total of such experience *during the year*. Such interpretation leads to no significant bias.

Rounding of numbers.—The original tabulations on which the data in reports are based show all estimates to the nearest whole unit. All consolidations were made from the original tabulations using the estimates to the nearest unit. In the final published tables, the figures are rounded to the nearest thousand, although these are not necessarily accurate to that detail. Devised statistics such as rates and percent distributions are computed after the estimates on which these are based have been rounded to the nearest thousand.

Population figures.—Some of the published tables include population figures for specified categories. Except for certain overall totals by age, sex, and color, which are adjusted to independent estimates, these figures are based on the sample of households in the Health Interview Survey. These are given primarily to provide denominators for rate computation, and for this purpose are more appropriate for use with the accompanying measures of health characteristics than other population data that may be available. With the exception of the overall totals by age, sex, and color mentioned above, the population figures differ from figures (which are derived from different sources) published in reports of the Bureau of the Census. Official population estimates are presented in Bureau of the Census reports in Series P-20, P-25, and P-60.

Reliability of Estimates

There are limitations to the accuracy of diagnostic and other information collected in household interviews. For diagnostic information, the household respondent can usually pass on to the interviewer only the information the physician has given to the family. For conditions not medically attended, diagnostic information is often no more than a description of symptoms. However, other facts, such as the number of disability days caused by the condition, can be obtained more accurately from household members than from any other source,

since only the persons concerned are in a position to report this information.

The population covered by the sample for the Health Interview Survey is the civilian, non-institutionalized population of the United States living at the time of the interview. The sample does not include members of the Armed Forces or U.S. nationals living in foreign countries. It should also be noted that the estimates shown do not represent a complete measure of any given topic during the specified calendar period, since data are not collected in the interview for persons who died during the reference period. For many types of statistics collected in the survey, the reference period covers the 2 weeks prior to the interview week. For such a short period, the contribution by decedents to a total inventory of conditions or services should be very small. However, the contribution by decedents during a long reference period (e.g., 1 year) might be sizable, especially for older persons.

Since about 38 percent of all deaths are attributable to diseases of the heart, at least 373,000 cases of heart diseases are missed in the survey. The prevalence estimates of other causes of death, with lower mortality rates, may be affected to a lesser extent by the exclusion of decedents.

Errors Due to Sampling Variability

Since the statistics presented in a report are based on a sample, they will differ somewhat from the figures that would have been obtained if a complete census had been taken using the same schedules, instructions, and interviewing personnel and procedures.

As in any survey, the results are also subject to reporting and processing errors and errors due to nonresponse. To the extent possible, these types of errors were kept to a minimum by methods built into survey procedures. Although it is very difficult to measure the extent of bias in the Health Interview Survey, a number of studies have been conducted to examine this problem. The results have been published in several reports.

The standard error is primarily a measure of sampling variability; that is, the variations that might occur by chance because only a sample of

the population is surveyed. As calculated for a report, the standard error also reflects part of the variation that arises in the measurement process. It does not include estimates of any biases that might be in the data. The chances are about 68 out of 100 that an estimate from the sample would differ from a complete census by less than the standard error. The chances are about 95 out of 100 that the difference would be less than twice the standard error and about 99 out of 100 that it would be less than 2½ times as large.

The relative standard error of an estimate is obtained by dividing the standard error of the estimate by the estimate itself and is expressed as a percentage of the estimate. For a report, asterisks are shown for any cell with more than a 30-percent relative standard error. Included in the appendix of all HIS reports are charts from which the relative standard errors can be determined for estimates shown in the report. In order to derive relative errors that would be applicable to a wide variety of health statistics and that could be prepared at a moderate cost, a number of approximations were required. As a result, the charts provide an estimate of the approximate relative standard error rather than the precise error for any specific aggregate or percentage.

The following three classes of statistics for the health survey are identified for purposes of estimating variances:

1. *Narrow range.*—This class consists of (1) statistics that estimate a population attribute, for example, the number of persons in a particular income group and (2) statistics for which the measure for a single individual during the reference period used in data collection is usually either 0 or 1, or on occasion may take on the value 2 or, very rarely, 3.

2. *Medium range.*—This class consists of other statistics for which the measure for a single individual during the reference period used in data collection will rarely lie outside the range 0-5.

3. *Wide range.*—This class consists of statistics for which the measure for a single individual during the reference period used in data collection can range from 0 to a number in excess of 5, for example, the number of days of bed disability.

In addition to classifying variables according to whether they are narrow, medium, or wide range, statistics in the survey are further defined as:

Type A. Statistics on prevalence and incidence for which the period of reference in the questionnaire is 12 months.

Type B. Incidence-type statistics for which the period of reference in the questionnaire is 2 weeks.

Type C. Statistics for which the reference period is 6 months.

Type D. Statistics for which the reference period is 3 months.

QUESTIONNAIRE DEVELOPMENT

The health interview questionnaire consists of a core of questions concerning items about which information has been collected each year. These basic items include acute conditions and injuries, chronic conditions, days of disability due to acute or chronic conditions, limitation of activity caused by chronic conditions or impairment, hospitalization, and the social, economic, and demographic characteristics of the interviewed sample persons. During recent years, medical care provided by physicians and dental care have become core items.

Information on certain other health-related items has been collected in the survey periodically, usually at intervals from 2 to 5 years. In the early years of the survey, these topics were described as rotating items and consisted of measures such as mobility limitation due to chronic illness, dental care, and the proportion of hospital bills paid by insurance. As the survey developed, there was an increasing demand for more detailed information about some of the core items, such as detailed data on types of injuries, the duration of activity limitation, the accessibility of physicians' services, and convalescence following hospitalization. The need for this information led to the expansion of certain areas of the basic questionnaire to provide for the collection of these data at periodic intervals, introducing a slightly different category of rotating items.

In addition, the questionnaire for a given year has usually included one or more special supplements. While most of the supplements were originally planned for a 1-year collection period,

some of them deal with topics for which trend information is needed. Since the interview is the most efficient method of collecting this type of data, certain items are added to the basic questionnaire on a planned schedule. These items, which might be described as rotating supplements, include such topics as smoking habits, health insurance coverage, X-ray exposure, home care, the use of special aids, and personal health expenses. Other supplements, particularly those dealing with specific chronic conditions or impairments, have been added to the questionnaire on a less regular basis.

This arrangement of expanded core items, rotating items, and supplements allows the survey to respond to changing needs for data and to cover a greater variety of topics, and at the same time provide for continuous information on certain fundamental topics.

History of Questionnaire Format

During the planning phase of the interview survey in 1956-57, two general questionnaire formats were considered. The one referred to as "alternative B" was designed to elicit information about conditions through the reporting of actions a person might have to take as a result of illness. For example, a respondent would be asked if he had to (1) cut out or reduce all or part of his activities regularly or from time to time, (2) change his activities, (3) change his diet, (4) take medicine or treatment over a long period of time, or (5) wear or use some special device.

After a positive response to any of the above statements, the respondent would be asked, "What was the matter?" While the original intent of this proposed format was to elicit information about chronic conditions, the same general approach was applicable to both chronic and acute conditions.

The other format, the one actually used during the first 10 years of the Health Interview Survey (July 1957-June 1967), provided for the reporting of all kinds of morbidity conditions through a series of direct questions designed to encourage the reporting of illnesses and injuries. In contrast to alternative B, no attempt at the time the condition was initially reported was made to determine if some action had been

taken by the person because of the condition. This format was used to maximize the number of conditions reported regardless of their impact or severity and to apply the criteria of medical attention, restricted activity, or limitation of activity during the coding and transcribing of the collected data.

The selection of this questionnaire format, which is usually identified as the condition approach, was influenced by its general acceptance in earlier health surveys. Illness-recall questions, which had been formulated and used successfully in the collection of health data in earlier surveys, served as a prototype for the first questionnaire used in the Health Interview Survey. Using a tested collection procedure made it possible to begin the interviewing phase of the survey much earlier than would have been the case if a completely untested procedure such as alternative B had been adopted.

The wording of the introduction to the illness-probe questions—"We are interested in all kinds of illness, whether serious or not"—indicates the comprehensive nature of this section of the questionnaire. These questions were structured to elicit information about any departure from a state of physical or mental well-being resulting from disease or injury, that is, a morbidity condition. The questions that were limited to occurrences during the last week or the week before were designed primarily to aid in the reporting of acute conditions. All reported conditions were recorded regardless of which type of question had prompted the reply. Whether these conditions were chronic was established later in the interview on the basis of a series of questions relating to the nature of the disease and its duration.

During the succeeding years of the interview survey, the section of the questionnaire dealing with acute and chronic illness underwent certain changes. Progressive experience in survey collection procedures on the part of the Health Interview Survey staff and the findings produced from continuing studies on survey methodology led to periodic changes, which in turn led to some improvement in the reporting of illness by the respondent. These changes included variations in the order in which illness-recall questions were asked, introduction of a small calendar outlining the recall period for the convenience of the respondent, restructuring of

the checklists of chronic diseases and impairments, the identification of the condition(s) causing either limitation of activity or limitation of mobility, and format changes to accommodate revised data-processing procedures.

Despite these changes in the questionnaire, certain kinds of health-related information continued to be underreported in the survey, although to a lesser extent than in the first years of the survey when, on the basis of research studies comparing interview data with medical records, it had been established that chronic conditions were not completely reported in the interview. For example, the prevalence of selected chronic conditions has increased with changes in the questionnaire formats.

Early in 1963, after 6 years of data collection and in accordance with a long-range plan set up during the early years of the survey, a general evaluation of the design and format of the survey was undertaken. A timetable was prepared, which provided for considering proposed changes, deciding whether to accept, reject, or modify the proposed changes, and pretesting and evaluating the approved changes. A target date of July 1, 1967, was established for the completion of the evaluation and for the introduction of any new procedures in the collection phase of the survey. During the 4-year evaluative period 1963-67, the ongoing survey continued in line with collection procedures developed during the early years of the survey. Evaluation of the survey in terms of questionnaire content and format led to major changes that were introduced in July 1967.

The new questionnaire introduced as a data-collection instrument in July 1967 resembled the approach suggested by the alternative B method of data collection considered at the beginning of the interview survey. The illness-recall questions, with a 2-week reference period, were replaced with probe questions pertaining to health-related actions during the period—for example, cutting down on usual activities, spending days in bed, losing time from work or school, or seeking medical attention. Information about conditions responsible for such actions was obtained from persons with positive response to the health-related action-probe questions.

Methodological studies, which had been conducted since the beginning of the survey, showed that chronic conditions are generally underreported in interviews. They also indicated that the expansion of a checklist of chronic conditions to include as many descriptive titles as possible will increase the probability of a person reporting a condition, assuming that he is aware of its existence. These findings led to the decision to restrict the collection of prevalence data on chronic conditions to specific types of conditions during a given collection year. This change in collection procedure was independent of the approach suggested by the alternative B method of data collection. However, since both procedural changes were experimental during the collection year July 1967-June 1968, they were tested on the new questionnaire introduced in the field.

Concentrating on a group of chronic conditions involving a specific system of the body (e.g., those affecting the digestive system) rather than on the entire spectrum of chronic conditions not only improves the quality of response but also permits the collection of more detailed diagnostic information related to that body system. The survey plan calls for the collection of different types of conditions each year, so that within 5 or 6 years after the initiation of this plan, information on the prevalence of virtually all chronic conditions will have been obtained.

Once the decision had been made to modify the collection procedure for chronic conditions by emphasizing a specific type of condition during a given year, it was necessary to develop, at the same time, procedures that would provide comparable data for other measures of morbidity that had been derived previously from data collected on all types of chronic conditions. One of these measures, the number of persons with limitation of activity (long-term disability), had previously been generated by consolidating the data on activity limitation attributable to specific chronic conditions reported by an individual to represent the activity limitation status of that individual. The most obvious alternative to this consolidation was to build a person-data foundation in terms of the degree of activity limitation and then ascertain the conditions

responsible for the activity limitation status of the individual.

The Basic Questionnaire

The many procedural changes in the format and administration of the questionnaire during the course of the survey preclude a discussion of the content according to the sequence of the interview. For this reason, the description of the changes that have occurred will be presented on a topical basis covering the major areas of the questionnaire.

Social, economic, and demographic characteristics.—After the interviewer identifies herself as a representative of the Bureau of the Census, the agency that serves as collection agent for the interview survey, she verifies the address as the one assigned on the first page of the questionnaire and then starts the interview by asking questions to determine the social, economic, and demographic characteristics of the sample persons. Since the beginning of the survey, many changes in the wording of the questions designed to elicit this type of information have been made in order to improve their specificity and to increase the accuracy of the information obtained (figure 1). The transferring of questions relating to education, military service, employment, and marital status to a later section of the interview, as indicated by the numbering of the questions in the 1974 questionnaire, made it possible to obtain data on health-related items nearer the beginning of the interview. Questions on personal characteristics that have been added, deleted, or included on an irregular basis follow:

1. Place of birth was asked for fiscal years 1958 and 1959 only.
2. Current activity status was added as a basic item to the questionnaire beginning in fiscal year 1960.
3. Questions relating to occupation and industry were included in the questionnaire for fiscal years 1962 and 1963 and were incorporated as a continuing item beginning in fiscal year 1966.
4. During calendar years 1968 and 1969, the question on income status was expanded to

obtain information about the receipt of public assistance, relief, or welfare payments to any of the family members.

5. On the calendar year 1973 and 1974 questionnaires, an attempt was made to check the accuracy of the questions on age and income by ascertaining the year of birth and the amount of income for each family member.
6. During calendar year 1973, information on the number of times married was obtained for all persons who had ever been married.

Illness and injury recall.—Because of the new approach in eliciting information on acute and chronic conditions introduced during the interim period, July 1967-December 1968, it is necessary to divide the description of the development of the illness-recall questions into two chronological periods: (1) the first 10 years of the survey, ending in June 1967, and (2) the following years beginning in July 1967 and continuing through calendar year 1974.

1. July 1957-June 1967: From a comparison of the illness and injury recall for fiscal years 1958 and 1967, it becomes obvious that several changes in questionnaire format occurred (figure 2). During the introduction to the probe questions in the later questionnaire, the respondent was given a small calendar on which the 2-week period referred to in the succeeding questions was outlined in red. This innovation was introduced on the fiscal year 1965 questionnaire to aid the respondent in identifying the reference period for all "2-week questions." Minor changes in wording and emphasis were made to stress the reference period and the presence of recurrent or seasonal conditions.

A revision of the checklists of chronic conditions and impairments and the division of cards A and B into two parts were initiated on the fiscal year 1966 questionnaire and retained during fiscal year 1967. These changes were made in an effort to increase the reporting of chronic illness, an area of underreporting that had been identified by methodological studies conducted since the beginning of the survey.

2. July 1967-December 1974: As described earlier, the questionnaire introduced as a data-collection instrument in July 1967 resembled

FY 1958		CY 1974	
<p>1. (a) What is the name of the head of this household? (Enter name in first column)</p> <p>(b) What are the names of all other persons who live here? (List all persons who usually live here, not all persons staying here who have no usual place of residence elsewhere. List these persons in the prescribed order.)</p> <p>(c) Do any (other) lodgers or roomers live here? <input type="checkbox"/> No <input type="checkbox"/> Yes (List) _____</p> <p>(d) Is there anyone else who lives here who is not some one lodger, or a visitor? Temporarily in a hospital? <input type="checkbox"/> No <input type="checkbox"/> Yes (List) _____</p> <p>(e) Is there anyone else staying here now? <input type="checkbox"/> No <input type="checkbox"/> Yes (List) _____</p> <p>(f) Do any of these people have a usual abode? <input type="checkbox"/> Yes (if not a household member, delete)</p>		<p>1a. What is the name of the head of this household? - Enter name in first column.</p> <p>b. What are the names of all other persons who live here? - List all persons who live here.</p> <p>c. I have listed (Read names.) Is there anyone else staying here now, such as friends, relatives, or roomers? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>d. Have I missed anyone who USUALLY lives here but is now away from home? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>e. Do any of the people in this household have a home anywhere else? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>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? 1 Y Col(s). _____ (Delete) ± N</p>	
<p>2. How is --- related to --- (Head of household)?</p>		<p>2. Relationship HEAD</p>	
<p>3. What is ---'s date of birth? (Enter date and Age, and circle Race and Sex)</p>		<p>3. Month Date Year</p>	
<p>4. Sex (Check one box for each person)</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>		<p>4. Race</p> <p><input type="checkbox"/> White <input type="checkbox"/> Negro <input type="checkbox"/> Other</p>	
<p>5. How old were you on your last birthday?</p>		<p>5. Age</p> <p><input type="checkbox"/> Under 1 year <input type="checkbox"/> 1 year</p>	
<p>6. Where were you born? (State or foreign country)</p>		<p>6. (State or foreign country)</p>	
<p>7. Are you now married, widowed, divorced, separated or never married? (Check one box for each person)</p>		<p>7. Marital status</p> <p><input type="checkbox"/> Under 16 years <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Never married</p>	
<p>8. What is the highest grade you completed in school? (Circle highest grade completed or check "None")</p>		<p>8. Education</p> <p><input type="checkbox"/> Under 16 years <input type="checkbox"/> Under 17 (NP) <input type="checkbox"/> None (35)</p> <p>Elem: 1 2 3 4 5 6 7 8 High: 9 10 11 12 College: 1 2 3 4 5 6</p>	
<p>9. (a) Did you ever serve in the Armed Forces of the United States? (If "Yes," delete this person. (See instructions))</p> <p>(b) Are you now in the Armed Forces, not counting the reserves? (If "Yes," delete this person. (See instructions))</p> <p>(c) Was any of your service during a war or was it peace-time only? (If "Yes," delete)</p> <p>(d) During which war did you serve? (If "Peace-time" only, skip)</p> <p>(e) Was any of your service between June 27, 1946 and January 31, 1947?</p>		<p>34a. What is the highest grade or year --- attended in school?</p> <p>34b. Did --- finish the --- grade (year)?</p> <p>34c. Ask for all males 17 years or over: Did --- ever serve in the Armed Forces of the United States?</p> <p>34d. Even though --- did not work during those 2 weeks, does he have a job or business?</p> <p>34e. Was he looking for work or on layoff from a job?</p> <p>34f. Which --- looking for work or on layoff from a job?</p>	
<p>10. (a) What were you doing most of the past 12 months -- (For females over 16): working, looking for work, keeping home, or doing something else? (For children 6-16): going to school or doing something else? (If "something else" checked, and person is 16 years old or over, ask: (b) Are you retired?)</p>		<p>35a. Vietnam Era (Aug. '64 to present), . . . VN Korean War (June '50-Jan. '55) KW World War II (Sept. '40-July '47) WWII World War I (April '17-Nov. '18) WWI Other Service (all other periods), OS</p> <p>35b. When did he serve?</p> <p>Circle code in descending order of priority. Thus if person served in Vietnam and in Korea, circle VN.</p> <p>35c. Employer</p> <p>35d. Industry</p> <p>35e. Occupation</p> <p>35f. 1 <input type="checkbox"/> Pvt. gen. 2 <input type="checkbox"/> Non-pvt. 3 <input type="checkbox"/> Gov. Fed. 4 <input type="checkbox"/> Gov. stat. 5 <input type="checkbox"/> Gov. city 6 <input type="checkbox"/> Own - If not a farm, ask: Is the business incorporated? Y <input type="checkbox"/> N <input type="checkbox"/></p>	
<p>11. During the past 12 months in which group did the total income of your family fall, that is, your's, your -'s, etc.? (Show Card 1) Include income from all sources, such as wages, salaries, rents from property, pensions, help from relatives, etc.</p>		<p>36. Please look at this card - (Show Card 1)</p> <p>36a. Which of these income groups represents your total combined family income for the past 12 months - that is, yours, your -'s, etc.? Include income from all sources such as wages, salaries, social security or retirement benefits, help from relatives, rent from property, and so forth.</p> <p>36b. Which (other) family members received some income during the past 12 months? Mark "Income" box in person's column.</p> <p>36c. Did any other family members receive any income during the past 12 months? Y (Reask 36a and b) N</p> <p>36d. If only one person with "Income" box marked, go to Q. 41. If 2 or more persons with "Income" box marked, ask Q. 40 for each:</p> <p>36e. Which of these income groups represents ---'s income for the past 12 months?</p> <p>36f. If 17 years old or over, ask:</p> <p>36g. Is --- now married, widowed, divorced, separated, or never married? - Mark one box for each person.</p> <p>36h. How many times has --- been married?</p>	

Figure 1. Questions relating to social, economic, and demographic characteristics, fiscal year 1958 and calendar year 1974.

FY 1966

I	Interview each adult person for himself for questions 11-21 and Tables I, II, and A, if he is at home. Enter subject number of respondent in each column.	Dependent for self
11.	Were you sick at any time LAST WEEK OR THE WEEK BEFORE? (a) What was the matter? (b) Anything else?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Last week or the week before did you have any accidents or injuries, either at home or away from home? (a) What were they? (b) Anything else?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Last week or the week before did you feel any ill effects from an earlier accident or injury? (a) What were those effects? (b) Anything else?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Last week or the week before did you take any medicine or treatment for any condition (besides... which you told me about)? (a) For what condition? (b) Anything else?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	AT THE PRESENT TIME do you have any ailments or conditions that have continued for a long time? (If "no" even though they don't bother you all the time?) (a) What are they? (b) Anything else?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Has anyone in the family - you, your-, etc. - had any of those conditions DURING THE PAST 12 MONTHS? (Read Card A, condition by condition; record any conditions mentioned in the column for the person)	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.	Does anyone in the family have any of those conditions? (Read Card B, condition by condition; record any conditions mentioned in the column for the person)	<input type="checkbox"/> Yes <input type="checkbox"/> No

FY 1967

THIS SURVEY COVERS ALL KINDS OF ILLNESSES. THESE FIRST QUESTIONS REFER TO LAST WEEK AND THE WEEK BEFORE. THAT IS, THE 2-WEEK PERIOD OUTLINED IN RED ON THIS CALENDAR. (Hand calendar.)		Yes	No
8a.	WAS ... SICK AT ANY TIME LAST WEEK OR THE WEEK BEFORE (THE 2 WEEKS SHOWN ON THAT CALENDAR)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b.	WHAT WAS THE MATTER?		
c.	DID ... HAVE ANYTHING ELSE DURING THAT 2-WEEK PERIOD?		
9a.	LAST WEEK OR THE WEEK BEFORE, DID ... TAKE ANY MEDICINE OR TREATMENT FOR ANY CONDITION (BESIDES... WHICH YOU TOLD ME ABOUT)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b.	FOR WHAT CONDITION?		
c.	DID ... TAKE ANY MEDICINE FOR ANY OTHER CONDITION?		
10a.	LAST WEEK OR THE WEEK BEFORE, DID ... HAVE ANY ACCIDENTS OR INJURIES?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b.	WHAT WERE THEY?		
c.	DID ... HAVE ANY OTHER ACCIDENTS OR INJURIES DURING THAT 2-WEEK PERIOD?		
11a.	DID ... EVER HAVE AN (ANY OTHER) ACCIDENT OR INJURY THAT STILL BOTHERS HIM OR AFFECTS HIM IN ANY WAY?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b.	IN WHAT WAY DOES IT BOTHER HIM? (Record present effects.)		
12.	Open your Firstcard booklet to Card A and Read both sides of Card A (A-1, A-2); by condition; record in his column any conditions mentioned for the person.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13.	Turn to Card B and Read both sides of Card B (B-1, B-2); condition by condition; record in his column any conditions mentioned for the person.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14a.	DOES ... HAVE ANY OTHER AILMENTS, CONDITIONS, OR PROBLEMS WITH HIS HEALTH?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b.	WHAT IS THE CONDITION? (Record condition itself if still present; otherwise record present effects.)		
c.	ANY OTHER PROBLEMS WITH HIS HEALTH?		

<p>Card A</p> <p>NATIONAL HEALTH SURVEY</p> <p>Check List of Chronic Conditions</p> <ol style="list-style-type: none"> 1. Asthma 2. Any allergy 3. Tuberculosis 4. Chronic bronchitis 5. Repeated attacks of sinus trouble 6. Nervous fever 7. Hardening of the arteries 8. High blood pressure 9. Heart trouble 10. Stroke 11. Trouble with varicose veins 12. Hemorrhoids or piles 13. Gallbladder or liver trouble 14. Stomach ulcer 15. Any other chronic stomach trouble 16. Kidney stones or other kidney trouble 17. Arthritis or rheumatism 18. Prostate trouble 19. Diabetes 20. Thyroid trouble or goiter 21. Epilepsy or convulsions of any kind 22. Mental or nervous trouble 23. Repeated trouble with back or spine 24. Tumor or cancer 25. Chronic skin trouble 26. Hernia or rupture
<p>Card B</p> <p>NATIONAL HEALTH SURVEY</p> <p>Check List of Impairments</p> <ol style="list-style-type: none"> 1. Deafness or serious trouble with hearing. 2. Serious trouble with seeing, even with glasses. 3. Condition present since birth, such as cleft palate or club foot. 4. Stammering or other trouble with speech 5. Missing fingers, hand, or arm 6. Missing toes, foot, or leg 7. Cerebral palsy 8. Paralysis of any kind. 9. Any permanent stiffness or deformity of the foot or leg, fingers, arm, or back.

<p>Question 12:</p> <p>A-1 Now I'm going to read a list of conditions - Please tell me if you, your --, etc., have had any of these conditions DURING THE PAST 12 MONTHS?</p> <ol style="list-style-type: none"> 1. Asthma? 2. CHRONIC bronchitis? 3. REPEATED attacks of sinus trouble? 4. TROUBLE with varicose veins? 5. Hemorrhoids or piles? 6. Hay fever? 7. Tumor, cyst, or growth? 8. CHRONIC gallbladder or liver trouble? 9. Stomach ulcer? 10. Any other CHRONIC stomach trouble? 11. Kidney stones or CHRONIC kidney trouble? 	<p>Question 12:</p> <p>A-2 Have you, your --, etc., had any of these conditions DURING THE PAST 12 MONTHS?</p> <ol style="list-style-type: none"> 12. Thyroid trouble or goiter? 13. Any allergy? 14. CHRONIC nervous trouble? 15. CHRONIC skin trouble? 16. Palsy? 17. Paralysis of any kind? 18. REPEATED trouble with back or spine? 19. Cleft palate? 20. Any speech defect? 21. Hernia or rupture? 22. Prostate trouble?
<p>Question 13:</p> <p>B-1 Have you, your --, etc., EVER had any of these conditions?</p> <ol style="list-style-type: none"> 1. Tuberculosis? 2. Emphysema? 3. Hardening of the arteries? 1. High blood pressure? (Exclude if only during pregnancy) 5. Cancer? 6. Heart trouble? 7. Stroke? 8. Rheumatic fever? 9. Arthritis or rheumatism? 10. Mental illness? 11. Diabetes? 12. Epilepsy? 	<p>Question 13:</p> <p>B-2 Do you, your --, etc., HAVE any of these conditions?</p> <ol style="list-style-type: none"> 1. Deafness or SERIOUS trouble hearing with one or both ears? 2. SERIOUS trouble seeing with one or both eyes even when wearing glasses? 3. Missing fingers, hand or arm -- toes, foot or leg? 4. Missing lung or kidney (or breast)? 5. Club foot? 6. PERMANENT stiffness or any deformity of foot, leg, fingers, arm or back?

Figure 2. Questions relating to illness and injury recall, fiscal years 1958 and 1967.

the approach suggested by the alternative B method of collection considered at the beginning of the survey. The illness and injury recall questions, with a 2-week reference period, were replaced with questions pertaining to health-related actions taken during the reference period. Information about conditions responsible for such actions was obtained from persons giving positive responses to these questions (figures 3a and 3b).

The 18-month period, July 1967-December 1968, was considered as a trial period for the new "person" approach in data collection. Because of this decision, it was felt that information on one-half of the sample population should be collected on the new questionnaire and that information on the other half should be elicited by means of the "condition" approach used in the first 10 years of the survey. Estimates based on the two samples are described and compared in *Vital and Health Statistics* report, Series 2, Number 48¹¹. It was found that no drastic changes in levels and relationships of health measures resulted from the adoption of the "person" approach. The designation of these 18 months as an interim experimental period made it possible for revisions to be made during this time by adding, deleting, or rewording questions. It also provided for an orderly transfer of the data-collection period for a given questionnaire from a fiscal to a calendar year basis (beginning in January 1969). This change in the collection period was initiated in order to make the data from the interview survey more comparable to other health-related statistics.

During the interim period, two new areas were added to the 2-week recall questions in an attempt to elicit certain kinds of conditions: one related to dental visits for the treatment of oral conditions and the other was directed to hospitalization during the 2-week period for emergency or other types of care. However, neither of these areas produced a sufficient number of reportable conditions to justify including them on a permanent basis; the dental probe question relating to conditions was dropped from the questionnaire for calendar year 1971, and the hospital probe question was deleted on the calendar year 1970 questionnaire. Other revisions in the illness recall area during

the trial period, shown in figure 4, included (1) the expansion of the introduction to the 2-week recall questions to inform the respondent of the purpose of the survey, the areas of questioning, and the beginning and concluding dates of the period outlined on the calendar, (2) the rearrangement of questions relating to disability caused by reportable conditions to obtain information on work- and school-loss days prior to information on activity-restricting days, and (3) an addition in the area of 2-week physician visits to elicit illnesses due to pregnancy. All of these three changes in format proved to be quite effective and have remained practically unchanged through 1974.

A gradual decline in the number of injuries reported in the survey during the late 1960's and during 1970 led to the addition of a specific area related to injury recall on the calendar years 1971-74 questionnaires.

The decision to restrict the collection of prevalence data to specific types of chronic conditions during a given collection year was implemented by the collection of data on digestive conditions during the interim period July 1967-December 1968. The collection schedule for this type of information during succeeding years follows:

- Calendar year 1969—Conditions of the bones, joints, muscles, and skin
- Calendar year 1970—Conditions of the respiratory system
- Calendar year 1971—Impairments
- Calendar year 1972—Conditions of the cardiovascular system
- Calendar year 1973—Conditions affecting the nervous system, glandular disorders, and conditions of the genitourinary system
- Calendar year 1974—No chronic condition list

The specific conditions and illnesses included for each of these are shown in appendix IV.

Description of conditions and related disability.—During the first 8 years of the survey, fiscal years 1958-65, the format of the questionnaire provided for the entering of each illness or injury on a separate line of questionnaire table I

FY 1968

HAND CALENDAR TO RESPONDENT

5a. During the past two weeks (the 2 weeks outlined in red on that calendar) did -- stay in bed all or most of the day because of any illness or injury? Yes - Ask b No - Ask c

b. During that two week period, how many days did -- have to stay in bed all or most of the day? Yes - Ask d No - Go to 6a

c. During that two week period, did he have to cut down on the things he usually does because of illness or injury? Yes - Ask e No - Go to 6a

d. Did -- have to cut down for as much as a day? Yes - Ask f No - Go to 6a

e. How many days in total did -- have to cut down during that two week period? Yes - Ask g No - Go to 6a

f. How many days did illness or injury keep -- from work during these two weeks? Yes - Ask h No - Go to 6a

g. How many days did illness or injury keep -- from school during these two weeks? Yes - Ask i No - Go to 6a

h. If 1+ days recorded in Q. 5e, ask: What condition caused -- to cut down on the things he usually does during the past two weeks? - Enter condition in C above

i. During the past two weeks, did any other condition cause him to cut down on the things he usually does? Yes - Reask a and b No - Go to next person

6. During the past 2 weeks (the 2 weeks outlined in red on that calendar) how many times has -- seen a doctor either at home or at a doctor's office, or clinic? None Number of visits

6a. (Besides these 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 - Ask b and c No - Go to 9

b. Who was this? - Mark "Yes" in person's column

c. Anyone else? Yes - Reask b and c No - Go to d

d. How many times did -- visit the doctor during that period? - Exclude visits made on "none" basis Number of visits

7a. During that period, did anyone in the family get my medical advice from a doctor over the telephone? Yes - Ask b and c No - Go to 10

b. If "Yes," ask: Who was the phone call about? - Mark "Yes" in person's column

c. Any calls about anyone else? Yes - Reask b and c No - Go to d

d. How many telephone calls were made to get medical advice about -- ? Number of calls

10a. For what condition did -- see or talk to a doctor during the past two weeks? - Enter condition here and in c above

b. During that period, did -- see or talk to a doctor for any other condition? Yes - Reask 10a No - Go to next person

If pregnancy reported ask: During the past 2 weeks was -- sick because of her pregnancy? If "Yes" ask: What was the reason?

Now I'm going to read a list of conditions

12a. 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

	Yes	No	Yes
1. Gallstones?			1.
2. Any other gallbladder trouble?			2.
3. Hemorrhoids or piles?			3.
4. Cirrhosis of the liver?			4.
5. Fatty liver?			5.
6. Hepatitis?			6.
7. Yellow jaundice?			7.
8. Any other liver trouble?			8.

b. Who was this?

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

12a. During the past 12 months, has anyone in the family had - If "Yes," ask b and c

	Yes	No	Yes
9. A disease of the pancreas?			9.
10. A disease of the esophagus?			10.
11. Any other disease that affects swallowing?			11.
12. Peptic ulcer?			12.
13. Duodenal ulcer?			13.
14. Stomach or gastric ulcer?			14.
15. Any other ulcer?			15.

b. Who was this?

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

12a. During the past 12 months, has anyone in the family had - If "Yes," ask b and c

	Yes	No	Yes
16. Hiatal hernia?			16.
17. Umbilical hernia?			17.
18. Any other hernia or rupture?			18.
19. Gastritis?			19.
20. Frequent indigestion?			20.
21. Cancer of the stomach?			21.
22. Any other stomach trouble?			22.
23. Enteritis?			23.
24. Diverticulitis?			24.

b. Who was this?

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

12a. During the past 12 months, has anyone in the family had - If "Yes," ask b and c

	Yes	No	Yes
25. Colitis?			25.
26. Constipation or other bowel trouble?			26.
27. Spastic colon?			27.
28. Cancer of the anus or rectum?			28.
29. Any other cancer of the digestive system?			29.
30. Any other intestinal trouble?			30.
31. Any other condition of the digestive system?			31.

b. Who was this?

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

Figure 3a. Questions relating to illness and injury recall, fiscal year 1968.

FY 1974		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 next few questions refer to the past 2 weeks, the 2 weeks outlined in red on that calendar, beginning Monday, (date), and ending this past Sunday, (date).		4a.	Y (4b) N
4b. During these 2 weeks, did you stay in bed because of any illness or injury?		4b.	Days 00 <input type="checkbox"/> None (8)
5. During that 2-week period, how many days did you stay in bed all or most of the day?		5.	WL days (7) 00 <input type="checkbox"/> None (8)
6. During these 2 weeks, how many days did illness or injury keep you from work? (For females): not counting work around the house?		6.	SL days 00 <input type="checkbox"/> None (8)
If NO days in Q. 4b, go to Q. 8			
7. On how many of these days lost from work school did you stay in bed all or most of the day?		7.	Days 00 <input type="checkbox"/> None
8a. (NOT COUNTING the day(s) in bed lost from work lost from school) Were there any (other) days during the past 2 weeks that you cut down on the things he usually does because of illness or injury?		8a.	1 Y 2 N (9)
b. (Again, not counting the day(s) in bed lost from work lost from school) During that period, how many (other) days did he cut down for as much as a day?		8b.	Days 00 <input type="checkbox"/> None
If one or more days in Q's. 4-8, ask 9; otherwise go to next person.			
9a. What condition caused you to stay in bed miss work miss school cut down during the past 2 weeks?		9a.	Enter condition in item C Ask 9b
b. Did any other condition cause him to stay in bed miss work miss school cut down during that period?		9b.	Y N (NP)
c. What condition?		9c.	Enter condition in item C Ask 9b
10a. During the past 2 weeks did anyone in the family, that is you, year --, etc., have any (other) accidents or injuries?		10a.	Y N (11)
b. Who was this? - Mark "Accident or injury" box in person's column.		10b.	<input type="checkbox"/> Accident or injury
c. What was the injury?		10c.	Injury
d. Did anyone have any other accidents or injuries during that period? (Reask 10b and c)		10d.	Y N
e. As a result of the accident, did you see a doctor or did he cut down on the things he usually does?		10e.	Y (Enter injury in item C) N
13. During the past 2 weeks (the 2 weeks outlined in red on that calendar) how many times did you see a medical doctor?		13.	00 <input type="checkbox"/> None Number of visits (NP)
(Besides these visits)			
14a. During that 2-week period did anyone in the family go to a doctor's office or clinic for shots, X-rays, tests, or examinations?		14a.	Y N (15)
b. Who was this? - Mark "Doctor visit" box in person's column.		14b.	<input type="checkbox"/> Doctor visit
c. Anyone else?		14c.	Y (Reask 14b and c) N
d. How many times did you visit the doctor during that period?		14d.	Number of visits (NP)
15a. During that period, did anyone in the family get any medical advice from a doctor over the telephone?		15a.	Y N (16)
b. Who was the phone call about? - Mark "Phone call" box in person's column.		15b.	<input type="checkbox"/> Phone call
c. Any calls about anyone else?		15c.	Y (Reask 15b and c) N
d. How many telephone calls were made to get medical advice about you?		15d.	Number of calls (NP)
Fill item C, (DOCTOR), from Q's 13-15 for all persons. Ask Q. 16a for each person with visits in DOCTOR box.			
16a. For what condition did you see or talk to a doctor during the past 2 weeks?		16a.	<input type="checkbox"/> Condition (from C (HEN 16d)) <input type="checkbox"/> Pregnancy (6c) <input type="checkbox"/> No condition
b. Did you see or talk to a doctor about any specific condition?		16b.	Y N (NP)
c. What condition?		16c.	Enter condition in item C and ask 16d
d. During that period, did you see or talk to a doctor about any other condition?		16d.	Y (16c) N (NP)
e. During the past 2 weeks was you sick because of her pregnancy?		16e.	Y N (16d)
f. What was the matter?		16f.	Enter condition in item C (16d)
31a. DURING THE PAST 12 MONTHS, did anyone in the family (you, year --, etc.) have - If "Yes," ask b and c			
b. Who was this? Enter name of condition and letter of line where reported in appropriate person's column in item C.			
c. During the past 12 months, did anyone else have . . . ?			
		A. Goiter or other thyroid trouble?	Glandular disorder
		B. Diabetes?	
		C. Cystic fibrosis?	Condition affecting the nervous system
		D. Anemia?	
		E. Epilepsy?	Gastro-urinary condition
		F. Multiple sclerosis?	
		G. Migraine?	Condition affecting the nervous system
		H. Neuralgia or neuritis?	
		I. Sciatica?	Gastro-urinary condition
		J. Nephritis?	
		K. Kidney stones?	Condition affecting the nervous system
		L. Any other kidney trouble?	
		M. Bladder trouble?	Gastro-urinary condition
		N. Prostate trouble?	
		O. Disease of the uterus or ovary?	Condition affecting the nervous system
		P. Any other female trouble?	

Figure 3b. Questions relating to illness and injury recall, fiscal year 1974.

(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?		<input type="checkbox"/> Yes (5b)	<input type="checkbox"/> No (5c or d)					
b. During that two-week period, how many days did -- stay in bed all or most of the day?	_____ 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.	_____ days <input type="checkbox"/> None } Item C							
If 6-16 years old ask: d. During those two weeks, how many days did illness or injury keep -- from school?	_____ days <input type="checkbox"/> None (5f)							
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?	_____ days <input type="checkbox"/> None } 5f							
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?	<input type="checkbox"/> Yes (5g) <input type="checkbox"/> 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?	<input type="checkbox"/> None (6a or NP)							
If 1+ days in Q.5, ask 6, otherwise go to next person 6a. What condition caused -- to <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>stay in bed</td></tr><tr><td>miss work</td></tr><tr><td>miss school</td></tr><tr><td>cut down</td></tr></table> during the past 2 weeks?	stay in bed	miss work	miss school	cut down	Enter conditions in Item C Ask 6b and c			
stay in bed								
miss work								
miss school								
cut down								
b. Did any other condition cause him to (stay in bed, miss work, miss school, cut down) during that period?	<input type="checkbox"/> Yes (6c) <input type="checkbox"/> No (6a or NP)							
c. What condition?	Enter conditions in Item C Reask 6b							

Figure 4. Questions relating to illness and injury recall, as revised during the interim period July 1967-December 1968.

(see figure 5). Questions in table I were designed to elicit information relating to (1) whether the condition had ever been attended by a physician, (2) the most accurate description the respondent could give about the nature of the condition, (3) days of restricted activity, bed disability, and work- or school-loss days caused by the condition, and (4) certain facts about the onset of the condition to determine whether it was acute or chronic. The principal change in this portion of the questionnaire through fiscal year 1965 was not in the wording of the specific questions in the table, but in the interviewers' instructions included in the heading of the table. These instructions were expanded in the questionnaires for fiscal years 1960 and 1961 and were then unchanged through fiscal year 1965.

In the computer processing of the data for fiscal years 1966 and 1967, a photographic process, identified as FOSDIC,^a was used by the Bureau of the Census, the agency that carried out the statistical processing of the interview data through fiscal year 1968. With this procedure, it was not feasible to use the questionnaire table I format, so each reported condition was carried through a separate "condition page," which also included questions on accidents

resulting in injury and on activity and mobility limitation. The wording of the questions relating to conditions and the interviewers' instructions were not changed to a great extent, but the questionnaire format was quite different. The "condition page" concept has been continued through calendar year 1974.

With the introduction of restricting the collection of information on chronic conditions to those affecting a specific system (beginning in July 1967), it was felt that the amount of data relating to the history, treatment, and development of such conditions should be increased. Since the new "person approach" called for the collection of information on activity and mobility limitation on a person basis, as described earlier, the questions relating to limitation were transferred to another area on the questionnaire, and detailed information on specific chronic conditions was obtained by adding a section identified as AA to each condition page. Section AA was revised to some extent during the trial period (July 1967-December 1968) and has remained as an integral part of the condition page through calendar year 1973 (figure 6).

Limitation of activity.—During the first 8 years of the survey, through June 1965, information on limitation of activity due to chronic conditions was obtained from questions at the end of questionnaire table I. After completing

^aFilmed Optical Sensing Device for Input to Computers.

SOURCE	DETERMINATION OF DIAGNOSIS	DISABILITY DAYS IN 2 WEEKS	ONSET																																																			
<p>FY 1958</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Line Number</td> <td style="width:33%;">Col. No. of person</td> <td style="width:33%;">Question No.</td> </tr> <tr> <td style="text-align: center;">(a)</td> <td style="text-align: center;">(b)</td> <td style="text-align: center;">(c)</td> </tr> <tr> <td style="text-align: center;">1</td> <td></td> <td></td> </tr> </table>	Line Number	Col. No. of person	Question No.	(a)	(b)	(c)	1			<p style="text-align: center;">Table I - ILLNESSES, IMPAIRMENTS AND ACCIDENTS</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:15%;">Did you ever talk to a doctor about ...?</th> <th style="width:25%;">What did the doctor say it was? ... did he use any medical terms?</th> <th style="width:20%;">If an impairment or symptom, ask: What was the cause of ...?</th> <th style="width:15%;">What kind of ... trouble is it?</th> <th style="width:15%;">What part of the body was affected?</th> <th style="width:10%;">LAST WEEK OR THE WEEK BEFORE did ... cause you to cut down on your usual activities for as much as a day?</th> </tr> <tr> <td style="text-align: center;">(c)</td> <td style="text-align: center;">(d-1)</td> <td style="text-align: center;">(d-2)</td> <td style="text-align: center;">(d-3)</td> <td style="text-align: center;">(d-4)</td> <td style="text-align: center;">(d-5)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>	Did you ever talk to a doctor about ...?	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(1): How many days did you keep from work (going to school)?</th> </tr> <tr> <td style="text-align: center;">(6)</td> <td style="text-align: center;">(7)</td> <td style="text-align: center;">(1)</td> <td style="text-align: center;">(2)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> None Days</td> <td style="text-align: center;"><input type="checkbox"/> None Days</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>	How many days, factoring in the 2 week-end?	How many of these days were you in bed or most of the day?	If 6 years old or over, ask: Last week or the week before how many days did you have been working at a job or business (going to school)?	If "Yes" in col. (1): How many days did you keep from work (going to school)?	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No. of person	Question No.	(a)	(b)	(c)	<p style="text-align: center;">ES, IMPAIRMENTS, AND INJURIES - Continued</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:30%;">CAUSE</th> <th style="width:30%;">KIND</th> <th style="width:40%;">PART OF BODY</th> </tr> <tr> <td style="vertical-align: top;"> <p>If condition is on Card C, enter condition without asking columns (d-1) through (d-4) and go to column (e) - (f).</p> <p>For all other illnesses and present effects of "old" injuries -</p> <p>- If doctor talked to, ask: What did the doctor say it was - did he give it a medical name?</p> <p>- If doctor NOT talked to, record original entry and ask (d-2) - (d-4) as required.</p> <p>For all injuries which happened LAST WEEK OR THE WEEK BEFORE, ask:</p> <p>What part of the body was hurt?</p> <p>What kind of injury was it?</p> <p>(For injuries or accidents which happened before the past 2 weeks, enter the present effects.)</p> </td> <td style="vertical-align: top;"> <p>For any entry in col. (d-1) or col. (d-2) that includes the words:</p> <p>Allergy* Tumor Asthma "Condition" Cyst "Disease" Growth "Trouble"</p> <p>And for:</p> <p>Abcess Inflammation Ache (except headache) Pain Blood clot Sore Bull Stenosis Cancer Tumor Cyst Ulcer Growth Weak Hemorrhage Weakness Infection</p> <p>*For an ALLERGY or STROKE, ask:</p> <p>How does the allergy (stroke) affect you?</p> <p>What part of the body is affected?</p> <p>Show detail for:</p> <p>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)</p> </td> <td style="vertical-align: top;"> <p>What part of the body was hurt?</p> <p>(Also, fill Table A)</p> </td> </tr> <tr> <td style="text-align: center;">(d-1)</td> <td style="text-align: center;">(d-2)</td> <td style="text-align: center;">(d-3)</td> </tr> </table>	CAUSE	KIND	PART OF BODY	<p>If condition is on Card C, enter condition without asking columns (d-1) through (d-4) and go to column (e) - (f).</p> <p>For all other illnesses and present effects of "old" injuries -</p> <p>- If doctor talked to, ask: What did the doctor say it was - did he give it a medical name?</p> <p>- If doctor NOT talked to, record original entry and ask (d-2) - (d-4) as required.</p> <p>For all injuries which happened LAST WEEK OR THE WEEK BEFORE, ask:</p> <p>What part of the body was hurt?</p> <p>What kind of injury was it?</p> <p>(For injuries or accidents which happened before the past 2 weeks, enter the present effects.)</p>	<p>For any entry in col. 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(did it happen) during the past 3 months or before that time?</th> <th style="width:15%;">Check one: Did you first notice it during the past 2 weeks or before that time?</th> <th style="width:15%;">If col. (m) is checked, ask: Did you first notice it during the past 12 months or before that time?</th> <th style="width:15%;">To interviewer: CONTINUE if col. (n) is checked, or the condition is on Card A or is an impairment; otherwise, STOP</th> </tr> <tr> <td style="text-align: center;">(m)</td> <td style="text-align: center;">(n)</td> <td style="text-align: center;">(o)</td> <td style="text-align: center;">(p)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> Before <input type="checkbox"/> During <input type="checkbox"/> 3 months <input type="checkbox"/> No</td> <td style="text-align: center;"><input type="checkbox"/> Before <input type="checkbox"/> During <input type="checkbox"/> 2 weeks <input type="checkbox"/> No</td> <td style="text-align: center;"><input type="checkbox"/> No <input type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Before <input type="checkbox"/> Birth</td> </tr> </table>	Did you first notice ... (did it happen) during the past 3 months or before that time?	Check one: Did you first notice it during the past 2 weeks or before that time?	If col. (m) is checked, ask: Did you first notice it during the past 12 months or before that time?	To interviewer: CONTINUE if col. (n) is checked, or the condition is on Card A or is an impairment; otherwise, STOP	(m)	(n)	(o)	(p)	<input type="checkbox"/> Before <input type="checkbox"/> During <input type="checkbox"/> 3 months <input type="checkbox"/> No	<input type="checkbox"/> Before <input type="checkbox"/> During <input type="checkbox"/> 2 weeks <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Before <input type="checkbox"/> Birth									
Line number	Col. No. of person	Question No.																																																				
(a)	(b)	(c)																																																				
CAUSE	KIND	PART OF BODY																																																				
<p>If condition is on Card C, enter condition without asking columns (d-1) through (d-4) and go to column (e) - (f).</p> <p>For all other illnesses and present effects of "old" injuries -</p> <p>- If doctor talked to, ask: What did the doctor say it was - did he give it a medical name?</p> <p>- If doctor NOT talked to, record original entry and ask (d-2) - (d-4) as required.</p> <p>For all injuries which happened LAST WEEK OR THE WEEK BEFORE, ask:</p> <p>What part of the body was hurt?</p> <p>What kind of injury was it?</p> <p>(For injuries or accidents which happened before the past 2 weeks, enter the present effects.)</p>	<p>For any entry in col. (d-1) or col. (d-2) that includes the words:</p> <p>Allergy* Tumor Asthma "Condition" Cyst "Disease" Growth "Trouble"</p> <p>And for:</p> <p>Abcess Inflammation Ache (except headache) Pain Blood clot Sore Bull Stenosis Cancer Tumor Cyst Ulcer Growth Weak Hemorrhage Weakness Infection</p> <p>*For an ALLERGY or STROKE, ask:</p> <p>How does the allergy (stroke) affect you?</p> <p>What part of the body is affected?</p> <p>Show detail for:</p> <p>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)</p>	<p>What part of the body was hurt?</p> <p>(Also, fill Table A)</p>																																																				
(d-1)	(d-2)	(d-3)																																																				
LAST WEEK OR THE WEEK BEFORE did ... cause you to cut down on the things you usually do?	Did you have to cut down for as much as a day?	During that two week period, how many days did you have to cut down during that two week period?	If 6-16 years old, ask: How many days did you keep from school during that two week period?	If "Yes" in Q. 5a or 5b, ask: How many days did you keep from work during that two week period?																																																		
(e)	(f)	(g)	(h)	(i)																																																		
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes																																																		
Did you first notice ... (did it happen) during the past 3 months or before that time?	Check one: Did you first notice it during the past 2 weeks or before that time?	If col. (m) is checked, ask: Did you first notice it during the past 12 months or before that time?	To interviewer: CONTINUE if col. (n) is checked, or the condition is on Card A or is an impairment; otherwise, STOP																																																			
(m)	(n)	(o)	(p)																																																			
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	<p style="border: 1px solid black; padding: 5px;">ONLY MINOR CHANGES IN INTERVENING YEARS</p>	<p style="border: 1px solid black; padding: 5px;">ON FY 1958 AND 1959 ONLY REPLACED BY CURRENT ACTIVITY QUESTIONS</p>	<p style="border: 1px solid black; padding: 5px;">OMITTED FY 1962 AND 1963</p>																																																			

Figure 5. Development of segments of questionnaire table I, fiscal years 1958-1965.

CONDITION 2																												
1. Person number	Name of condition																											
2. When did -- last see or talk to a doctor about his ... ?																												
<input type="checkbox"/> In interview <input type="checkbox"/> Past 2 wks. (Item C) <input type="checkbox"/> 2-4 yrs. <input type="checkbox"/> Week <input type="checkbox"/> 2 wks.-6 mos. <input type="checkbox"/> 5+ yrs. (Recsk 2) <input type="checkbox"/> Over 6-12 mos. <input type="checkbox"/> Never <input type="checkbox"/> 1 yr. <input type="checkbox"/> DK if Dr. seen <input type="checkbox"/> DK when Dr. seen																												
A1	Examine "Name of condition" entry and mark: <input type="checkbox"/> Accident or injury (A2) <input type="checkbox"/> On Card C (A2) <input type="checkbox"/> Neither (3a)																											
If "Doctor not talked to," record adequate description of condition. If "Doctor talked to," ask:																												
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 ... ?																												
<input type="checkbox"/> Accident or injury (A2)																												
If the entry in 3a or 3b includes the words:																												
<table style="width: 100%; border: none;"> <tr> <td style="border: none;">Allant</td> <td style="border: none;">Condition</td> <td style="border: none;">Disorder</td> <td style="border: none;">Trouble</td> </tr> <tr> <td style="border: none;">Anemia</td> <td style="border: none;">Cyst</td> <td style="border: none;">Growth</td> <td style="border: none;">Tumor</td> </tr> <tr> <td style="border: none;">Asthma</td> <td style="border: none;">Defect</td> <td style="border: none;">Infection</td> <td style="border: none;">Ulcer</td> </tr> <tr> <td style="border: none;">Attack</td> <td style="border: none;">Disease</td> <td style="border: none;">Rupture</td> <td></td> </tr> </table>		Allant	Condition	Disorder	Trouble	Anemia	Cyst	Growth	Tumor	Asthma	Defect	Infection	Ulcer	Attack	Disease	Rupture												
Allant	Condition	Disorder	Trouble																									
Anemia	Cyst	Growth	Tumor																									
Asthma	Defect	Infection	Ulcer																									
Attack	Disease	Rupture																										
} Ask c:																												
c. What kind of ... is it?																												
For allergy or stroke, ask:																												
d. How does the allergy (stroke) affect him?																												
For an impairment or any of the following entries:																												
<table style="width: 100%; border: none;"> <tr> <td style="border: none;">Abscess</td> <td style="border: none;">Damage</td> <td style="border: none;">Paralysis</td> </tr> <tr> <td style="border: none;">Ache (except headache)</td> <td style="border: none;">Growth</td> <td style="border: none;">Rupture</td> </tr> <tr> <td style="border: none;">Bleeding</td> <td style="border: none;">Hemorrhage</td> <td style="border: none;">Sore</td> </tr> <tr> <td style="border: none;">Blind eye</td> <td style="border: none;">Infection</td> <td style="border: none;">Swollen</td> </tr> <tr> <td style="border: none;">Bull</td> <td style="border: none;">Inflammation</td> <td style="border: none;">Tumor</td> </tr> <tr> <td style="border: none;">Cancer</td> <td style="border: none;">Neuralgia</td> <td style="border: none;">Ulcer</td> </tr> <tr> <td style="border: none;">Cramps (except menstrual)</td> <td style="border: none;">Neuritis</td> <td style="border: none;">Varicose veins</td> </tr> <tr> <td style="border: none;">Cyst</td> <td style="border: none;">Pain</td> <td style="border: none;">Weak</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">Palsy</td> <td style="border: none;">Weakness</td> </tr> </table>		Abscess	Damage	Paralysis	Ache (except headache)	Growth	Rupture	Bleeding	Hemorrhage	Sore	Blind eye	Infection	Swollen	Bull	Inflammation	Tumor	Cancer	Neuralgia	Ulcer	Cramps (except menstrual)	Neuritis	Varicose veins	Cyst	Pain	Weak		Palsy	Weakness
Abscess	Damage	Paralysis																										
Ache (except headache)	Growth	Rupture																										
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Blind eye	Infection	Swollen																										
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Cancer	Neuralgia	Ulcer																										
Cramps (except menstrual)	Neuritis	Varicose veins																										
Cyst	Pain	Weak																										
	Palsy	Weakness																										
} Ask c:																												
e. What part of the body is affected?																												
Show the following detail:																												
Head skull, scalp, face Back/neck/shoulder upper, middle, lower Ear or eye one or both Arm one or both shoulder, upper, elbow, lower, wrist, hand Leg one or both hip, upper, knee, lower, ankle, foot																												
The remaining questions will be asked as appropriate for the condition entered in:																												
A2	<input type="checkbox"/> Item 1 <input type="checkbox"/> Q. 3a <input type="checkbox"/> Q. 3b <input type="checkbox"/> Q. 3d <input type="checkbox"/> Q. 3a <input type="checkbox"/> Q. 3c																											
4. During the past 2 weeks, did his ... cause him to cut down on the things he usually does? 1 Y 2 N (9)																												
5. During that period, how many days did he cut down for as much as a day? ___ Days 00 <input type="checkbox"/> None (9)																												
6. During that 2-week period, how many days did his ... keep him in bed all or most of the day? ___ Days 00 <input type="checkbox"/> None																												
Ask if 17+ years:																												
7. How many days did his ... keep him from work during that 2-week period? (For females: not counting work around the house?) ___ Days (9) 00 <input type="checkbox"/> None (9)																												
Ask if 6-16 years:																												
8. How many days did his ... keep him from school during that 2-week period? ___ Days 00 <input type="checkbox"/> None																												
9. When did -- first notice his ... ?																												
<input type="checkbox"/> Last week <input type="checkbox"/> 2 weeks-3 months <input type="checkbox"/> Week before <input type="checkbox"/> Over 3-12 months <input type="checkbox"/> Past 2 weeks-DK which <input type="checkbox"/> More than 12 months ago (Was it during the past 12 months or before that time?) (Was it during the past 3 months or before that time?) (Was it during the past 2 weeks or before that time?)																												
A3	<input type="checkbox"/> Not an eye cond. (A4) <input type="checkbox"/> First eye cond. (6+ yrs.) (10) <input type="checkbox"/> First eye condition (under 6) (A4) <input type="checkbox"/> Not first eye cond. (A4)																											
10. Can -- see well enough to read ordinary newspaper print WITH GLASSES with his																												
<table style="width: 100%; border: none;"> <tr> <td style="border: none;">left</td> <td style="border: none;">eye? ... 1 Y 2 N</td> </tr> <tr> <td style="border: none;">right</td> <td style="border: none;">..... 1 Y 2 N</td> </tr> </table>		left	eye? ... 1 Y 2 N	right 1 Y 2 N																							
left	eye? ... 1 Y 2 N																											
right 1 Y 2 N																											
a. First noticed during the past 2 weeks? (Question 9) Y N (AA)																												
b. Doctor seen or talked to during the past 2 weeks? (Question 2) Y (Fill buff form) N																												
c. One or more cut-down days? (Question 5) Y (Fill blue form) N (AA)																												
FOOTNOTES																												
AA	Continue for conditions listed or reported in probe question 31, otherwise, go to A5. For missing extremities or organs, go to A5. <input type="checkbox"/> Doctor seen (12) <input type="checkbox"/> Doctor not seen (11)																											
11. During the past 12 months what did -- do or take for his ... ? (Write in) Anything else? (18)																												
12. After -- first noticed something was wrong, about how long was it before he talked to a doctor about it? (Probe: Was it a matter of days, weeks, or months?) <input type="checkbox"/> Discovered by doctor (14c) 2 ___ Weeks <input type="checkbox"/> Less than one day 4 ___ Months 2 ___ Days 8 ___ Years																												
13. BEFORE -- talked to a doctor about his ... , did he do or take anything for it? 1 Y 2 N																												
14a. Does -- NOW take any medicine or treatment for his ... ? 1 Y 2 N (15)																												
b. Was any of this medicine or treatment recommended by a doctor? 1 Y 2 N																												
15. Has he ever had surgery for this condition? 1 Y 2 N																												
16. Was he ever hospitalized for this condition? 1 Y 2 N																												
17. During the past 12 months, about how many times has -- seen or talked to a doctor about his ... ? (Do not count visits while a patient in a hospital.) ___ Times 00 <input type="checkbox"/> None																												
18. About how many days during the past 12 months has this condition kept him in bed all or most of the day? ___ Days 00 <input type="checkbox"/> None																												
19a. How often does his ... bother him -- all of the time, often, once in a while, or never? <input type="checkbox"/> All the time <input type="checkbox"/> Often <input type="checkbox"/> Once in a while <input type="checkbox"/> Never (19c) <input type="checkbox"/> Other -- Specify _____																												
b. When it does bother him, is he bothered a great deal, some, or very little? <input type="checkbox"/> Great deal <input type="checkbox"/> Some <input type="checkbox"/> Very little <input type="checkbox"/> Other -- Specify _____																												
c. Does -- still have this condition? <input type="checkbox"/> Y (A5) N																												
d. Is this condition completely cured or is it under control? <input type="checkbox"/> Cured <input type="checkbox"/> Under control (A5) <input type="checkbox"/> Other -- Specify _____ (A5)																												
e. About how long did -- have this condition before it was cured? <input type="checkbox"/> Less than one month ___ Months ___ Years																												

CARD C	
Conditions reported for which questions 3a-3e need not be asked:	
Acne	Laryngitis
Appendicitis	Migraine
Arteriosclerosis	Migraine headache
Athlete's foot	Mumps
Bronchitis (any kind)	Normal delivery
Bunions	Phlebitis (Thrombophlebitis)
Bursitis	Pneumonia
Calluses	Pregnancy
Chickenpox	Sciatica
Cold	Sinus
Corns	Sinus trouble
Croup	(Sinusitis)
Diabetes	Strep (Streptococcus) throat
Epilepsy	Tonsillitis
Gallstones	Ulcer (duodenal, stomach, peptic or gastric only)
Goiter	Vasectomy
Hardening of the arteries	Warts
Hay fever	Whooping cough
Hemorrhoids or piles	
Hernia (All types)	
Kidney stones	

Figure 6. Sample "condition page," calendar year 1973. (Excluded are questions on accidents resulting in injury, which appear in Figure 15.)

questionnaire table I for the final condition reported for a sample individual, the interviewer handed a card to the respondent and asked her to look at the statements printed thereon. She was then asked to select the degree of limitation that was most descriptive of the sample person (figure 7). By means of interviewer instructions keyed to the duration of conditions and checklists of conditions, these questions were limited to those persons for whom chronic conditions

were reported. The respondent was then asked to identify the reported condition(s) that caused the specific degree of activity limitation. During the period July 1965-June 1967, the questions remained virtually unchanged, but the transfer in format from questionnaire table I to the "condition page" led to a corresponding change in the format of the questions on limitation of activity. During the entire period, July 1957-June 1967, estimates of the number of limited

CARDS C-F (FY 1958 AND FY 1959) OR D-G (FY 1967)

FY 1958

To Interviewer: Please look at this card and if Col. (5) is checked or the condition is on either A or B, continue; you best, STOP (labor Card C-F, as appropriate)

(44) (7)

FY 1959

To Interviewer:	Ask after completing last condition for each person:			
If col. (5) is checked, or the condition is on either one of Cards A or B, continue; otherwise STOP	Please look on this card and read each statement. Then tell me which firm you have told me about?	If 1, 2 or 3 in col. (1): Is this because (a) of the condition?	If "yes" in col. (1): Enter X for each condition named	
(44)	(1)	(a)	(1)	
		<input type="checkbox"/> Yes		
		<input type="checkbox"/> No		

FY 1967

Show Card D, E, F, or G, as appropriate based on activity status or age.

If 1, 2, or 3 marked in 18 ask:

If 4 marked in 18 go to 20.

18. PLEASE LOOK AT EACH STATEMENT ON THIS CARD (CARD D, E, F, G). THEN TELL ME WHICH STATEMENT FITS -- BEST IN TERMS OF HEALTH, (Mark statement numbers)

1 2 3 4 5 6 7 8 9 10

19. IS THIS BECAUSE OF ANY OF THE CONDITIONS YOU HAVE TOLD ME ABOUT?

Yes → WHICH? (Enter condition numbers)

No → WHAT DOES CAUSE THIS LIMITATION? (Enter cause)

CARD D: Persons other than housewives and children

1. NOT ABLE TO WORK AT ALL.
2. ABLE TO WORK BUT LIMITED IN AMOUNT OF WORK OR KIND OF WORK.
3. ABLE TO WORK BUT LIMITED IN KIND OR AMOUNT OF OTHER ACTIVITIES.
4. NOT LIMITED IN ANY OF THE ABOVE WAYS.

CARD F: Children 6-16 years

1. NOT ABLE TO GO TO SCHOOL AT ALL.
2. ABLE TO GO TO SCHOOL BUT LIMITED TO CERTAIN TYPES OF SCHOOLS OR IN SCHOOL ATTENDANCE.
3. ABLE TO GO TO SCHOOL BUT LIMITED IN OTHER ACTIVITIES.
4. NOT LIMITED IN ANY OF THE ABOVE WAYS.

CARD E: Housewife

1. NOT ABLE TO KEEP HOUSE AT ALL.
2. ABLE TO KEEP HOUSE BUT LIMITED IN AMOUNT OR KIND OF HOUSEWORK.
3. ABLE TO KEEP HOUSE BUT LIMITED IN KIND OR AMOUNT OF OTHER ACTIVITIES.
4. NOT LIMITED IN ANY OF THE ABOVE WAYS.

CARD G: Children under 6 years

1. NOT ABLE TO TAKE PART AT ALL IN ORDINARY PLAY WITH OTHER CHILDREN.
2. ABLE TO PLAY WITH OTHER CHILDREN BUT LIMITED IN AMOUNT OR KIND OF PLAY.
4. NOT LIMITED IN ANY OF THE ABOVE WAYS.

Figure 7. Questions relating to limitation of activity, fiscal years 1958, 1959, and 1967.

persons and the number of conditions causing limitation were derived during the data-processing phase of the survey.

In the questionnaire format adopted in July 1967, the restriction regarding the presence of chronic condition(s) was removed, and questions relating to the degree of activity limitation were asked for all sample persons. This change was necessary because it was no longer possible to derive complete estimates of limitation status from previously reported conditions when only specific body systems were included in the checklists of chronic conditions. Other major changes in administering the questions relating to activity limitation were as follows: (1) instead of asking the respondent to select the appropriate limitation status from a printed card, the interviewer read the options to the respondent, and (2) the questions relating to the usual activity of the sample persons were moved from the section on personal characteristics to an area immediately preceding the limitation of activity questions. The latter change was necessary because the options from which the respondent selects the appropriate limitation status are keyed to the usual activity of the sample person (figure 8).

During the 18-month period ending in December 1968, many changes were made in the wording, format, and arrangement of the questions on limitation of activity. The interviewing problems and data-processing difficulties were not completely resolved until 1970 when a satisfactory series of questions was obtained. Unlike other health-related items, such as physician or dental visits that are objective by nature, limitation of activity represents an opinion or attitude on the part of the respondent. Because the questions require a subjective judgment by the respondent, even minor changes in the wording or the sequence of the questions may cause marked variation in response. The format used in the questionnaire fielded in January 1970 has been retained with few changes through December 1974.

During fiscal years 1960 and 1961, information on the duration of limitation of activity was obtained for all persons who were either unable to carry on their usual activity or limited in the amount or kind of usual activity. In addition, those 17 years or over were asked if they had

been working up until the time the limitation started. Questions relating to the duration of limitation of activity were not asked again until January 1969. During that year, all persons with any degree of limitation were asked:

About how long has he:

Been limited in _____

Been unable to _____

Had to go to a certain type of school?

Less than 1 month
_____ months _____ years

This question has continued to be on the questionnaire through December 1973.

Hospitalization.—Similar to the procedure used in recording illness and injury, questions on hospitalization are asked in two stages: (1) hospitalization recall questions asked during the early part of the interview (figure 9) and (2) questions regarding the cause, duration, and place of hospitalization. Changes in format for recording information on hospitalizations are also quite similar to those for recording illness data in that an area of questionnaire table II (see figure 10), analogous to questionnaire table I, was used during the fiscal years 1958-65, and a hospital page, comparable to the condition page, has been used during fiscal year 1966 through calendar year 1974.

An early methodological study, the findings of which were published in *Vital and Health Statistics* report, Series 2, Number 7,⁴ revealed that hospitalizations during the year prior to the week of interview are underreported in the household interview. In an attempt to improve the completeness and accuracy of reporting, the following two major changes were made in the hospitalization recall area: (1) an additional question, inserted for fiscal year 1961 and retained thereafter, reminds the interviewer to inquire about hospitalizations for deliveries when a child under 1 year of age is listed as a household member, and (2) beginning in fiscal year 1963, there was a change in the time reference for the recall questions. This latter change consisted of the addition of an extra period of recall extending the period to the 1st of the month preceding the 12-month period prior to interview. For example, respondents

FY 1968		CY 1974	
<p>Age 17+</p> <p>13a. 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?</p> <p>If "something else" and 45+ years of age, ask:</p> <p>b. Is -- retired?</p> <p>If "something else" and under 45 years of age or "na" in Q. 13b, ask:</p> <p>c. What was -- doing?</p>	<p>1 <input type="checkbox"/> Working (18)</p> <p>2 <input type="checkbox"/> Keeping house (18)</p> <p>3 <input type="checkbox"/> Retired (17)</p> <p>4 <input type="checkbox"/> Going to school (20)</p> <p>5 <input type="checkbox"/> 17+ something else (17)</p> <p>6 <input type="checkbox"/> 6-16 something else (19)</p>	<p>Age 17+</p> <p>20a. 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?</p> <p>If "something else," ask:</p> <p>b. What was -- doing?</p> <p>If 45+ years and was not "working," "keeping house," or "going to school," ask:</p> <p>c. Is -- retired?</p> <p>d. If "retired," ask: Did he retire because of his health?</p>	<p>20. <input type="checkbox"/> Working (24a)</p> <p><input type="checkbox"/> Keeping house (25a)</p> <p><input type="checkbox"/> Retired, health (24)</p> <p><input type="checkbox"/> Retired, other (24)</p> <p><input type="checkbox"/> Going to school (27)</p> <p><input type="checkbox"/> 17+ something else (24)</p> <p><input type="checkbox"/> 6-16 something else (26)</p>
<p>Age 6-16</p> <p>14a. What was -- doing most of the past 12 months -- going to school or doing something else?</p> <p>If "something else" ask:</p> <p>b. What was -- doing?</p>		<p>Age 6-16</p> <p>21a. What was -- doing MOST OF THE PAST 12 MONTHS -- going to school or doing something else?</p> <p>If "something else," ask:</p> <p>b. What was -- doing?</p>	<p><input type="checkbox"/> 1-5 years (22)</p> <p><input type="checkbox"/> Under 1 (22)</p>
<p>Age 1-5</p> <p>15a. In terms of health, is -- able to take part at all in ordinary play with other children?</p> <p>b. Is he limited in the kind or amount of play because of his health?</p>	<p>15a. <input type="checkbox"/> Yes (15b) <input type="checkbox"/> No (21)</p> <p>15b. <input type="checkbox"/> Yes (21)</p> <p>15c. <input type="checkbox"/> No - Go to next person</p>	<p>Age under 6</p> <p>22a. Is -- able to take part at all in ordinary play with other children?</p> <p>b. Is he limited in the kind of play he can do because of his health?</p> <p>c. Is he limited in the amount of play because of his health?</p>	<p>22a. Y <input type="checkbox"/> N (29)</p> <p>22b. <input type="checkbox"/> Y (29) <input type="checkbox"/> N</p> <p>22c. <input type="checkbox"/> Y (29) <input type="checkbox"/> N (NP)</p>
<p>Age Under 1 yr.</p> <p>16a. Is -- limited in any way because of his health?</p> <p>b. In what way is he limited? - Specify</p>	<p>16a. <input type="checkbox"/> Yes (16b)</p> <p>16b. <input type="checkbox"/> No - Go to next person</p> <p>Go to 21</p>	<p>23a. Is -- limited in any way because of his health?</p> <p>b. In what way is he limited? Record limitation, not condition.</p>	<p>23a. <input type="checkbox"/> Y <input type="checkbox"/> N (NP)</p> <p>23b. <input type="checkbox"/> (29)</p>
<p>17a. In terms of health, is -- able to work?</p> <p>b. Is -- limited in the kind or amount of work he could do because of his health?</p>	<p>17a. <input type="checkbox"/> Yes (17b) <input type="checkbox"/> No (21)</p> <p>17b. <input type="checkbox"/> Yes (21) <input type="checkbox"/> No (18c)</p>	<p>24a. Does -- health now keep him from working?</p> <p>b. Is he limited in the kind of work he could do because of his health?</p> <p>c. Is he limited in the amount of work he could do because of his health?</p> <p>d. Is he limited in the kind or amount of other activities because of his health?</p>	<p>24a. <input type="checkbox"/> Y (29) <input type="checkbox"/> N</p> <p>24b. <input type="checkbox"/> Y (29) <input type="checkbox"/> N</p> <p>24c. <input type="checkbox"/> Y (29) <input type="checkbox"/> N</p> <p>24d. <input type="checkbox"/> Y (29) <input type="checkbox"/> N (28)</p>
<p>18a. Is -- limited in the kind or amount of (work - housework) he can do because of his health?</p> <p>b. Is -- able to (work, keep house) at all?</p> <p>c. Is -- limited in the kind or amount of other activities because of his health?</p>	<p>18a. <input type="checkbox"/> Yes (18b) <input type="checkbox"/> No (18c)</p> <p>18b. <input type="checkbox"/> Yes (21) <input type="checkbox"/> No (21)</p> <p>18c. <input type="checkbox"/> Yes (21)</p> <p>18d. <input type="checkbox"/> No - Go to next person</p>	<p>25a. Does -- NOW have a job?</p> <p>b. In terms of health, is -- NOW able to (work - keep house) at all?</p> <p>c. Is he limited in the kind of (work - housework) he can do because of his health?</p> <p>d. Is he limited in the amount of (work - housework) he can do because of his health?</p> <p>e. Is he limited in the kind or amount of other activities because of his health?</p>	<p>25a. <input type="checkbox"/> Y (28c) <input type="checkbox"/> N</p> <p>25b. <input type="checkbox"/> Y <input type="checkbox"/> N (29)</p> <p>25c. <input type="checkbox"/> Y (29) <input type="checkbox"/> N</p> <p>25d. <input type="checkbox"/> Y (29) <input type="checkbox"/> N</p> <p>25e. <input type="checkbox"/> Y (29) <input type="checkbox"/> N (28)</p>
<p>19. In terms of health, is -- able to go to school?</p>	<p>19. <input type="checkbox"/> Yes (20) <input type="checkbox"/> No (21)</p>	<p>26. In terms of health would -- be able to go to school?</p>	<p>26. <input type="checkbox"/> Y <input type="checkbox"/> N (29)</p>
<p>20a. Does (would) he have to go to a certain type of school because of his health?</p> <p>b. Is he (would he be) limited in school attendance because of his health?</p> <p>c. Is -- limited in the kind or amount of other activities because of his health?</p>	<p>20a. <input type="checkbox"/> Yes (21) <input type="checkbox"/> No (20a)</p> <p>20b. <input type="checkbox"/> Yes (21) <input type="checkbox"/> No (20c)</p> <p>20c. <input type="checkbox"/> Yes (21)</p> <p>20d. <input type="checkbox"/> No - Go to next person</p>	<p>27a. Does (would) -- have to go to a certain type of school because of his health?</p> <p>b. Is he (would he be) limited in school attendance because of his health?</p> <p>c. Is he limited in the kind or amount of other activities because of his health?</p>	<p>27a. <input type="checkbox"/> Y (29) <input type="checkbox"/> N</p> <p>27b. <input type="checkbox"/> Y (29) <input type="checkbox"/> N</p> <p>27c. <input type="checkbox"/> Y (29) <input type="checkbox"/> N</p>
<p>21a. What condition causes this limitation?</p> <p>b. Is this limitation caused by any other conditions?</p> <p>c. What conditions? - Any other conditions?</p>	<p>21a. <input type="checkbox"/> Yes (21c)</p> <p>21b. <input type="checkbox"/> No - Go to next person</p> <p>21c. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>28a. Is -- limited in ANY WAY because of a disability or health?</p> <p>b. In what way is he limited? Record limitation, not condition.</p>	<p>28a. <input type="checkbox"/> Y <input type="checkbox"/> N (NP)</p> <p>28b. <input type="checkbox"/> (29)</p>
		<p>29a. About how long has he been limited in -- been unable to -- had to go to a certain type of school?</p> <p>b. What (other) condition causes this limitation?</p> <p>If "old age" only, ask: Is this limitation caused by any specific condition?</p> <p>c. Is this limitation caused by any other condition?</p> <p>Mark box or ask:</p> <p>d. Which of these conditions would you say is the MAIN cause of his limitation?</p>	<p>29a. <input type="checkbox"/> Less than 1 month</p> <p>1 <input type="checkbox"/> Mos. 2 <input type="checkbox"/> Yrs.</p> <p>29b. Enter condition in Item C</p> <p>ASK c</p> <p><input type="checkbox"/> Old age only (NP)</p> <p>Y (Mark 29b and c) <input type="checkbox"/> N</p> <p>29c. <input type="checkbox"/> Y (Mark 29b and c) <input type="checkbox"/> N</p> <p>29d. Enter main condition</p>

Figure 8. Questions relating to limitation of activity, fiscal year 1968 and calendar year 1974.

FY 1958		HOSPITAL CARE	
24. (a) DURING THE PAST 12 MONTHS has anyone in the family been a patient in a hospital overnight or longer? If "Yes": (b) How many times were you in the hospital?	<input type="checkbox"/> Yes (Table II) <input type="checkbox"/> No	_____ No. of times	
26. (a) During the past 12 months has anyone in the family been a patient in a nursing home or sanitarium? If "Yes": (b) How many times were you in a nursing home or sanitarium?	<input type="checkbox"/> Yes (Table II) <input type="checkbox"/> No	_____ No. of times	
CY 1974			
28a. Was -- a patient in a hospital at any time since (date) a year ago?	28a.	Y	N (Item C)
b. How many times was -- in a hospital since (date) a year ago?	b.	_____ Times (Item C)	
29a. Was anyone in the family in a nursing home, convalescent home, or similar place since (date) a year ago?		Y	N (30)
b. Who was this? - Circle "Y" in person's column. For each "Y" circled, ask: c. During that period, how many times was -- in a nursing home or similar place?	29b.	Y	
Ask for each child 1 year old or under if date of birth is on or after reference date.	c.	_____ Times (Item C)	
30a. Was -- born in a hospital? If "Yes," and no hospitalizations entered in his and/or mother's column, enter "1" in 28b and item C. If "Yes," and a hospitalization is entered for the mother and/or baby, ask 30b for each.	30a.	Y	N (NP)
b. Is this hospitalization included in the number you gave me for -- ? If "No," correct entries in Q. 28 and item C for mother and/or baby.	b.	Y	N

Figure 9. Recall questions relating to hospitalization, fiscal year 1958 and calendar year 1974.

interviewed during July 1963 were asked about hospitalizations occurring since June 1, 1962. However, only hospitalizations within the 12-month period were used for the derivation of estimates for hospital episodes. These revisions have continued with only minor wording changes through December 1974 (figure 9).

The wording in questionnaire table II, dealing with the cause, duration, and place of hospitalization, remained virtually unchanged from July 1958 through June 1965 (figure 10). However, the instructions to the interviewer pertaining to the administration of this area of the questionnaire were expanded in order to increase their specificity. In keeping with the format change from questionnaire table II to the "hospital page," to accommodate the FOSDIC method of data processing in fiscal years 1966 and 1967, the hospital page has been retained on the questionnaire through December 1974 with only minor changes in question location and interviewer instructions (figure 11).

During the period January 1968 through December 1970, a question was added to ascertain if the hospital episode was the first admission for the designated cause of hospitalization. This question was not retained because it was confusing to the respondent and the information obtained was of questionable value.

During certain years of the survey, either questionnaire table II or the "hospital page" has been expanded to obtain information on topics specifically related to hospitalizations. These topics—the portions of the hospital and/or surgical bills paid by insurance and convalescence following hospitalization—were not planned originally as rotating items. However, their importance and timeliness have led to their inclusion on a rotating basis.

Questions pertaining to the part of the bill paid by insurance were asked during fiscal years 1959, 1960, 1964, 1967, and 1968 (figure 12). During the years 1959, 1960, and 1964, the questions relating to insurance cover-

FY 1958										FY 1965									
Table II - HOSPITALIZATION DURING PAST 12 MONTHS										Table II - HOSPITALIZATION DURING PAST 12 MONTHS									
Line number	Date of admission	Name of person	How did you enter the hospital? (Month, Day, Year)	How many days were you in the hospital? (Month, Day, Year)	To Intermitter:			What was the nature of the ailment? (Insert each condition in same detail as called for in Table I. If condition is result of accident or injury, also fill Table A.)	Were any operations performed on you during this stay in the hospital? If "Yes": (a) What was the operation? (b) Any other operations?	What is the name and address of the hospital you were in? (Enter name, city or county, and State.)	Line number								
					How many of these days were in the past 12 months?	How many of these days were during the past 2 weeks, ending last month?	Was this person still in the hospital last month?					(a)	(b)	(c)					
1			Mo. _____ Day _____ Year _____	<input type="checkbox"/> All or <input type="checkbox"/> _____ Days	<input type="checkbox"/> _____ Days	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No			1								
FY 1965																			
Table II - HOSPITALIZATIONS																			
Line number	Col. No. of person	Question	USE YOUR CALENDAR			For what condition did you enter the hospital - do you know the medical name? (If medical name not known, enter respondent's description.) (Entry must show CAUSE, KIND, AND PART OF BODY in same detail as required in Table I)	Were any operations performed on you during this stay at the hospital? If "Yes," ask: a. What was the name of the operation? b. Any other operations?	What is the name and address of the hospital you were in? (Enter full name of hospital, street or highway on which it is located, city and State; if city not known, enter county.)	Line number										
			You said that you were in the hospital (once, twice, etc.) during the past year -	How many nights were you in the hospital? (If exact number not known, accept best estimate.)	Complete from entries in cols. (c) and (d); or, if not clear, ask the questions.					How many of these - nights were in the past 12 months?	How many of these - nights were during the 2 weeks shown on the calendar?	Were you still in the hospital on Sunday night the _____?	(f)	(g)	(h)				
1		When did you enter the hospital (the last time)? (Enter month, day and year; if exact date not known, obtain estimate.)	Month _____ Day _____ Year _____	Nights _____	Nights _____	Nights _____	<input type="checkbox"/> Yes <input type="checkbox"/> No			Name of hospital _____ Street _____ City and State _____	1								
		SOURCE	DATE OF ADMISSION	LENGTH OF STAY	CAUSE OF ADMISSION (DIAGNOSIS)	OPERATIONS	NAME OF HOSPITAL												

Figure 10. Questions relating to hospitalization (table II), fiscal years 1958 and 1965.

HOSPITAL PAGE		1. Person number _____		
You said that -- was in the hospital (nursing home) during the past year.		Month	Day	Year 19__
2. When did -- enter the hospital (nursing home) (the last time)?		2. Name _____		
3. What is the name and address of this hospital (nursing home)?		3. Street _____		
		City (or county) _____ State _____		
		4. How many nights was -- in the hospital (nursing home)?		
4. _____Nights		4. _____Nights		
5a. How many of these -- nights were during the past 12 months?		5a. _____Nights		
b. How many of these -- nights were during the past 2 weeks?		b. _____Nights		
c. Was -- still in the hospital (nursing home) last Sunday night for this hospitalization (stay)?		c. Y _____ N _____		
6. For what condition did -- enter the hospital (nursing home) - do you know the medical name? If medical name unknown, enter an adequate description.		6. <input type="checkbox"/> Normal delivery <input type="checkbox"/> Normal at birth		
For delivery ask: } If "No," ask: } Show CAUSE, KIND, and PART OF BODY in same detail as required for the Condition page.		Condition _____		
Was this a normal delivery?		Cause _____ <input type="checkbox"/> On Card C		
For newborn, ask:		Kind _____		
Was the baby normal at birth?		Part of body _____		
7a. Were any operations performed on -- during this stay at the hospital (nursing home)?		7a. Y _____ o N (8) _____		
b. What was the name of the operation?		b. _____		
If name of operation is not known, describe what was done.		Y (Describe) 7 N _____		
c. Any other operations during this stay?		c. _____		
8. NOTE: If the condition in Q.6 or 7 is in Q.31 or there is "1" or more nights in Q.5b, a Condition page is required. If there is no Condition page, fill one after completing columns for all required hospitalizations.				

Figure 11. Questions on the "hospital page," calendar year 1974.

age were comparatively simple and straightforward. In fiscal year 1967, an attempt was made to determine the actual sources of payment and the amount paid by each source. The information obtained was found to be incomplete and of questionable accuracy since many respondents did not have records available or had never been informed about the sources or amounts of payment. Nevertheless, the same format was continued during fiscal year 1968. Since the period July-December 1968 was a part of the experimental period for the "person approach" method of data collection, it was felt that a new format on insurance payments could be tested during that period. As a result, the source options, as shown in figure 12, were combined into four groups, but the questions were further complicated by the addition of questions pertaining to surgical bills. During this period, the information was collected on a supplemental document to the questionnaire. The data collected on this topic

during 1967 and 1968 did not provide adequate information for the derivation of reliable estimates.

During calendar year 1972, the most recent year for which data on hospital expense have been collected, information on the actual amount of payment for the hospital stay was limited to that paid by the family (out-of-pocket expense). By returning to the concept used in the early years of the survey, information was elicited about the proportion of the bill paid by insurance. To obtain information on the sources of payment, the respondent was handed card H and was asked to select those sources that had paid any part of the hospital bill. The options on card H, which were much more definitive than those on the 1967 questionnaire, consisted of the following:

1. Total or partial payment by self or family
2. Social Security Medicare

FY 1959 AND 1960

For completed hospitalizations only:

Was any of the bill paid for by kind of insurance?	If "No" on Col. (3), ask: Do you expect to pay for hospital costs?	If "No" to both (3) and (4), ask: Do you expect any of the hospital bill to be paid for by insurance or any other source?	What part of the hospital bill was (will be) taken care of by insurance?	Who covers the rest of this insurance—that is, who pays the premium?
(3)	(4)	(5)	(6)	(7)
<input type="checkbox"/> Yes (Skip to (8))	<input type="checkbox"/> Yes (Skip to (8))	<input type="checkbox"/> Yes	<input type="checkbox"/> Under %	<input type="checkbox"/> Family member(s)
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No (Skip)	<input type="checkbox"/> By up to %	<input type="checkbox"/> Employer
			<input type="checkbox"/> K or more	<input type="checkbox"/> Union, club, etc.

FY 1964

Ask Col. (1) - (6) ONLY for completed hospitalizations ("No" in Col. (2) AND delivery or operation shown in Col. (3) or Col. (4))

Was any part of the surgeon's (doctor's) bill paid for by any kind of insurance?	If "No" on Col. (1), ask: Do you expect any of the surgeon's (doctor's) bill to be paid for by insurance or any other source?	Did (will) the insurance pay for 1/2 or more of the surgeon's (doctor's) bill?	Did (will) the insurance pay for 3/4 or more of the surgeon's (doctor's) bill?	What is the name of the insurance company or plan? (If unable to determine whether or not insurance, describe in footnote space below.)
(1)	(2)	(3)	(4)	(5)
<input type="checkbox"/> Yes (Go to Col. (6))	<input type="checkbox"/> Yes (Go to Col. (6))	<input type="checkbox"/> Yes (Go to Col. (6))	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes insurance
<input type="checkbox"/> No (Go to Col. (3))	<input type="checkbox"/> No (Go to Col. (6))	<input type="checkbox"/> No (Go to Col. (6))	<input type="checkbox"/> No	<input type="checkbox"/> No insurance (Check under: Armed Forces Medicare, Free care, Other (Specify in footnote))

JULY-DECEMBER 1968

Enter the person number and the date of entry: _____	PERSON NO.	Month	DATE OF ENTRY
12. Ask questions 13 through 18 for each completed hospitalization		Day	Year
13. What was the total amount of the hospital bill for this stay? Do not include any doctor's or surgeon's bills. <input type="checkbox"/> Estimate, bill received <input type="checkbox"/> Estimate, bill not received <input type="checkbox"/> From bill		Dollars	Cents
14a. Did (will) health insurance pay any part of the hospital bill? <input type="checkbox"/> Yes <input type="checkbox"/> No (15a)	Name of insurance plan	Dollars	Cents
b. What is the name of the insurance plan?			
c. Did (will) any other health insurance plan pay part of this hospital bill? <input type="checkbox"/> Yes (Reask 14b) <input type="checkbox"/> No			
d. Ask for each health insurance plan named, then go to 15b. What was (will be) the amount paid by (name of plan)?	Source of payment	Dollars	Cents
15a. Enter total amount paid by health insurance in line A. Enter any amount paid by Social Security Medicare in line B. Who paid (will pay) the hospital bill?	A. 1 <input type="checkbox"/> Health insurance (All plans excluding Medicare)		
b. Did (you or) any other person or agency pay any other part of the hospital bill? <input type="checkbox"/> Yes (15c and reask 15b) <input type="checkbox"/> No (15d or Int. Check (16a))	B. 2 <input type="checkbox"/> Social Security Medicare		
c. Who was this?	C. 3 <input type="checkbox"/> Self and family in household		
d. What was the amount paid by ---?	D. 4 <input type="checkbox"/> Other (Specify)		
INTERVIEWER CHECK ITEM! <input type="checkbox"/> No operation (19) <input type="checkbox"/> Operation or delivery (16a)		Dollars	Cents
16a. What was the amount of the surgeon's (doctor's) bill for this operation (delivery)? <input type="checkbox"/> Estimate, bill received <input type="checkbox"/> Estimate, bill not received <input type="checkbox"/> From bill			
b. Is the \$_____ for the surgeon's (doctor's) bill included in the \$_____ amount you gave for the hospital bill? <input type="checkbox"/> Yes (In a footnote, indicate the actual amount of the hospital bill after deducting the surgeon's (doctor's) bills; also indicate any changes in the amounts paid by health insurance or other sources if the entries in questions 14 and 15 include payments for expenses other than the hospital bill.) (17)			
17a. Did (will) health insurance pay any part of the surgeon's (doctor's) bill? <input type="checkbox"/> Yes <input type="checkbox"/> No (17a)	Name of insurance plan	Dollars	Cents
b. What is the name of the insurance plan?			
c. Did (will) any other health insurance plan pay part of the surgeon's (doctor's) bill? <input type="checkbox"/> Yes (Reask 17a) <input type="checkbox"/> No			
d. Ask for each health insurance plan named, then go to 18b. What was (will be) the amount paid by (name of plan)?	Source of payment	Dollars	Cents
18a. Enter total amount paid by health insurance in line A. Enter any amount paid by Social Security Medicare in line B. Who paid (will pay) the surgeon's (doctor's) bill?	A. 1 <input type="checkbox"/> Health insurance (All plans excluding Medicare)		
b. Did (you or) any other person or agency pay any other part of the surgeon's (doctor's) bill? <input type="checkbox"/> Yes (18c and reask 18b) <input type="checkbox"/> No (18d or 19)	B. 2 <input type="checkbox"/> Social Security Medicare		
c. Who was this?	C. 3 <input type="checkbox"/> Self and family in household		
d. What was the amount paid by ---?	D. 4 <input type="checkbox"/> Other (Specify)		

FY 1967

Ask if "No" marked in question 4c:

8. WHAT WAS THE TOTAL AMOUNT OF THE (HOSPITAL/NURSING HOME) BILL FOR THIS STAY? Dollars: _____ Cents: _____

9a. DID (WILL) HEALTH INSURANCE PAY ANY PART OF THIS BILL? Yes No (Go to 10)

b. WHAT IS THE NAME OF THE INSURANCE PLAN?

c. DID (WILL) ANY OTHER HEALTH INSURANCE PLAN PAY PART OF THIS (HOSPITAL/NURSING HOME) BILL? (IF "YES" REASK 9a)

For each Health Insurance Plan named, Ask:

d. WHAT WAS (WILL BE) THE AMOUNT PAID BY (Name of Plan)?

Enter total amount paid by health insurance in line A. Enter ANY amount paid by Medicare in line B.	Dollars	Cents
10a. WHO PAID (WILL PAY) THE (REMAINDER OF THE) HOSPITAL BILL? (Mark each category mentioned)	<input type="checkbox"/> Health insurance (All plans exclude Medicare)	
b. DID ANY OTHER PERSON OR AGENCY PAY ANY OTHER PART OF THE HOSPITAL BILL?	<input type="checkbox"/> Social Security Medicare	
<input type="checkbox"/> Yes - Ask 10c <input type="checkbox"/> No - Go to 10d	<input type="checkbox"/> Self and/or Family	
c. WHO WAS THIS? (Mark each category mentioned)	<input type="checkbox"/> Relative not in household	
	<input type="checkbox"/> Friend	
d. WHAT WAS THE AMOUNT PAID BY ---? (Enter amount paid opposite appropriate category.)	<input type="checkbox"/> Kerr Mills or other Fed. Plans	
INTERVIEWER: Add amounts entered (include any amount paid by health insurance) and enter in TOTAL box, then mark one of the following boxes.	<input type="checkbox"/> Armed Forces Medicare	
<input type="checkbox"/> Total amount paid (to be paid) agrees with amount of hospital bill - (Go to 11)	<input type="checkbox"/> State or Local Welfare Agency	
<input type="checkbox"/> Total amount paid (to be paid) does NOT agree with amount of hospital bill. (Resolve difference in this response.)	<input type="checkbox"/> Other (specify)	
	TOTAL OF ABOVE (include amount paid by health insurance)	

WASHINGTON USE

10. Source: ABCDEFGHIJK
Amount: 0000000000
0000000000
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0000000000
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10. Source: ABCDEFGHIJK
Amount: 0000000000
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10. Source: ABCDEFGHIJK
Amount: 0000000000
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CY 1972 (See text for Card H.)

The following questions are about the bill for this hospital stay - not about any separate bill from the doctor or surgeon. Please look at this card (Show Card H).	1	2	3	4	5	6	7	8	9
9a. Which of these sources paid or will pay any of this hospital bill?	10 (Specify) _____								
b. Did or will any other source pay any of this hospital bill?	h. 1 Y _____ 2 N (d) _____ Circle additional sources in 9a								
c. Which source?	e. _____ Reask 8b and c								
d. Did or will you or your family pay any part of this hospital bill out of your own pocket?	d. 1 Y _____ 2 N (f) _____ <input type="checkbox"/> "1" is circled in 9a (e)								
e. How much of this hospital bill did or will you or your family pay out of your own pocket? If hospital insurance reported ("3" circled in 9a), ask: What part of the hospital bill was or will be paid by hospital insurance, less than half or one half or more? If only "3" is circled in 9a, ask: Did or will hospital insurance pay all of the hospital bill?	e. \$ _____ f. 1 <input type="checkbox"/> Less than half (g) _____ 2 <input type="checkbox"/> 1/2 or more _____								
	g. 1 Y _____ 2 N _____								

Figure 12. Questions relating to portion of hospital (and/or surgical) bill paid by insurance, fiscal years 1959 and 1960, 1964, 1967, July-December 1968, and calendar year 1972.

3. Hospital insurance or doctor visit insurance
4. Workmen's Compensation
5. Accident insurance carried by family or someone outside the family
6. Armed Forces Dependent Care (CHAMPUS)
7. Veteran's benefits
8. Medicaid
9. Welfare
10. Other (some other source)

seems to be the most satisfactory to date; the questions are set up to elicit the kind of information that can be collected on this topic in a household interview with some degree of accuracy.

Supplementary questions pertaining to convalescence following hospitalization were added to the survey questionnaire during fiscal years 1961 and 1967, and during the interim period, July 1967-December 1968 (figure 13). In 1961, only those persons who had undergone surgery, had a child, or had a fracture set were asked the convalescence questions that were added to hospital table II. Only the following

The questionnaire format of the hospital bill payment items on the 1972 questionnaire

FY 1961
 For completed hospitalizations ("No" in Col. (g)) of persons 6 years old and over who show an operation, a setting of a fracture, or a delivery in Cols. (h) or (i):

How many nights were you in the hospital, before you had your operation (delivery, etc.)? (i)	After you left the hospital, how many days was it before you returned to your usual activities full-time? (k)	If "still unable" in (k) ask: How long has it been since you left the hospital? (l)
No. of nights _____	No. of days _____ <input type="checkbox"/> Still unable	<input type="checkbox"/> Over 6 months If under 6 months: _____ Days _____ Months

↓

FY 1967
 ASK QUESTIONS 11 - 13 IF PERSON IS 55 YEARS OLD OR OVER (Mark one circle)

11a. WHEN ... LEFT (Name of hospital / nursing home), DID HE RETURN HOME OR GO SOME OTHER PLACE? <input type="checkbox"/> Home - Go to Question 12 <input type="checkbox"/> Some other place - Ask Question 11b	WASHINGTON USE 11a. Blank (end 55) <input type="checkbox"/> Under 55 <input type="checkbox"/> Home <input type="checkbox"/> Some other place <input type="checkbox"/>
b. WHAT KIND OF PLACE DID ... GO TO? (Specify) _____ INTERVIEWER: If the "Place" in 11b is a Hospital, Nursing Home or a similar place, was a Hospital Page filled for that stay? (Mark one box.) <input type="checkbox"/> Hospital Page Filled (STOP) <input type="checkbox"/> Hospital Page not filled (Fill Hosp. page for unreported stay.)	
12. AFTER LEAVING THE (HOSPITAL / NURSING HOME), HOW MANY DAYS DID ... HAVE TO REMAIN IN BED ALL OR MOST OF THE DAY? (Mark entry) _____ <small>Still in bed - (Gw or H)</small>	
13. (ALTOGETHER) HOW MANY DAYS WAS ... CONFINED TO THE HOUSE AFTER RETURNING HOME FROM THE (HOSPITAL / NURSING HOME)? (Mark entry) _____ <small>Still confined to house</small>	
14. NOTE TO INTERVIEWER: If the condition in question 5 or 6 is on Card A (A-1, A-2) or B (B-1, B-2) or there is "1" or more nights in question 4b, the condition must have a completed Condition page. If the condition does not have a Condition page, fill one after completing all required Hospital pages.	

↓

CY 1968

9a. When ... left (name of hospital/nursing home) did he return home or go some other place? 3 <input type="checkbox"/> Home (10) 4 <input type="checkbox"/> 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? <input type="checkbox"/> Hospital page filled (Stop) <input type="checkbox"/> 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 <input type="checkbox"/> None xx1 <input type="checkbox"/> Still in bed <input style="width: 40px;" type="text"/> days
11. ALTOGETHER how many days was ... confined to the house after returning home from the hospital (nursing home)?	000 <input type="checkbox"/> None xx1 <input type="checkbox"/> Still confined to house <input style="width: 40px;" type="text"/> days

Figure 13. Questions relating to convalescence following hospitalization, fiscal years 1961 and 1967, and calendar year 1972.

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two items of information about the convalescence were obtained: (1) the number of days before a person returned to his usual activities full time after he left the hospital, and (2) for a person still unable to pursue his usual activities, the number of days since he was discharged from the hospital. During the interim period July 1967-December 1968, this area of the questionnaire was administered to all persons 55 years of age and older for each hospital discharge during the year prior to interview. In addition, information was obtained on place of convalescence, number of days spent in bed, and number of days con-

finied to the house following discharge from the hospital.

Accidents resulting in injury.—During the interview, injuries due to accidents are usually reported in response to the illness and injury recall questions. From July 1957 through June 1967, there were specific recall questions relating to injuries occurring during the 2 weeks prior to interview week and to the presence of effects of old injuries. Through fiscal year 1965, in addition to entering each injury on a separate line in table I of the questionnaire, the interviewer also completed for each injury a "table A," which described the class and

FY 1958

TABLE A (Accidents and Injuries)		
Line No. from Table I <input style="width: 50px; height: 20px;" type="text"/>	1. What part of the body was hurt? What kind of injury was it? Anything else?	<input type="checkbox"/> Accident happened during past 2 weeks
2. When did it happen? Year _____ (Enter month also if the year is 1957 or 1958) Month _____		<input type="checkbox"/> Accident happened during past 2 weeks
3. Where did the accident happen? <input type="checkbox"/> At home (inside or outside the house) (own home or someone else's) <input type="checkbox"/> While in Armed Services <input type="checkbox"/> Some other place		
4. Was a car, truck, bus or other motor vehicle involved in the accident in any way? <input type="checkbox"/> Yes <input type="checkbox"/> No		
5. Were you at work at your job or business when the accident happened? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Under 14 years at time of accident		

FY 1965

Table A - ACCIDENTS AND INJURIES		
Line No. from Table I <input style="width: 50px; height: 20px;" type="text"/>	1. When did the accident happen? Year _____	2. 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 (injuries)
	(If 1963, 1964, or 1965 also enter month): Month _____	
Accident happened last week or week before (Go to Q. 3) <input type="checkbox"/>		
3. a. Was a car, truck, bus or other motor vehicle involved in the accident in any way? <input type="checkbox"/> Yes <input type="checkbox"/> No (Go to Q. 4)		
b. Was more than one motor vehicle involved? <input type="checkbox"/> Yes (More than one) <input type="checkbox"/> No		
c. Was it (either one) moving at the time? <input type="checkbox"/> Yes <input type="checkbox"/> No		
4. a. Where did the accident happen — at home or some other place? 1 <input type="checkbox"/> At home (inside house) 2 <input type="checkbox"/> At home (adjacent premises) <input type="checkbox"/> Some other place If "Some other place," ask: b. What kind of place was it? 3 <input type="checkbox"/> Street and highway (includes roadway) 6 <input type="checkbox"/> School (includes school premises) 4 <input type="checkbox"/> Farm 7 <input type="checkbox"/> Place of recreation and sports, except at school 5 <input type="checkbox"/> Industrial place (includes premises) 8 <input type="checkbox"/> Other (Specify the place where accident happened) _____		
5. Were you at work at your job or business when the accident happened? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> While in Armed Services 4 <input type="checkbox"/> Under 17 at time of accident		
INTERVIEWER: Return to Table I and complete the rest of this line.		

Figure 14. Questions relating to accidental injuries (table A), fiscal years 1958 and 1965.

place of accident (figure 14). Essentially the same information needed to classify the injury was obtained each year. However, the questions on the 1965 questionnaire were more specific and more detailed than those on the 1958 document.

Beginning in July 1965, the equivalent of questionnaire table A, a section on each condition page, was completed if an injury was reported. The questions on the condition page were worded quite similarly to those on questionnaire table A, and this same format has been used through December 1974 (figure 15).

A5	<input type="checkbox"/> Accident or Injury <input type="checkbox"/> Other (NC)	
20a. Did the accident happen during the past 2 years or before that time? <input type="checkbox"/> During the past 2 years (20b) <input type="checkbox"/> Before 2 years (21a)		
b. When did the accident happen? <input type="checkbox"/> Last week <input type="checkbox"/> Over 3-12 months <input type="checkbox"/> Week before <input type="checkbox"/> 1-2 years <input type="checkbox"/> 2 weeks-3 months		
21a. 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 more than 3 months ago, 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
22. Where did the accident happen? 1 <input type="checkbox"/> At home (inside house) 2 <input type="checkbox"/> At home (adjacent premises) 3 <input type="checkbox"/> Street and highway (Includes roadway and public sidewalk) 4 <input type="checkbox"/> Farm 5 <input type="checkbox"/> Industrial place (includes premises) 6 <input type="checkbox"/> School (includes premises) 7 <input type="checkbox"/> Place of recreation and sports, except at school 8 <input type="checkbox"/> Other - Specify →		
23. Was --- at work at his job or business when the accident happened? 1 Y 3 <input type="checkbox"/> While in Armed Services 2 N 4 <input type="checkbox"/> Under 17 at time of accident		
24a. Was a car, truck, bus, or other motor vehicle involved in the accident in any way? 1 Y 2 N (NC)		
b. Was more than one vehicle involved? Y N		
c. Was it (either one) moving at the time? 1 Y 2 N		

Figure 15. Questions on the "condition page" which relate to accidental injury, calendar year 1973 (first part of this page is shown in Figure 6).

As in other areas of the questionnaire, the section describing accidents resulting in injury has been expanded during certain years of the survey in order to obtain detailed information on accidents. During calendar years 1969 and 1970, a question relating to objects causing accidents or injuries was added. In fiscal years 1960 and 1961, and again in calendar years 1971 and 1972, this area of the questionnaire was extended to obtain information on the circumstances of the accident and the resulting injury (figure 16). While the questions for the two collection periods were quite similar, the format differed slightly. During both periods, the classification of the type of accident was made by the interviewer on the basis of the description and details provided by the respondent.

Physician Visits.—Two types of information on physician visits are collected in the survey. One, the number of visits to a physician during the 2-week period prior to the week of the interview, is used to derive estimates of the total number of visits during the year for which the questionnaire is administered. The other, number of visits during the year prior to the interview and/or the length of time since a physician was seen, is the basis for estimates of frequency distributions of the population according to the annual number of physician visits (excluding hospital patient visits) and according to the interval since the physician was last seen. The development of the questionnaire area on medical attention from fiscal year 1958 through fiscal year 1964 is shown in figure 17.

While information on physician visits during the 2 weeks prior to interview is usually considered as a basic core item in the survey, it has not been collected continuously in the survey. During fiscal years 1960-63, 1965, and the first half of 1966, no data on physician visits were collected. (January-June 1966 data were collected as a supplement. See *Vital and Health Statistics*, Series 10-Number 49, p. 4.) However, in January 1968, when the person approach method of data collection was introduced for the recall of illness and injury, recent medical attention (during the 2 weeks prior to interview) was established as a necessary continuing item and thus became a part of the basic core of questions. While the information on annual visits and the interval since last physician visit is not required for the person ap-

Table A - (Accidents and Injuries)									
Line No. from Table I <input style="width: 50px; height: 20px;" type="text"/>	1. When did the accident happen? Year: _____ (If 1960 or 1961 also enter the month) Month: _____	2. At the time of the accident, what part of the body was hurt? What kind of injury was it? Anything else? <table style="width:100%; border: none;"> <tr> <td style="width: 50%; border: none;">Part(s) of body</td> <td style="width: 50%; border: none;">Kind of injury(s)</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>		Part(s) of body	Kind of injury(s)	_____	_____	_____	_____
Part(s) of body	Kind of injury(s)								
_____	_____								
_____	_____								
Accident happened last week or week before (Go to q. 3) <input type="checkbox"/>	3. (a) Was a car, truck, bus or other motor vehicle involved in the accident in any way? <input type="checkbox"/> Yes <input type="checkbox"/> No (Go to Section B) (b) Was more than one motor vehicle involved? <input type="checkbox"/> Yes (more than one) <input type="checkbox"/> No (c) Was it (either one) moving at the time? <input type="checkbox"/> Yes <input type="checkbox"/> No (Go to Section B)								
4. Were you outside the vehicle, getting in or out of it, a passenger or were you the driver?		1. <input type="checkbox"/> Outside (Go to Section A q.5) 2. <input type="checkbox"/> Getting in or out 3. <input type="checkbox"/> Passenger 4. <input type="checkbox"/> Driver	(Go to Section A q. 6)						
Section A - (Motor Vehicle Accidents)		Section B - (Non-Motor Vehicle Accidents)							
If "Outside" in q. 4, ask: 5. (a) How did the accident happen? 1. <input type="checkbox"/> Accident between motor vehicle and person riding on bicycle, in streetcar, on railroad train, on horse-drawn vehicle 2. <input type="checkbox"/> Accident between motor vehicle and person who was walking, running, or standing 3. <input type="checkbox"/> Other (Specify how the accident happened) _____ (b) What kind(s) of motor vehicle was involved? 1. <input type="checkbox"/> Car 2. <input type="checkbox"/> Taxi 3. <input type="checkbox"/> Bus 4. <input type="checkbox"/> Truck 5. <input type="checkbox"/> Motorcycle 6. <input type="checkbox"/> Other (Specify) _____		7. How did the accident happen? A.1. <input type="checkbox"/> Any injury involving an uncontrolled fire or explosion 2. <input type="checkbox"/> Any injury involving the discharge of a firearm 3. <input type="checkbox"/> Any injury from an accident involving a non-motor vehicle in motion (streetcar, railroad train, airplane, boat, bicycle, horse-drawn vehicle) B.4. <input type="checkbox"/> Any injury caused by machinery (belt or motor driven) while in operation (Specify kind of machinery) _____ 5. <input type="checkbox"/> Any injury caused by edge or point of knife, scissors, nail or other cutting or piercing implement 6. <input type="checkbox"/> Any injury caused by foreign body in eye, windpipe, or other orifices 7. <input type="checkbox"/> Any injury caused by animal or insect 8. <input type="checkbox"/> Any injury caused by poisonous substance swallowed (Specify substance) _____ C.9. <input type="checkbox"/> Fell on stairs or steps or from a height 10. <input type="checkbox"/> All other falls 11. <input type="checkbox"/> Bumped into object or person (covers all collisions between persons including striking, punching, kicking, etc.) 12. <input type="checkbox"/> Struck by moving object (include objects held in own hand or hand of other person, also falling, flying, or thrown objects) 13. <input type="checkbox"/> Handling or stepping on sharp or rough objects such as stones, splinters, broken glass, rope, etc. 14. <input type="checkbox"/> Caught in, pinched or crushed between two moving objects or between a moving and a stationary object 15. <input type="checkbox"/> Came in contact with hot object or substance or open flame 16. <input type="checkbox"/> One-time lifting or other one-time exertion 17. <input type="checkbox"/> Twisting, stumbling, etc. D.18. <input type="checkbox"/> Other (Specify how accident happened) _____ _____ _____ _____							
If "Getting in or out," "Passenger" or "Driver," in q. 4, ask: 6. (a) How did the accident happen? 1. <input type="checkbox"/> Accident between two or more motor vehicles on roadway 2. <input type="checkbox"/> Accident between motor vehicle and some other object on roadway (Specify object) _____ 3. <input type="checkbox"/> Motor vehicle came to sudden stop on roadway 4. <input type="checkbox"/> Motor vehicle ran off roadway 5. <input type="checkbox"/> Other (Specify how the accident happened) _____ <input type="checkbox"/> Acc. on roadway <input type="checkbox"/> Acc. not on roadway (b) What kind of motor vehicle were you in (getting in) (getting out of) when the accident happened? 1. <input type="checkbox"/> Car 2. <input type="checkbox"/> Taxi 3. <input type="checkbox"/> Bus 4. <input type="checkbox"/> Truck 5. <input type="checkbox"/> Motorcycle 6. <input type="checkbox"/> Other (Specify) _____									
ASK FOR ALL ACCIDENTS									
8. (a) Where did the accident happen -- at home or some other place? 1. <input type="checkbox"/> At home (inside house) 2. <input type="checkbox"/> At home (adjacent premises) <input type="checkbox"/> Some other place If "Some other place," ask: (b) What kind of place was it? 3. <input type="checkbox"/> Street and highway (includes roadway) 6. <input type="checkbox"/> School (includes school premises) 4. <input type="checkbox"/> Farm 7. <input type="checkbox"/> Place of recreation and sports, except at school 5. <input type="checkbox"/> Industrial place (includes premises) 8. <input type="checkbox"/> Other (Specify the place where accident happened) _____									
9. Were you at work at your job or business when the accident happened? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No 3. <input type="checkbox"/> While in Armed Services 4. <input type="checkbox"/> Under 17 at time of accident									

Figure 16. Questions relating to accidental injury as revised for fiscal years 1960 and 1961, and calendar years 1971 and 1972.

Accident or injury Other (A3)

16a. Did the accident happen during the past 2 years or before that time?
 During the past 2 years (16b) Before 2 years (17a)

b. When did the accident happen?
 Last week What time of day Over 3-12 months
 Week before } was it? 1-2 years
 2 weeks-3 months

17a. 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 more than 3 months ago, 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

18. Where did the accident happen?
 1 At home (inside house)
 2 At home (adjacent premises)
 3 Street and highway (includes roadway and public sidewalk)
 4 Farm
 5 Industrial place (includes premises)
 6 School (includes premises)
 7 Place of recreation and sports, except at school
 8 Other (Specify) _____

19. Was --- at work at his job or business when the accident happened?
 1 Y 3 While in Armed Services
 2 N 4 Under 17 at time of accident

20a. Was a car, truck, bus, or other motor vehicle involved in the accident in any way? 1 Y 2 N (22)

b. Was more than one vehicle involved? Y N

c. Was it (either one) moving at the time? 1 Y 2 N

21a. Was --- outside the vehicle, getting in or out of it, a passenger or was --- the driver?
 1 Outside (b) 3 Passenger (c)
 2 Getting in or out (c) 4 Driver (c)

b. What kind(s) of motor vehicle was involved?
 1 Car (22) 2 Taxi (22) 3 Bus (22)
 4 Truck (22) 5 Motorcycle (22) 6 Other (Specify) _____ (22)

c. What kind of motor vehicle was --- in (getting in or out of)?
 1 Car 2 Taxi 3 Bus
 4 Truck 5 Motorcycle 6 Other (Specify) _____

22. How did the accident happen?
 For motor vehicle accident, refer to Card Y and circle number for answer given.

If "Outside" --
 1 2 3* (Specify) _____

If "Inside" or "Getting in or out of" --
 4 5 6 7* (Specify object) _____

8 Accident on roadway } (Specify how) _____
 Accident not on roadway

For nonmotor vehicle accident, refer to Card Z and circle number for answer given.

11 12 13 14* 15 16 17 18* 19 20 21 22
 23 24 25 26 27 28* _____
 *(Specify)

CARD Y

MOTOR VEHICLE ACCIDENTS

How did the accident happen?

Outside motor vehicle

1. Accident between motor vehicle and person riding on bicycle, in streetcar, on railroad train, on horsedrawn vehicle
2. Accident between motor vehicle and person who was walking, running, or standing
3. Other way (Specify how)

Inside motor vehicle or getting in or out

4. Accident between two or more motor vehicles on roadway
5. Motor vehicle came to sudden stop on roadway
6. Motor vehicle ran off roadway
7. Accident between motor vehicle and some other object on roadway (Specify object)
8. Other way (Specify how)

CARD Z

NONMOTOR VEHICLE ACCIDENTS

How did the accident happen?

11. Any injury involving an uncontrolled fire or explosion
12. Any injury involving the discharge of a firearm
13. Any injury from an accident involving a nonmotor vehicle in motion (streetcar, railroad train, airplane, boat, bicycle, horse-drawn vehicle)
14. Any injury inflicted by machinery (belt or motor driven) while in operation (Specify machinery)
15. Any injury inflicted by edge or point of knife, scissors, nail or other cutting or piercing implement
16. Any injury inflicted by foreign body in eye, windpipe, or other orifices
17. Any injury inflicted by animal or insect
18. Any injury inflicted by poisonous substance swallowed (Specify substance)
19. Fell on stairs or steps or from a height
20. All other falls
21. Bumped into object or person (covers all collisions between persons including striking, punching, kicking, etc.)
22. Struck by moving object (include objects held in own hand or hand of other person, also falling, flying or thrown objects)
23. Handling or stepping on sharp or rough object (include wounds from splinters, broken glass, etc.)
24. Caught in, pinched or crushed (i.e., between two moving objects or between a moving and a stationary object)
25. Came in contact with hot object or substance or open flame
26. Lifting or other exertion
27. Twisting or stumbling
28. Other (Specify how accident happened)

Figure 16. Questions relating to accidental injury as revised for fiscal years 1960 and 1961, and calendar years 1971 and 1972--Con.

FY 1958		INTERVIEWER: DO NOT COUNT doctors seen while an inpatient-in a hospital		<input type="checkbox"/> Yes <input type="checkbox"/> No
20. LAST WEEK OR THE WEEK BEFORE did anyone in the family talk to a doctor or go to a doctor's office or clinic?				No. of times Last Week
If "Yes," ask:				No. of times Week Before
(a) Who was this?		Place		Place
(b) Anyone else?		Purpose		Purpose
For EACH person with "Yes" box checked, ask Questions 20(c) through (f):		Home = At home		1
(c) How many times did you see or talk to a doctor LAST WEEK?		Off. = At office		2
(d) How many times did you see or talk to a doctor THE WEEK BEFORE LAST?		Clin. = Outpatient Hospital Clinic		3
Ask for EACH visit to a doctor in last 2 weeks:		Co. = Company or industry		4
(e) Where did you talk to the doctor (the last time, the time before, etc.)?		Tel. = Over telephone		5
(f) Why did you go to (call) the doctor (that time)?		Ot. = Other (Specify)		6
If "No" to Question 20, ask:				<input type="checkbox"/> Under 6 mos. <input type="checkbox"/> 6-12 mos.
21. ABOUT how long has it been since you have seen or talked to a doctor?				No. of years <input type="checkbox"/> Never

FY 1964		MEDICAL CARE		<input type="checkbox"/> Yes <input type="checkbox"/> No (skip to q. 20)
18. (a) LAST WEEK OR THE WEEK BEFORE did anyone in the family - you, your--, etc. - talk to a doctor or go to a doctor's office or clinic? Anyone else?				No. of times
If "Yes"		Place		Time
(b) How many times during the past 2 weeks?		At home.....		
(c) Where did you talk to the doctor?		At office.....		
(d) How many times at -- (home, office, clinic, etc.)?		Hospital clinic.....		
(Record total number of times for each type of place)		Company or industry...		
		Over telephone.....		
		Other (Specify).....		
19. What did you have done?		(1) (2) (3)		<input type="checkbox"/> Diag. or treatment
If more than one visit or telephone call:		<input type="checkbox"/> Pre/post natal care		<input type="checkbox"/> Gen'l check-up
What did you have done on the { first } visit (or telephone call)?		<input type="checkbox"/> Immun./Vacc.		<input type="checkbox"/> Eye exam. (glasses)
{ second } visit (or telephone call)?		<input type="checkbox"/> Other (Specify)		
20. If "No" to q. 18, ask:		How long has it been since you last talked to a doctor?		<input type="checkbox"/> Less than 1 mo. <input type="checkbox"/> Never

Figure 17. Development of questions relating to medical attention, fiscal years 1958-1964.

proach, both items continue to be included on the questionnaire since January 1969.

In a similar format to that for conditions, injuries, and hospitalizations, questions relating to medical attention are asked in two stages: (1) the recall of visits fairly early in the interview and (2) the circumstances of the visit on the "doctor visit" page. This format, which has been in general use since fiscal year 1967, is shown as it appears on the questionnaire for calendar year 1974 (figure 18).

During several years of the survey, the "doctor visit" page has been expanded to include questions on related items. From July 1966 through December 1968, information was elicited on the amount of the bill (or expected bill) for each physician visit during the 2 weeks prior to week of interview. In calendar year 1969, the following three questions pertaining to the availability of medical care were added:

1. About how long did it take _____ to get there for the visit?

2. Did _____ have an appointment for that visit?

3. Once he got there, about how long did _____ wait to see the doctor?

During calendar year 1972, a complete page was included in the questionnaire to obtain information on the most recent physician visit during the past 12 months for all persons who had not seen a physician during the 2-week period prior to week of interview (figure 19).

An additional question was included on the doctor visit page during 1974 to determine if the respondent's blood pressure was taken during the visit. This question was in conjunction with a special supplement on hypertension that was administered to respondents in 1974.

Dental visits.—During the first 10 years of the survey, questions regarding dental visits were on the questionnaire only during fiscal years 1958, 1959, and 1964. Information about dental care during the 2 weeks prior to week of interview was elicited for all 3 years.

RECALL QUESTIONS

13. During the past 2 weeks (the 2 weeks outlined in red on that calendar) how many times did -- see a medical doctor? (Besides those visits)	Y N (15)	13. <input type="checkbox"/> None ____ Number of visits (NP)
14a. During that 2-week period did anyone in the family go to a doctor's office or clinic for shots, X-rays, tests, or examinations?	Y N	14b. <input type="checkbox"/> Doctor visit
b. Who was this? -- Mark "Doctor visit" box in person's column. c. Anyone else?	Y (Reask 14b and c) N	d. ____ Number of visits (NP)
If "Doctor visit," ask: d. How many times did -- visit the doctor during that period?	Y N (16)	15a. During that period, did anyone in the family get any medical advice from a doctor over the telephone?
15a. During that period, did anyone in the family get any medical advice from a doctor over the telephone?	Y N (16)	b. Who was the phone call about? -- Mark "Phone call" box in person's column.
b. Who was the phone call about? -- Mark "Phone call" box in person's column. c. Any calls about anyone else?	Y (Reask 15b and c) N	12b. <input type="checkbox"/> Phone call
If "Phone call," ask: d. How many telephone calls were made to get medical advice about -- ?	Y N	d. ____ Number of calls (NP)
Fill Item C, (DOCTOR), from Q's 13-15 for all persons. Ask Q, 16a for each person with visits in DOCTOR box.		<input type="checkbox"/> Condition (Item C THEN 16d) <input type="checkbox"/> Pregnancy (16a) <input type="checkbox"/> No condition
16a. For what condition did -- see or talk to a doctor during the past 2 weeks?		16a. <input type="checkbox"/> Condition (Item C THEN 16d) <input type="checkbox"/> Pregnancy (16a) <input type="checkbox"/> No condition
b. Did -- see or talk to a doctor about any specific condition?	Y N (NP)	b. Y N (NP)
c. What condition?		c. Enter condition in Item C and ask 16d
d. During that period, did -- see or talk to a doctor about any other condition?	Y (16c) N (NP)	d. Y (16c) N (NP)
e. During the past 2 weeks was -- sick because of her pregnancy?	Y N (16d)	e. Y N (16d)
f. What was the matter?		f. Enter condition in Item C (16d)
17a. During the past 12 months, (that is since (date) a year ago), about how many times did -- see or talk to a medical doctor? (Do not count doctors seen while a patient in a hospital.) (Include the -- visits you already told me about.)		17a. <input type="checkbox"/> Only when in hospital <input type="checkbox"/> None ____ Number of visits
b. ABOUT how long has it been since -- LAST saw or talked to a medical doctor?		b. 1 <input type="checkbox"/> 2week DV 2 <input type="checkbox"/> Past 2 weeks not reported (Q's 13 and 16) Mark in 12 Mo. DV box in SP column. 3 <input type="checkbox"/> 2 wks.-6 mos. 4 <input type="checkbox"/> Over 6-12 mos. 5 <input type="checkbox"/> 1 year 6 <input type="checkbox"/> 2-4 years 7 <input type="checkbox"/> 5+ years 8 <input type="checkbox"/> Never

DOCTOR VISITS

2-WEEKS DOCTOR VISITS PAGE		1. Person number _____
Earlier, you told me that -- had seen or talked to a doctor during the past 2 weeks.		OR <input type="checkbox"/> 7777 Last week <input type="checkbox"/> 8888 Week before
2a. On what (what) dates during that 2-week period did -- visit or talk to a doctor?	Month _____ Date _____	
b. Were there any other doctor visits for him during that period?	Y (Reask 2a and b) N (Ask 3-6 for each visit)	
3. Where did he see the doctor on the (date) at a clinic, hospital, doctor's office, or some other place? If Hospital: Was it the outpatient clinic or the emergency room? If Clinic: Was it a hospital outpatient clinic, a company clinic, or some other kind of clinic?	3. <input type="checkbox"/> White inpatient in hospital (Near DV) <input type="checkbox"/> Doctor's office (group practice or doctor's clinic) 2 <input type="checkbox"/> Telephone <input type="checkbox"/> Hospital Outpatient Clinic 4 <input type="checkbox"/> Home <input type="checkbox"/> Hospital Emergency Room 6 <input type="checkbox"/> Company or Industry Clinic 7 <input type="checkbox"/> Other - Specify _____	
4. Is the doctor a general practitioner or a specialist?	4. <input type="checkbox"/> General practitioner <input type="checkbox"/> Specialist - What kind of specialist is he? _____	
5. During this visit (call) did -- actually see (talk to) the doctor?	5. 1 Y 2 N	
6a. Why did he visit (call) the doctor on (date) ? Write in reason Mark appropriate box(es)	6a. 1 <input type="checkbox"/> Diag. or treatment (6c) 3 <input type="checkbox"/> General checkup (6b) 2 <input type="checkbox"/> Pre or Postnatal care 4 <input type="checkbox"/> Eye exam. (lasses) 5 <input type="checkbox"/> Immunization 6 <input type="checkbox"/> Other _____ } (Near DV)	
b. Was this for any specific condition?	b. Y (Enter condition in 6a and change to "Diag. or treatment") N (Next DV) <input type="checkbox"/> Condition reported in 6a	
Mark box or ask: c. For what condition did -- visit the doctor on (date) ?	c. _____	

Figure 18. Questions relating to medical attention, calendar year 1974.

12-MONTHS DOCTOR VISITS PAGE		1.	<input type="checkbox"/> 2-week D.V. (NP) <input type="checkbox"/> No 12-month D.V. (NP)
Earlier, you told me that --- had seen or talked to a doctor during the past 12 months.		2.	Month <u>19</u> Year
2. In what month during the past 12 months did --- last visit or talk to a doctor?	3. Where did he last see the doctor in <u>(month)</u> , at a clinic, hospital, doctor's office, or some other place? If Hospital: Was it the outpatient clinic or the emergency room? If Clinic: Was it a hospital outpatient clinic, a company clinic, or some other kind of clinic?	3.	x0 <input type="checkbox"/> While inpatient in hospital } (STOP) 01 <input type="checkbox"/> Doctor's office (group practice or Doctor's Clinic) 10 <input type="checkbox"/> Telephone 20 <input type="checkbox"/> Hospital Outpatient Clinic 30 <input type="checkbox"/> Home 40 <input type="checkbox"/> Hospital Emergency Room 50 <input type="checkbox"/> Company or Industry Clinic 60 <input type="checkbox"/> Other (Specify) <u>7</u>
4. Is the doctor a general practitioner or a specialist?	4.	01 <input type="checkbox"/> General practitioner <input type="checkbox"/> Specialist - What kind of specialist is he? <u>7</u>	
5a. Was this visit for emergency care?	5a.	1 Y 2 N	
b. Was this visit for surgery or pre or postsurgical care?	b.	1 Y 2 N	
6a. Why did he visit (call) the doctor in <u>(month)</u> ? Write in reason Mark appropriate box(es)	6a.	1 <input type="checkbox"/> Diag. or treatment (6c) 3 <input type="checkbox"/> General checkup (6b) 2 <input type="checkbox"/> Pre or Postnatal care 4 <input type="checkbox"/> Eye exam. (glasses) 5 <input type="checkbox"/> Immunization 6 <input type="checkbox"/> Other <u>(7)</u>	
b. Was this for any specific condition? Mark box or ask:	b.	Y (Enter cond. in 6a, change to "Diag. or treatment") <input type="checkbox"/> Condition reported in 6a	
c. For what condition did --- visit the doctor in <u>(month)</u> ? <i>Please look at this card - (Show Card H)</i>	c.		
7a. Which of those sources did or will pay any of the doctor's bill for this visit?	7a.	1 2 3 4 5 6 7 8 9 10 (Specify) <u>7</u>	
b. Did or will any other source pay any of the doctor's bill for this visit?	b.	1 Y 2 N (NP)	
c. Which source?	c.	Circle additional sources in 7a	

CARD H

1. Total or partial payment by self or family
2. Social Security Medicare
3. Hospital insurance or Doctor Visit insurance
4. Workmen's Compensation
5. Accident insurance carried by family or someone outside the family
6. Armed Forces Dependent Care (CHAMPUS)
7. Veteran's Benefits
8. Medicaid
9. Welfare
10. Other (Some other source)

Figure 19. Format of the "12-months doctor visits page," calendar year 1972.

In addition, information about the interval since last dental visit was obtained in fiscal years 1958 and 1964, and about the frequency of dental visits during the past 12 months in fiscal year 1959 (figure 20).

Information about dental visits during the 2-week period prior to the week of interview became a standard item in calendar year 1968 and has been used through December 1974. From responses to these questions, it was possible to derive estimates of the total number of dental visits made during the year. During calendar year 1968, with the new "person approach" on illness recall, an additional question was added to the 2-week dental section for the purpose of eliciting oral or dental conditions. These questions were retained through calendar year 1970. The 1971

questionnaire included questions relating to the type of dental service received. During calendar years 1970-74, data were collected that provided estimates relating to the interval since the last dental visit and the frequency of visits during the 12 months prior to the interview.

During 2 years of the survey, fiscal year 1958 and calendar year 1971, a question that provided information relating to edentulous persons was added to the questionnaire. During 1958 a single question, "Is there anyone in the family who has lost all of his teeth?" elicited this kind of information. During 1971, this question was followed by additional ones pertaining to ownership, use, and adequacy of upper and/or lower dentures (figure 21.)

Limitation of mobility.—Information on the ability of sample persons to get around freely

FY 1958	
DENTAL CARE	
21. (a) Last week or the week before did anyone in the family go to a dentist? Anyone else? If "Yes" (b) How many times during the past 2 weeks?	<input type="checkbox"/> Yes <input type="checkbox"/> No (circle) No. of times _____
22. What did you have done? If more than one visit: What did you have done on the {first } visit? {second } {etc. }	(1) (2) (3) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fillings <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Extractions or other surgery <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Straightening (Orthodontia) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Treatment for gums <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cleaning teeth <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other (Specify)
If "No" to q. 21a, ask: 23. How long has it been since you went to a dentist?	No. or Yes. <input type="checkbox"/> Less than 1 mo. <input type="checkbox"/> Never
24. Is there anyone in the family who has lost all of his teeth?	<input type="checkbox"/> Yes <input type="checkbox"/> No
FY 1959	
19. (a) Last week or the week before did anyone in the family go to a dentist? Anyone else? If "Yes" (b) How many times during the past 2 weeks?	<input type="checkbox"/> Yes <input type="checkbox"/> No No. of times _____
20. How many times altogether in the past 12 months did you go to a dentist?	<input type="checkbox"/> One <input type="checkbox"/> Three <input type="checkbox"/> Two <input type="checkbox"/> Four or more <input type="checkbox"/> None
FY 1964	
18. LAST WEEK OR THE WEEK BEFORE did anyone in the family go to a dentist? If "Yes," ask: (a) Who was this? (b) Anyone else? For each person with "Yes" checked, ask: (c) How many times did you visit the dentist LAST WEEK OR THE WEEK BEFORE? (d) What did you have done (the last time, the time before, etc.)? (e) Anything else?	<input type="checkbox"/> Yes <input type="checkbox"/> No No. of times _____ (1) (2) (3) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fillings <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Extractions or other surgery <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Straightening (Orthodontia) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Treatment for gums <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cleaning teeth <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Examination <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Denture work <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other (Specify)
If "No" to Question 18, ask: 19. ABOUT how long has it been since you went to a dentist?	<input type="checkbox"/> Under 6 mos. <input type="checkbox"/> 6-12 mos. No. of years _____ <input type="checkbox"/> Never

Figure 20. Questions relating to dental visits, fiscal years 1958, 1959, and 1964.

has been collected on a rotating basis. During the first 4 years of the survey, fiscal years 1958-61, a single question regarding mobility limitation was asked at the end of questionnaire table I (figure 22). This question was asked only for those persons for whom some degree of activity limitation had been reported. During the period July 1964 through June 1967, the next interval during which mobility limitation data were collected, this restriction was removed and all persons with one or more chronic conditions were queried about their ability to move about; also, a question pertaining to the cause of the limitation was added. In keeping with the introduction of the "condition page" in July 1965, the format of this question changed but the wording remained essentially the same through June 1967. During calendar year 1971, a concerted effort was made to obtain definitive information on mobility limitation. Instead of asking the respondent to select the appropriate statement from a card, the interviewer read the options to the respondent and recorded the most suitable degree of limitation for each sample

person. However, this procedure produced inconsistent results; therefore, a modified flash-card version was used again in 1972 (figure 23).

Control items.—At the completion of the health interview, the interviewer turns to page 1 of the survey questionnaire to ask certain questions about the living quarters in the sample household. The front page of the questionnaire serves the following purposes: (1) to provide space for a record of the calls made to obtain the interview and the length of the completed interview; (2) to obtain information about the size of the place and the annual amount of produce, data that are necessary in classifying the sample persons by place of residence (farm, nonfarm, etc.); (3) to record the number of rooms in the home (not all years); (4) to record the telephone number in case additional information is needed later by the interviewer; and (5) to provide information regarding the reason for noninterview in those assigned households where no interview was conducted.

For certain years, additional items have been

11a. Is there anyone in the family who has lost ALL of his teeth?	Y	N (12)		
b. Who is this? Anyone else?			11b.	<input type="checkbox"/> No teeth
For each person with "No teeth," ask:				
c. Does -- have false teeth?			c.	Y N (NP)
d. Does -- have an upper plate, a lower plate, or both?			d.	<input type="checkbox"/> Upper <input type="checkbox"/> Both <input type="checkbox"/> Lower
e. Does -- usually wear $\left\{ \begin{array}{l} \text{the upper} \\ \text{the lower} \\ \text{both} \end{array} \right\}$ plate(s) while eating?			e.	Y N
f. Does -- usually wear $\left\{ \begin{array}{l} \text{the upper} \\ \text{the lower} \\ \text{both} \end{array} \right\}$ plate(s) when not eating?			f.	Y N
g. Does -- need new false teeth?			g.	Y (NP) N
h. Do the ones he has need refitting?			h.	Y N

Figure 21. Questions relating to loss of teeth and use of dentures, calendar year 1971.

FY 1958-61

If "1," "2," or "3" in col. (c) ask:

Please look at this card and read each statement. Then tell me which statement fits you best. (Show Card G) (x)

Line number

Card G

NATIONAL HEALTH SURVEY

1. Confined to the house all the time, except in emergencies.
2. Can go outside but need the help of another person in getting around outside.
3. Can go outside alone but have trouble in getting around freely.
4. Not limited in any of these ways.

FY 1966-67

20. PLEASE LOOK AT THE BLUE CARD, CARD H. WHICH ONE OF THOSE STATEMENTS FITS -- BEST IN TERMS OF HEALTH? Mark statement number →

1	2	3	4	5	6 Stop	V
○	○	○	○	○	○	○

If 1, 2, 3, 4, or 5 marked in 20, ask: →

21. IS THIS BECAUSE OF ANY OF THE CONDITIONS YOU HAVE TOLD ME ABOUT?

Yes → WHICH? _____ Enter condition numbers

No → WHAT DOES CAUSE THIS LIMITATION? _____ Enter cause

WASHINGTON USE			
Yes	No	V	
○	○	○	
Age	Gen	Or	DK
○	○	○	○

CARD H

For: Mobility

1. MUST STAY IN BED ALL OR MOST OF THE TIME.
2. MUST STAY IN THE HOUSE ALL OR MOST OF THE TIME.
3. NEED THE HELP OF ANOTHER PERSON IN GETTING AROUND INSIDE OR OUTSIDE THE HOUSE.
4. NEED THE HELP OF SOME SPECIAL AID, SUCH AS A CANE OR WHEELCHAIR, IN GETTING AROUND INSIDE OR OUTSIDE THE HOUSE.
5. DOES NOT NEED THE HELP OF ANOTHER PERSON OR A SPECIAL AID BUT HAS TROUBLE IN GETTING AROUND FREELY.
6. NOT LIMITED IN ANY OF THE ABOVE WAYS.

Figure 22. Questions relating to limitation of mobility, fiscal years 1958-1961, and 1966-1967.

M Please look at this card (Hand respondent Card M) Which one of these statements fits --- best in terms of health? _____ (Circle appropriate number) M.		1 } 2 } (24a) 3 } 4 } 5 }
If respondent does not understand or is unable to read the card, ask questions 17-23 for each person.		6 (NP)
19. In terms of health must --- stay IN BED all or most of the time?	19.	1 Y (24a) N
20. In terms of health must --- stay IN THE HOUSE all or most of the time?	20.	2 Y (24a) N
21. Does --- need the help of ANOTHER PERSON in getting around inside or outside the house?	21.	3 Y (24a) N
22. Does --- need the help of some SPECIAL AID, such as a cane or wheelchair in getting around inside or outside the house?	22.	4 Y (24a) N
23. Although --- does not need the help of another person or a special aid, does he have trouble getting around freely?	23.	5 Y (24a) 6 N (NP)
Ask for each person with a limitation reported in item M or in questions 19-23:		
24a. About how long has --- { (1) had to stay in bed because of health? (2) had to stay in the house because of health? (3-4) needed help getting around inside or outside the house? (5) had trouble getting around freely? }	24a.	000 <input type="checkbox"/> Less than 1 month 1 ____ Mos. 2 ____ Yrs.
b. What (other) condition causes this? If "old age" only, ask: Is this caused by any specific condition?	b.	Enter condition in item C and ask c <input type="checkbox"/> Old age only (NP)
c. Is this caused by any other condition? Mark box or ask:	c.	Y (Reask b and c) N <input type="checkbox"/> Only 1 condition
d. Which of these conditions would you say is the MAIN cause of his limitation?	d.	_____ Enter main condition

CARD M

In terms of health:

1. MUST STAY IN BED ALL OR MOST OF THE TIME.
2. MUST STAY IN THE HOUSE ALL OR MOST OF THE TIME.
3. NEED THE HELP OF ANOTHER PERSON IN GETTING AROUND INSIDE OR OUTSIDE THE HOUSE.
4. NEED THE HELP OF SOME SPECIAL AID, SUCH AS A CANE OR WHEELCHAIR, IN GETTING AROUND INSIDE OR OUTSIDE THE HOUSE
5. DOES NOT NEED THE HELP OF ANOTHER PERSON OR A SPECIAL AID BUT HAS TROUBLE IN GETTING AROUND FREELY.
6. DOES NOT HAVE TROUBLE GETTING AROUND FREELY.

Figure 23. Questions relating to limitation of mobility, calendar year 1972.

included on the covering page. In most instances, these items were added to remind the interviewer to check certain areas of the questionnaire, such as table I, the condition

pages, or table A on accidents and injuries, to determine if appropriate supplements had been completed for persons with conditions that required supplements for a specific year. In

calendar year 1970, during which the collection of prevalence data on chronic conditions was limited to those affecting the respiratory system, a household item relating to the type of heating and air conditioning in the home was added to the first page of the questionnaire.

ments, described as those that have appeared during a single collection interval. As previously noted, some of the rotating supplements were included according to a planned schedule; others, originally intended as one-time items, became rotating supplements when their timeliness and importance indicated a need for trend data.

Supplements to the Basic Questionnaire

Supplements to the questionnaire used in the Health Interview Survey are of the following two types: (1) rotating supplements, defined as those on the same general topic that have appeared during more than one collection interval, and (2) one-time or single supplements,

described as those that have appeared during a single collection interval. As previously noted, some of the rotating supplements were included according to a planned schedule; others, originally intended as one-time items, became rotating supplements when their timeliness and importance indicated a need for trend data.

In table B, the special supplements are outlined according to type of supplement and the period during which data were collected. Some of the supplements were included within the format of the basic questionnaire, while others were on separate documents. In appendixes I and II, the actual configuration of the supplements is shown.

Table B. Supplements to the basic questionnaire used in the Health Interview Survey

Type of supplement	Fiscal year									Calendar year					
	1959	1960	1961	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972	1973	1974
Rotating supplements															
1. Health insurance ..		X		X					X		X		X		X
2. Hearing impairment				X								X			
3. Loss of income ...									X						X
4. Nursing care and/or special aids ...	X							X	X	X					
5. Personal health expenses				X			X					X			
6. Prescribed and nonprescribed medicines						X								X	
7. Smoking habits ...						X	X				X				X
8. Vision impairment and use of corrective lenses				X			X		X			X			
9. X-ray visits			X		X						X				
One-time supplements															
1. Acute condition ..														X	X
2. Arthritis										X					
3. Blood donorship ..													X		
4. Diabetes						X									
5. Hypertension															X
6. Medical care availability															X
7. Motor vehicle accidents									X						
8. Orthodontic care .															X
9. Pregnancy													X		
10. Preventive care ...													X		
11. Specialists' services and routine checkups					X										

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APPENDIX I

ROTATING SUPPLEMENTS

The health insurance supplements were included within the format of the basic questionnaire in fiscal years 1960, 1963, and 1968 and calendar years 1968, 1970, 1972, and 1974.

HEALTH INSURANCE COVERAGE

Fy 1960 (July-December 1959)

<p>18. (a) I have some questions about health insurance. We don't want to include insurance that pays ONLY for accidents, but we are interested in all other kinds... Do you, your---, have insurance that pays all or part of the bills when you go to the hospital?</p> <p>If "Yes,"</p> <p>(b) What is the name of the plan (or plans)? Any other plans?</p> <p>(c) Who is covered by this plan (each plan)? (Check "Yes," in 18(a) for each person covered)</p> <p>(d) Does the plan (either plan) pay any part of the surgeon's bill for an operation?</p>	<p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p>Name(s)</p> <hr/> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p>
<p>19. (a) Again excluding insurance that pays ONLY for accidents, do you, your-- have insurance that pays all or part of the bill for doctors' visits at home or at his office? If "Yes,"</p> <p>(b) What is the name of the plan (or plans)? Any other plans?</p> <p>(c) Who is covered by this plan (each plan)? (Check "Yes," in 19(a) for each person covered)</p>	<p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p>Name(s)</p> <hr/>
<p>Rt Enter in each person's column whether or not he responded for himself for questions 18 and 19 and if he did not, (1) show the column number of the person who responded for him or (2) the fact that a Form NHS-3(a) which covered him was left.</p>	<p style="text-align: right;"><input type="checkbox"/> Responded for self Col. No. _____ was respondent <input type="checkbox"/> Form NHS-3 (a) left</p>

FY 1963

<p>18. (a) I have some questions about health insurance. We don't want to include insurance that pays ONLY for accidents, but we are interested in all other kinds. Do you, your --, etc., have insurance that pays all or part of the bills when you go to the hospital?</p> <p>If "Yes," ask:</p> <p>(b) Who is covered by hospital insurance? (Check the "Yes" box in 18(a) for each person covered)</p> <p>(c) What is the name of the plan (or plans)? Any other plans?</p>	<p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Name of plan(s)</p> <hr/>
<p>19. (a) Excluding insurance that pays ONLY for accidents, do you, your --, etc., have insurance that pays all or part of the surgeon's bill for an operation?</p> <p>If "Yes," ask:</p> <p>(b) Who is covered by insurance for surgeons' bills? (Check the "Yes" box in 19(a) for each person covered)</p> <p>(c) What is the name of the plan (or plans)? Any other plans?</p>	<p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Name of plan(s)</p> <hr/>
<p>20. (a) Do you, your --, etc., have insurance that pays any part of doctors' bills for home calls and office visits?</p> <p>If "Yes," ask:</p> <p>(b) Who is covered by insurance for doctors' bills? (Check the "Yes" box in 20(a) for each person covered)</p> <p>(c) What is the name of the plan (or plans)? Any other plans?</p> <p>(d) Does it (each plan) pay for home calls and office visits for most kinds of sickness?</p>	<p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Name of plan(s)</p> <hr/> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

FY and CY 1968¹

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

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

If 65 or over, ask:

33. These next questions are about Social Security Medicare. Does --- have a Medicare card? 33. Und. 65 (NP) Yes (NP) No (NP)

If "Yes" for one or more persons in Q. 33, ask:

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)? 34. From card: 1 Hospital } NP
2 Medical }
No card: 4 Can't loc. } NP
5 Refused }
6 Other _____

For each person with "No" in Q.33 or "No card" in Q.34, ask:

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? 35b. Yes (NP) No (NP)

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.

36. (Many people do not carry health insurance for various reasons). Would you mind telling me why --- does not have health insurance? 36. Covered (NP) Not covered (36) (NP)

CY 1970

These next questions are about health insurance.

IF 65 OR OVER, ASK:

31a. Is --- covered by that part of Social Security Medicare which pays for hospital bills? 31a. Und. 65 (NP) 1 Y 2 N 9 DK

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 \$5.30 a month? 31b. 1 Y 2 N 9 DK (NP) (NP) (NP)

For each person with "DK" in Q. 31a or b, ask:

32. May I please see --- (and ---) Social Security Medicare card(s) to determine the type of coverage? 32. 1 Hospital } (NP)
2 Medical }
3 Card not seen }

We are interested in all kinds of health insurance plans except those which pay only for accidents. (Not counting Medicare)

33a. Is anyone in the family covered by hospital insurance, that is, a health insurance plan which pays any part of a hospital bill? Y (33b, c) N (33d)

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

c. Is anyone in the family covered by any other hospital insurance plan? Y (33b, c) N (33d)

d. Is anyone in the family covered by a (any other) health insurance plan which pays any part of a doctor's or surgeon's bill? Y N (Complete Table H.I. for each plan. If no plans reported, go to Q.34.)

e. What is the name of the plan? (Record in Table H.I.; reask 33d)

TABLE H.I.		Which members of the family are covered by (name of plan)?	Was this insurance plan obtained through an employer, union, or place of work? (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? (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)
Name of plan (1)		Circle column numbers Is anyone else in the family covered under this policy? (2)					
A		1 2 3 4 5 6 7 8 9 10	Y N	Y N	Y N	Y (Next plan) N	Y N
B		1 2 3 4 5 6 7 8 9 10	Y N	Y N	Y N	Y (Next plan) N	Y N

¹ The format of this supplement on health insurance was revised several times during the experimental period, July 1967-December 1968. The format shown here was according to the final revision dated April 25, 1968.

These next questions are about health insurance.

IF 65 OR OVER, ASK:	1a. Is -- covered by that part of Social Security Medicare which pays for hospital bills?	1a.	<input type="checkbox"/> Und. 65 (NP)
	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 a certain amount each month?	b.	1 Y 2 N 9 DK (NP) (NP) (NP)
For each person with "DK" in Q. 1a or b, ask:		2.	1 <input type="checkbox"/> Hospital 2 <input type="checkbox"/> Medical 3 <input type="checkbox"/> Card not seen } (NP)
2. May I please see the Social Security Medicare card(s) for -- (and --) to determine the type of coverage? (Transcribe the information from the card or mark the "Card not seen" box.)			

We are interested in all kinds of health insurance plans except those which pay only for accidents.

3a. (Not counting Medicare) Is anyone in the family covered by hospital insurance, that is, a health insurance plan which pays any part of a hospital bill? Y (3b, c) N (3d)

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

c. Is anyone in the family covered by any other hospital insurance plan? Y (3b, c) N (3d)

d. Is anyone in the family covered by a (any other) health insurance plan which pays any part of a doctor's or surgeon's bill? Y N (Complete Table H.I. for each plan. If no plans reported, go to I)

e. What is the name of the plan? (Record in Table H.I.; reask 3d)

TABLE H.I.		Which members of the family are covered (by name of plan)? Circle person numbers Is anyone else in the family covered under this policy?	Was this insurance plan obtained through an employer, union, or some other group?	Is this plan HOW carried through a group or as an individual plan?	To receive services under this plan must you and your family go to certain clinics or doctors?
Name of plan (a)		(b)	(c)	(d)	(e)
A		1 2 3 4 5 6 7 8 9 10	1 Y 2 N 9 DK	1 <input type="checkbox"/> Group 2 <input type="checkbox"/> Ind. 9 <input type="checkbox"/> DK	1 Y 2 N 9 DK
B		1 2 3 4 5 6 7 8 9 10	1 Y 2 N 9 DK	1 <input type="checkbox"/> Group 2 <input type="checkbox"/> Ind. 9 <input type="checkbox"/> DK	1 Y 2 N 9 DK
C		1 2 3 4 5 6 7 8 9 10	1 Y 2 N 9 DK	1 <input type="checkbox"/> Group 2 <input type="checkbox"/> Ind. 9 <input type="checkbox"/> DK	1 Y 2 N 9 DK
D		1 2 3 4 5 6 7 8 9 10	1 Y 2 N 9 DK	1 <input type="checkbox"/> Group 2 <input type="checkbox"/> Ind. 9 <input type="checkbox"/> DK	1 Y 2 N 9 DK
E		1 2 3 4 5 6 7 8 9 10	1 Y 2 N 9 DK	1 <input type="checkbox"/> Group 2 <input type="checkbox"/> Ind. 9 <input type="checkbox"/> DK	1 Y 2 N 9 DK

Does this -- plan pay any part of hospital expenses?	Does this -- plan pay any part of doctor's or surgeon's bills for operations?	Does this plan pay any part of a doctor's bill for office visits or home calls?	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?	What do you (does --) like most about this -- plan?	What do you (does --) like least about this -- plan?	When was the last time any member of your family used this -- plan?
(f)	(g)	(h)	(i)	(j)	(k)	(l)
1 Y 2 N 9 DK	1 Y 2 N 9 DK	1 Y (j) 2 N 9 DK	1 Y 2 N 9 DK			000 <input type="checkbox"/> Nev. used 2 __ Wks. 3 __ Mos. 4 __ Yrs.
1 Y 2 N 9 DK	1 Y 2 N 9 DK	1 Y (j) 2 N 9 DK	1 Y 2 N 9 DK			000 <input type="checkbox"/> Nev. used 2 __ Wks. 3 __ Mos. 4 __ Yrs.
1 Y 2 N 9 DK	1 Y 2 N 9 DK	1 Y (j) 2 N 9 DK	1 Y 2 N 9 DK			000 <input type="checkbox"/> Nev. used 2 __ Wks. 3 __ Mos. 4 __ Yrs.
1 Y 2 N 9 DK	1 Y 2 N 9 DK	1 Y (j) 2 N 9 DK	1 Y 2 N 9 DK			000 <input type="checkbox"/> Nev. used 2 __ Wks. 3 __ Mos. 4 __ Yrs.
1 Y 2 N 9 DK	1 Y 2 N 9 DK	1 Y (j) 2 N 9 DK	1 Y 2 N 9 DK			000 <input type="checkbox"/> Nev. used 2 __ Wks. 3 __ Mos. 4 __ Yrs.

I For each person, review Q's. 1 and 2 and Table H.I. and determine if "Covered" by either Medicare or insurance or "Not covered."

I 1 Covered (NP)
2 Not covered (NP)

Ask for each person "Not covered" (Many people do not carry health insurance for various reasons)

4. Which of these statements (Hand Card N) best describes why -- is not covered by any health insurance plan? Any other reason? Circle all reasons given

1 2 3 4 5 6
7 (Specify) 7

5a. Is anyone in the family covered by an insurance plan which pays any part of a dentist bill for routine or regular care? 1 Y 2 N (4l)

b. Which members of the family are covered? -- Anyone else? 5b. Covered

HEALTH INSURANCE PAGE		<input type="checkbox"/> Und. 65 (NP)
These next questions are about health insurance.		
IF 65 OR OVER ASK:	1a. Is --- covered by that part of Social Security Medicare which pays for hospital bills?	1a. 1 Y 2 N 9 DK
	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 a certain amount each month?	b. 1 Y 2 N 9 DK (NP) (NP) (NP)
For each person with "DK" in 1a or b, ask: 2. May I please see the Social Security Medicare card(s) for --- (and ---) to determine the type of coverage? (Transcribe the information from the card or mark the "Card not seen" box.)		2. 1 <input type="checkbox"/> Hospital 2 <input type="checkbox"/> Medical 3 <input type="checkbox"/> Card not seen } NP
TABLE H.I.		
We are interested in all kinds of health insurance plans except those which pay only for accidents. 3a. (Not counting Medicare) Is anyone in the family covered by hospital insurance, that is, a health insurance plan which pays any part of a hospital bill? Y _____ N (3d) _____ b. What is the name of the plan? (Record in Table H.I.) c. Is anyone in the family covered by any other hospital insurance plan? Y (Reask 3b and c) _____ N _____ d. Is anyone in the family covered by any (other) health insurance plan which pays any part of a DOCTOR'S or SURGEON'S bill? Y _____ N (4) _____ e. What is the name of the plan? (Record in Table H.I., reask 3d)	PLAN 1 5a. GROUP 1 Y 2 N 9 DK b. HOSPITAL 1 Y 2 N 9 DK c. SURGICAL 1 Y 2 N 9 DK d. DR. VISIT 1 Y (4) 2 N 9 DK e. DEDUCTIBLE 1 Y 2 N 9 DK	4. 1 <input type="checkbox"/> Covered (NP) 2 <input type="checkbox"/> Not covered (NP)
	PLAN 2 5a. GROUP 1 Y 2 N 9 DK b. HOSPITAL 1 Y 2 N 9 DK c. SURGICAL 1 Y 2 N 9 DK d. DR. VISIT 1 Y (4) 2 N 9 DK e. DEDUCTIBLE 1 Y 2 N 9 DK	4. 1 <input type="checkbox"/> Covered (NP) 2 <input type="checkbox"/> Not covered (NP)
	PLAN 3 5a. GROUP 1 Y 2 N 9 DK b. HOSPITAL 1 Y 2 N 9 DK c. SURGICAL 1 Y 2 N 9 DK d. DR. VISIT 1 Y (4) 2 N 9 DK e. DEDUCTIBLE 1 Y 2 N 9 DK	4. 1 <input type="checkbox"/> Covered (NP) 2 <input type="checkbox"/> Not covered (NP)
	PLAN 4 5a. GROUP 1 Y 2 N 9 DK b. HOSPITAL 1 Y 2 N 9 DK c. SURGICAL 1 Y 2 N 9 DK d. DR. VISIT 1 Y (4) 2 N 9 DK e. DEDUCTIBLE 1 Y 2 N 9 DK	4. 1 <input type="checkbox"/> Covered (NP) 2 <input type="checkbox"/> Not covered (NP)
	PLAN 5 5a. GROUP 1 Y 2 N 9 DK b. HOSPITAL 1 Y 2 N 9 DK c. SURGICAL 1 Y 2 N 9 DK d. DR. VISIT 1 Y (4) 2 N 9 DK e. DEDUCTIBLE 1 Y 2 N 9 DK	4. 1 <input type="checkbox"/> Covered (NP) 2 <input type="checkbox"/> Not covered (NP)
Ask for each Plan listed in Table H.I. If no plans, go to I.	4. Is --- covered under this (name) Plan? 5a. Was this (name) Plan obtained through an employer, union, or some other group? b. Does this plan pay any part of hospital expenses? c. Does this plan pay any part of doctor's or surgeon's bills for operations? d. Does this plan pay any part of a doctor's bill for office visits or home calls? e. 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?	I 1 <input type="checkbox"/> Covered (NP) 2 <input type="checkbox"/> Not covered (NP)
I For each person, review 1 and 2 and 4 for each plan and determine if "Covered" by either Medicare or insurance, or "Not covered."		I 1 <input type="checkbox"/> Covered (NP) 2 <input type="checkbox"/> Not covered (NP)
Ask for each person "Not covered." Many people do not carry health insurance for various reasons (Hand Card N) 6a. Which of those statements describes why --- is not covered by any health insurance plan? Any other reason? _____ Circle all reasons given		6a. 1 2 3 4 5 6 Other (Specify) <u>7</u>
Mark box or ask: b. What is the MAIN reason --- is not covered by any health insurance plan?		b. <input type="checkbox"/> Only one reason 1 2 3 4 5 6 Other (Specify) <u>7</u>

HEARING ABILITY

FY 1963

HEARING ABILITY SUPPLEMENTARY QUESTIONNAIRE

Budget Bureau No. 68-R620.58; Approval Expires September 30, 1963

CONFIDENTIAL - This information is collected for the U.S. Public Health Service under authority of Public Law 652 of the 84th Congress (70 Stat 489; 42 U.S.C. 305). All information which would permit identification of the individual will be held strictly confidential, 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 other purposes (22 FR 1687).

FORM NHS-D-1
(10-21-62)

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

SAMPLE PSU
SERMENT
SERIAL COL

NATIONAL HEALTH SURVEY
(Hearing Ability)

Name of person for whom this form should be filled out

GENERAL INSTRUCTIONS

Please answer all of the questions in this form that apply to you. Most of the questions can be answered by checking one of the boxes, like this: . In some of the questions, more than one box may be checked for your answer. In a few questions, a number (such as age) is asked for. In a few others, a written description or explanation is required.

If the person for whom the information is requested is a child, a parent or guardian should answer the questions for him or her.

SECTION A

(Please do not omit any part of Questions 1 and 2 even though one or more of the statements may not appear to be directly related to your present ability to hear.)

1. WITHOUT using a hearing aid, what can you hear? (Please check the "Yes" or "No" box after each statement.)	Yes	No
I can hear loud noises.		
Most of the time I can tell one kind of noise from another.		
If I hear a sound, most of the time I can tell if it is a person's voice or not.		
I can hear and understand a few words a person says if I can see his face and lips.		
I can hear and understand a few words a person says without seeing his face and lips.		
I can hear and understand most of the things a person says if I can see his face and lips.		
I can hear and understand most of the things a person says without seeing his face and lips.		
Most of the time I can hear and understand a discussion between several people without seeing their faces and lips.		
I can hear and understand a telephone conversation on an ordinary telephone (that is a telephone without an amplifier).		

2. Please describe how well you can hear, without using a hearing aid, by checking one of the statements below for each ear. For example, a person who is deaf in his left ear and has good hearing in his right ear would check the following: In left ear - box (d); in right ear - box (e).

- | In left ear | In right ear |
|--|--|
| (a) <input type="checkbox"/> My hearing is good | (e) <input type="checkbox"/> My hearing is good |
| (b) <input type="checkbox"/> I have a little trouble hearing | (f) <input type="checkbox"/> I have a little trouble hearing |
| (c) <input type="checkbox"/> I have a lot of trouble hearing | (g) <input type="checkbox"/> I have a lot of trouble hearing |
| (d) <input type="checkbox"/> I am deaf | (h) <input type="checkbox"/> I am deaf |

If you have checked that your hearing is good in both ears - (a) and (e) checked, skip the questions on Pages 2 and 3 and turn to Section D on Page 4.

If you have any trouble hearing at all, please go on and answer the questions that follow on Pages 2 and 3.

USCOMM-DC 34362-P02

3. How old were you when you began to have hearing trouble or grow deaf?
(Please check the first box that applies and enter year as appropriate.)

At birth I was about _____ years old.
 I was less than one year old. I am not sure, but I know it was before I was _____ years old.

4.(a) Since your hearing trouble began, has your hearing gotten WORSE, has it improved, or is it just about the same? *(Please check one box.)*

My hearing is now worse than when I first began to have hearing trouble.
 My hearing is now better than when I first began to have hearing trouble.
 My hearing is just about the same as when I first began to have hearing trouble.

(If you have checked that your hearing has gotten worse, please answer the following question.)

(b) How old were you when it got as poor as it is now?
(Please check the first box that applies and enter year as appropriate.)

I was about _____ years old.
 I am not sure, but I know it was before I was _____ years old.
 Neither of the above applies -- it is getting worse all the time.

5. What was the cause of your hearing trouble or deafness?

It was caused by a sickness, illness or disease. I was born deaf or with poor hearing.
What illness? _____ Something else caused it.

It was caused by an accident or injury. *(Please describe it)* _____
What kind of injury was it? _____

How did it happen? _____ I don't know what caused it.

6. Besides your hearing trouble or deafness, do you have any other trouble with your ear?

Yes No

If "Yes,"
What kind of trouble? *(Please check as many boxes as apply.)*

Noises or ringing in the head or ear Dizziness
 Itches or pains in the ear Any other trouble. What kind? _____
 Running ears

7.(a) At work or school and at home, what are all the ways you use to tell other people what you want?
(Please check each way that you use.)

I talk to them. I use sign language.
 I write notes. Some other way. How? _____
 I spell with my fingers.

(b) Please put a circle around the way you use the most.

8.(a) At work or school and at home, what are all the ways other people use to tell you what they want?
(Please check each way that they use.)

They talk to me. They use sign language.
 They write notes. Some other way. How? _____
 They spell with their fingers.

(b) Please put a circle around the way they use the most.

9. Have you ever attended a school or class for those with poor hearing or a school or class for the deaf? Yes No

10. Have you ever had any training in lip reading (speech reading)? Yes No

11. Have you ever had any training in speech or speech correction because of your poor hearing or deafness? Yes No

12. Have you ever had any training in hearing (lessons to help you understand better what you hear)? Yes No

FORM NHD-D-1 (8-28-82)

(The questions in this section refer to the use of hearing aids.)

13. Have you ever tried a hearing aid? Yes No (If "No," skip to Section D on Page 4)

14. Have you ever had a hearing aid for your own use? Yes No (If "No," skip to Section D on Page 4)

15. (a) If you have a hearing aid NOW, please check here AND check one of the boxes below to indicate when you got it.

If you do NOT have a hearing aid NOW, please check here AND check one of the boxes below to indicate when you got the last one you had.

When did you get it?

- This year (1962) 6 - 10 years ago
 Last year (1961) More than 10 years ago
 2 - 5 years ago

The remaining parts of Question 15 apply to your present hearing aid if you have one now. If you do not have a hearing aid now, they apply to the last hearing aid you had.

(b) What kind of hearing aid is (was) it? (Please check one box)

- | | | | | | |
|----------------|---|---|-----------------|---|---|
| Air conduction | } | <input type="checkbox"/> Fits into one ear | Bone conduction | } | <input type="checkbox"/> Fits against one side of the head |
| | | <input type="checkbox"/> Fits into both ears at the same time | | | <input type="checkbox"/> Fits against both sides of the head at the same time |

(c) Where are (were) the amplifier and batteries worn when you use (used) the hearing aid? (Please check one box)

- Above the neck Below the neck

(d) Why did you choose this (that) particular kind of hearing aid? (Please check one box)

- It was prescribed by a medical doctor It was advised by a hearing aid dealer
 It was prescribed by a hearing clinic Some other reason (Please explain)
 A friend or relative told me about it _____
 I saw it advertised _____

(e) About how long did it take to get used to it? (Please check one box)

- Less than one month More than six months
 One to six months Never have gotten used to it

16. (a) Do you use a hearing aid now? Yes No (If "No," skip to Section D on page 4)

(b) How much do you use it? (Please check one box on each line) (If you do not work, go to school, etc., check the "Does not apply" column.)

	Does not apply	Most of the time	Once in a while	Never
At work?				
At school?				
At church?				
At the movies?				
Listening to radio or TV?				
At home?				

(c) How well satisfied are you with the hearing aid you are now using? (Please check one box)

- Very well satisfied Fairly well satisfied Not satisfied at all

Question 17 of Section C on Page 4

USCOMM-DC 33363-P62

17. WITH your hearing aid, what can you hear? (Please check the "Yes" or "No" box after each statement)	Yes	No
I can hear loud noises.		
Most of the time I can tell one kind of noise from another.		
If I hear a sound, most of the time I can tell if it is a person's voice or not.		
I can hear and understand a few words a person says if I can see his face and lips.		
I can hear and understand a few words a person says without seeing his face and lips.		
I can hear and understand most of the things a person says if I can see his face and lips.		
I can hear and understand most of the things a person says without seeing his face and lips.		
Most of the time I can hear and understand a discussion between several people without seeing their faces and lips.		
I can hear and understand a telephone conversation on any telephone.		
SECTION D		
18. Has your hearing ever been tested by a medical doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," go to Question 19)		
(a) About how long ago was your hearing LAST tested by a medical doctor? (Please check one box)		
<input type="checkbox"/> This year (1962)	<input type="checkbox"/> 4 - 5 years ago	
<input type="checkbox"/> Last year (1961)	<input type="checkbox"/> 6 - 10 years ago	
<input type="checkbox"/> 2 - 3 years ago	<input type="checkbox"/> More than 10 years ago	
(b) Was the doctor who last tested your hearing an ear specialist or was he a general family doctor? (Please check one box).		
<input type="checkbox"/> Doctor who was an ear specialist	<input type="checkbox"/> I don't know	
<input type="checkbox"/> General family doctor		
(c) About how old were you when your hearing was FIRST tested by a medical doctor?		
I was about _____ years old.		
I don't know, but it was before I was _____ years old.		
19. Is your hearing tested regularly, for example, once or twice a year? <input type="checkbox"/> Yes <input type="checkbox"/> No		
20. Has your hearing ever been tested with an audiometer (with earphones)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Comments - (Please use this space or attach an additional sheet of paper for any additional remarks you may have about your hearing.)		
Name of person who filled out this form	Telephone No.	

C	1. Record the number of Doctor Visits and Hospitalizations.	DOCTOR	HOSP.
		_____(NP)	_____(NP)
	2. Record each condition in the person's column, with the question number(s) where it was reported.	Q. no.	Condition
	Reference dates		
	2-week period _____, _____,		
	Dentist and Doctor visit probe _____		
	Hospital probe _____		

R1 Q.'s 5-37	For persons 19 years old or over, show who responded for (or was present during the asking of) Q.'s 5-37. If persons responded for self, show whether entirely or partly. For persons under 19 show who responded for them.	1 <input type="checkbox"/> Responded for self-entirely 2 <input type="checkbox"/> Responded for self-partly Person _____ was respondent
------------------------	---	---

For each person with an entry of "A," "B," or "37" in C2, ask Q.'s 38-41.

38. Has -- ever used a hearing aid? 38. Y N

Please look at this card - (Show Card H)

39a. Which statement best describes -- 's hearing in his LEFT ear (without a hearing aid)?

	Good	Little trouble	Lot of trouble	Deaf
39a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> S	4 <input type="checkbox"/> S	

b. Which statement best describes -- 's hearing in his RIGHT ear (without a hearing aid)?

	Good	Little trouble	Lot of trouble	Deaf
b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> S	4 <input type="checkbox"/> S	

If under 3, go to 41a

40a. (Without a hearing aid) Can -- usually HEAR AND UNDERSTAND what a person says without seeing his face if that person WHISPERS to him from across a quiet room? 40a. Y (41a) N

b. (Without a hearing aid) Can -- usually HEAR AND UNDERSTAND what a person says without seeing his face if that person TALKS IN A NORMAL VOICE to him from across a quiet room? b. Y (41a) N

c. (Without a hearing aid) Can -- usually HEAR AND UNDERSTAND what a person says without seeing his face if that person SHOUTS to him from across a quiet room? c. Y (41b) N

d. (Without a hearing aid) Can -- usually HEAR AND UNDERSTAND a person if that person SPEAKS LOUDLY into his better ear? d. Y (41b) N

e. (Without a hearing aid) Can -- usually tell the sound of speech from other sounds and noises? e. Y (41b) N

f. (Without a hearing aid) Can -- usually tell one kind of noise from another? f. Y (41b) N

g. (Without a hearing aid) Can -- hear loud noises? g. Y (41b) N (41b)

41a. How old was -- when he began to have trouble hearing? 41a. At birth
 Less than 1 year
_____ Years old

b. How old was -- when he began to have serious trouble hearing or became deaf? 41b. DK
 No trouble

Complete Q. 41c from entry in 41a and b or age. If "DK" in Q.'s 41a and b AND 21 or older, ask:

c. Was it before or after -- 's twenty-first birthday? 41c. Before 21
 After 21 (R2)

INTERVIEWER CHECK ITEM	A. "S" in BOTH ears in Q. 39?	Y N
	B. "N" in Q. 40b?	Y N
	If "Y" in A or B fill Hearing Supplement after the interview.	<input type="checkbox"/> Hearing Supplement

R2 Q.'s 38-41	For persons 19 years old or over, show who responded for (or was present during the asking of) Q.'s 38-41. If persons responded for self, show whether entirely or partly. For persons under 19 show who responded for them.	1 <input type="checkbox"/> Responded for self-entirely 2 <input type="checkbox"/> Responded for self-partly Person _____ was respondent
-------------------------	--	---

HEARING SUPPLEMENT CHECK ITEM	Number of supplements _____. Enter number here and in Item N on Household page.
--------------------------------------	---

CARD H

Which statement best describes your hearing in your **LEFT** ear (without a hearing aid)?

1. HEARING IS GOOD
2. LITTLE TROUBLE HEARING
3. LOT OF TROUBLE HEARING
4. DEAF

Which statement best describes your hearing in your **RIGHT** ear (without a hearing aid)?

1. HEARING IS GOOD
2. LITTLE TROUBLE HEARING
3. LOT OF TROUBLE HEARING
4. DEAF

LOSS OF INCOME

FY and CY 1968

<p>If "Yes" in 36c only, questions 37a through 37d apply to this person's LAST full-time civilian job.</p>	<p style="text-align: center;">Ask for all persons with a "Yes" in 36a, 36b, or 36c.</p> <p>37a. Who does (did) -- work for?</p> <p>b. What kind of business or industry is this?</p> <p>c. What kind of work is (was) -- doing?</p> <p style="text-align: center;">Fill 37d from entries in 37a-37c, if not clear, ask:</p> <p>d. Class of worker</p>	<p>37a. Employer</p> <p>Industry <input style="width: 50px;" type="text"/></p> <p>b. Occupation <input style="width: 50px;" type="text"/></p> <p>c.</p> <p>0 <input type="checkbox"/> Pvt. pd. 3 <input type="checkbox"/> Own 1 <input type="checkbox"/> Gov. Fed. 4 <input type="checkbox"/> Non-pd. 2 <input type="checkbox"/> Gov. Oth. 5 <input type="checkbox"/> Nev. worked</p> <p>d.</p> <p>4 <input type="checkbox"/> Not in Labor Force or Under 17</p> <p>0 <input type="checkbox"/> No work-loss days-in LF Go to next person <input type="checkbox"/> Work-loss days _____ Go to 38a</p>
<p>INTERVIEWER CHECK ITEM: <input style="width: 150px;" type="text"/></p> <p>If person is under 17 years, or not in Labor Force (Q. 37 a-d blank) check "Not in Labor Force."</p> <p>If in Labor Force (Q. 37 filled) refer to Question 5e and make appropriate entry.</p>		
<p>Earlier you said that -- lost -- days from work during the past 2 weeks -- (If self-employed, ask b; for other workers, ask a)</p> <p>38a. Was -- paid any wages by his employer for the days that he lost?</p>		<p>38a. 1 <input type="checkbox"/> Yes-Ask <input type="checkbox"/> No-Ask c b</p>
<p>b. Does -- have any insurance that pays him for the income he lost on these days?</p>		<p>b. 2 <input type="checkbox"/> Yes-Ask <input type="checkbox"/> No-Ask c d</p>
<p>c. Did he receive his full day's pay for all of these -- days he lost?</p>		<p>c. 1 <input type="checkbox"/> Yes-Ask <input type="checkbox"/> No-Ask f d & e</p>
<p>d. In total, how much income did -- lose because of the -- days he lost from work?</p>		<p>d. \$ _____</p>
<p>e. Is this before or after taxes?</p>		<p>e. 1 <input type="checkbox"/> Before 2 <input type="checkbox"/> After</p>
<p>f. How much does -- usually earn per week?</p>		<p>f. \$ _____</p>
<p>g. Is this before or after taxes?</p>		<p>g. 1 <input type="checkbox"/> Before 2 <input type="checkbox"/> After</p>
<p>h. Did -- receive this income for these days through a sick leave plan, loss-of-pay insurance, or some other way?</p>		<p>h. 1 <input type="checkbox"/> Sick leave plan 2 <input type="checkbox"/> Loss-of-pay insurance 3 <input type="checkbox"/> Other - Specify _____</p>

CURRENTLY EMPLOYED PERSON PAGE	Person number _____	E1	1 <input type="checkbox"/> Not SP (E2) 2 <input type="checkbox"/> Eligible respondent avail. (E2) 3 <input type="checkbox"/> Return call required (Next CE Page)	E2	Mark one box: 0 <input type="checkbox"/> No work-loss days (2) 1 <input type="checkbox"/> 1+ work-loss days (1)
---------------------------------------	------------------------	-----------	--	-----------	---

Earlier it was reported that -- lost time from work during the past 2 weeks. (Hand calendar)

1. On which days during that 2-week period outlined in red did he lose time from work because of illness or injury or because he wasn't feeling well? (Circle all days reported in Table WL-1)

Hand calendar

2a. During the past 2 weeks (the 2-week period outlined in red on that calendar) did -- lose any (other) time from work because he was sick or injured or because he wasn't feeling well? 1 Y 2 N (3)

b. On which days did he lose time from work? (Circle all days reported in Table WL-1 and reask 2a.)

3a. (Besides this time) During the past 2 weeks, did he lose any (other) time from work to visit a doctor, dentist, or other medical person for himself? 1 Y 2 N (WL-1)

b. On which days did he lose time from work for this reason? (Circle all days reported in Table WL-1 and reask 3a.)

WL-1	Days circled in WL-1? Y N (7)	TABLE WL-1													
		Week before							Last week						
	For EACH circled day, ask 4a and b	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun
4a. How many hours did he lose from work on (day) ? 1 <input type="checkbox"/> Self employed (Ask 4a only)	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Hours	
b. Will his employer pay him in full, in part, or not at all for this time lost from work?	1 Full							2 Part							
	0 None														

5a. (In addition to his employer) Did or will -- receive any income from loss of pay insurance or income from any other source for all or part of this time lost from work? Y 0 N (6)

b. What source is this? (Specify)

If ONLY "Full" marked in 4b, go to 7; otherwise ask:

6. How much income did he lose BEFORE DEDUCTIONS because of this time lost from work?

Dollars	Cents
\$ _____	_____

0000 None

FOOTNOTES

7a. (Besides this time you have just told me about) During the past 2 weeks, did he lose any time from work because someone else was sick or to take someone else to a doctor, dentist, or for other health care?

1 Y

2 N (11)

b. On which days did he lose time from work for this reason? (Circle all days reported in Table WL-2.)

c. During the past 2 weeks did he lose any other time from work for this reason?

Y (Reask 7b)

N

TABLE WL-2

Week before

Last week

For EACH circled day, ask 8a and b

8a. How many hours did he lose from work on (day)?

1 Self employed (ask 8a only)

b. Will his employer pay him in full, in part, or not at all for this time lost from work?

	Week before							Last week						
	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Hours	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Hours
1 Full														
2 Part														
0 None														

9a. (In addition to his employer) Did or will -- receive any income from loss of pay insurance or income from any other source for all or part of this time lost from work?

Y

o N (10)

b. What source is this? (Specify)

If ONLY "Full" marked in 8b, go to 11; otherwise ask:

10. How much income did he lose BEFORE DEDUCTIONS because of this time lost from work?

Dollars	Cents
\$	

0000 None

11a. How many days per week does -- USUALLY work?

_____ Days

b. How many hours per week does he USUALLY work?

_____ Hours

c. When he works -- hours, how much does he earn per week BEFORE DEDUCTIONS?

Dollars	Cents
\$	

12a. When -- is ill and loses time from work does he continue to receive any wages or salary directly from his employer?

1 Y

2 N (NP)

b. Under this arrangement is he entitled to a certain number of days of sick leave each year?

Y

o N (NP)

c. How many days of sick leave is he allowed each year?

_____ Days

NURSING CARE AND/OR SPECIAL AIDS

FY 1959

SUPPLEMENTARY QUESTION ON PERSONAL CARE AT HOME	
<p>23. Is there anyone in the family who requires constant help or nursing care? Is there anyone in the family who requires help or nursing care only part of the time, such as help in dressing, eating, toilet activities, etc.? (Do not record "Yes" for normal care for infants or children)</p> <p>(a) For what condition? (b) How long has he required this care? (Years; or months if less than 1 year) (c) Who helps with this care? (Check all boxes that apply. If "Other" specify in footnotes)</p>	<p><input type="checkbox"/> Yes - Constant <input type="checkbox"/> No <input type="checkbox"/> Yes - Part-time Condition: _____ Years _____ Months <input type="checkbox"/> Household members <input type="checkbox"/> Other relative <input type="checkbox"/> Trained (registered) nurse <input type="checkbox"/> Practical nurse <input type="checkbox"/> Other (Specify) _____</p>
SUPPLEMENTARY QUESTION ON SPECIAL AIDS	
<p>24. Does anyone in the family have a hearing aid? An artificial arm or leg? A brace of any kind? A wheel chair? (a) For what condition? (b) Is it used all the time, most of the time, only occasionally, or never used now? If "Occasionally" or "Never used now," ask: (c) Why is it that you never use it? or Why is it that you use it only occasionally?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> No Type of Aid: Condition: <input type="checkbox"/> All <input type="checkbox"/> Occasionally <input type="checkbox"/> Most <input type="checkbox"/> Never used Verbatim</p>

FY 1967-68

<p>If person is 55 years old or over, ask: THE FOLLOWING QUESTIONS REFER TO DIFFERENT KINDS OF PERSONAL CARE SOME PEOPLE NEED AT HOME:</p>	<p><input type="checkbox"/> Under 55 (Stop)</p>
<p>22a. DOES -- NEED ANY HELP IN BATHING, DRESSING OR PUTTING ON HIS SHOES?</p>	<p><input type="checkbox"/> Yes (Stop) <input type="checkbox"/> No</p>
<p>b. DOES -- NEED ANY HELP AT HOME WITH INJECTIONS, SHOTS OR OTHER TREATMENTS?</p>	<p><input type="checkbox"/> Yes (Stop) <input type="checkbox"/> No</p>
<p>c. DOES -- NEED ANY ONE'S HELP WHEN WALKING UP STAIRS OR GETTING FROM ROOM TO ROOM?</p>	<p><input type="checkbox"/> Yes (Stop) <input type="checkbox"/> No</p>
<p>If questions 22a, 22b and 22c are all "No" ask: d. DOES -- NEED ANY HELP AT ALL IN CARING FOR HIMSELF?</p>	<p><input type="checkbox"/> Yes (Stop) <input type="checkbox"/> No</p>
<p>23a. DURING THE PAST 12 MONTHS, HAS -- RECEIVED ANY CARE AT HOME FROM A NURSE?</p>	<p><input type="checkbox"/> Yes (Ask 23b, c) <input type="checkbox"/> No (Stop)</p>
<p>b. DURING THIS 12 MONTH PERIOD, ABOUT HOW MANY VISITS DID A NURSE MAKE TO CARE FOR -- ?</p>	<p>VISITS <input style="width: 100px; height: 20px;" type="text"/></p>
<p>c. WERE ANY OF THESE VISITS DURING THE PAST 2-WEEKS?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p>

HOME CARE SUPPLEMENT

Name of person	Person No.	Age	PSU	Segment No.	Serial No.	Sample
						B



FOOTNOTES

Name of interviewer	Code	Respondent No.

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.

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.	No		Yes		For each "Yes," answer to 1a, Ask:	
					1b. Who helps ---?	Does anyone else help ---?
1a. Does -- need help - in walking up stairs or getting from room to room?				→		
in dressing or putting on shoes?				→		
Does -- need help - in bathing (shaving) or other toilet activities?				→		
in eating or having meals served in bed?				→		
Does -- need help - with changing bandages?				→		
in receiving injections?				→		
with other treatments?				→		
If "Yes," ask: What kinds of treatment?				→		
Specify _____						
Does -- need help - in changing bed positions?				→		
in exercising or physical therapy?				→		
in cutting toenails?				→		
Does -- get any OTHER help or care here at home?				→		
If "Yes," ask: What kinds of other help or care?				→		
Specify _____						
IF PERSON IS NOT RECEIVING CARE (All "No's" to question 1a), reconcile differences between answers in Q. 22 or 23c and Q. 1a above or describe the situation on the front of this form.						
2. For what condition(s) does -- receive this help or care? → Specify condition(s) _____						

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

1 month or less Over 1 to 6 months Over 6 to 12 months
 Over 1 to 3 years Over 3 to 5 years 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?

All of the time
 Part of the time
 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:
 5b. 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 5 and mark appropriate box in column (1) of Table H.

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	Don't know	Hours	Less than 1 hour	Don't know	Yes	No
NON-HEALTH WORKERS	A. <input type="checkbox"/> Related household members						
	B. <input type="checkbox"/> Related persons not in household						
	C. <input type="checkbox"/> Friend or neighbor						
	D. <input type="checkbox"/> Other Specify _____						
HEALTH WORKERS	E. <input type="checkbox"/> Nurse - Registered						
	F. <input type="checkbox"/> Nurse - Practical or other						
	G. <input type="checkbox"/> Physical therapist						
	H. <input type="checkbox"/> Other - Specify _____						

INTERVIEWER: Mark the appropriate box before going →

Person 65+ and "Yes" in column (4). Ask Q's 6, 7, and 8.
 Person 55-64 and "Yes" in column (4). Ask Q's 7 and 8.
 All "No's" in column (4) or only "A" checked in column (1) of Table H. Skip to question 8.

6. Are any of these services paid for by Medicare? Yes No Don't know

7a. Who pays (the remainder of the bill) for these services?

b. Anyone else?

Self or family Agency or organization (Visiting Nurses Association, etc.)
 Other relative or friend Welfare
 Health insurance Other - Specify _____

8a. During the past 12 months, has -- received any care at home from a nurse? Yes - Ask 8b No - STOP

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

Number of visits

37a. Does anyone in the family now use any of the following special aids -	Table SA				
		Person No.	Type of aid	If 1-6 in (b), ASK: Does he use one or two ___ (at a time)? (c)	If 3-9 in (b) ASK: For what condition does he need this ___? (item C) (d)
	Yes	No	(a)	(b)	
1. An artificial arm?					1 <input type="checkbox"/> 2 <input type="checkbox"/> Other _____
2. An artificial leg?					
3. A brace of any kind?					
4. Crutches?					
5. A cane or walking stick?					
6. Special shoes?					
7. A wheel chair?					1 <input type="checkbox"/> 2 <input type="checkbox"/> Other _____
8. A walker?					
9. Any other kind of aid for getting around?					1 <input type="checkbox"/> 2 <input type="checkbox"/> Other _____
If "Yes," specify: <input type="checkbox"/>					
b. Who is this? Enter in Table SA _____					
c. Anyone else?					

Table SA - Continued		
Is the ___ used all the time, most of the time or only occasionally? (e)	How long has he used ___? (f)	How was the ___ obtained? Was it purchased, rented, borrowed or a gift? (g)
1 <input type="checkbox"/> All 2 <input type="checkbox"/> Most 3 <input type="checkbox"/> Occasionally	<input type="checkbox"/> Less than 1 month ____ Months ____ Years	1 <input type="checkbox"/> Purchased 2 <input type="checkbox"/> Rented 3 <input type="checkbox"/> Borrowed 4 <input type="checkbox"/> Gift
1 <input type="checkbox"/> All 2 <input type="checkbox"/> Most 3 <input type="checkbox"/> Occasionally	<input type="checkbox"/> Less than 1 month ____ Months ____ Years	1 <input type="checkbox"/> Purchased 2 <input type="checkbox"/> Rented 3 <input type="checkbox"/> Borrowed 4 <input type="checkbox"/> Gift
1 <input type="checkbox"/> All 2 <input type="checkbox"/> Most 3 <input type="checkbox"/> Occasionally	<input type="checkbox"/> Less than 1 month ____ Months ____ Years	1 <input type="checkbox"/> Purchased 2 <input type="checkbox"/> Rented 3 <input type="checkbox"/> Borrowed 4 <input type="checkbox"/> Gift

PERSONAL HEALTH EXPENSES

FY 1963 (July-December 1962)

OFFICE OF
THE DIRECTOR

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON 25, D.C.

Budget Bureau No. 68-R620.6
Approval Expires July 15, 1963

FORM NHS-6(a)
(4-2-62)

Dear Friend:

The Bureau of the Census, as collecting agent for the U.S. Public Health Service, is conducting a special survey on the cost of medical care. This study, when combined with other information, will serve to answer important questions about health and medical care costs in our Nation.

The Census interviewer who called at your household was asked to leave this form in order that all of the family members can take part in answering these questions, and that bills, receipts, and other records can be consulted. If you cannot supply exact amounts from bills or records, please give the best estimate you can.

We would appreciate your completing this form and mailing it back to us within five days. A self-addressed envelope which requires no postage has been provided for your convenience.

Your cooperation in answering these questions will be a definite public service. The information will be given confidential treatment by the Bureau of the Census and the U.S. Public Health Service. Nothing will be published except statistical summaries.

Thank you.

Sincerely yours,



Please return completed
form to:

U.S. Bureau of the Census
1st Fl. NW Section
536 S. Clark Street
Chicago 5, Illinois
Phone: Harrison 7-7523, Ext. 523

Richard M. Scammon
Director
Bureau of the Census

CONFIDENTIAL - This information is collected for the U.S. Public Health Service under authority of Public Law 652 of the 84th Congress (70 Stat. 489; 42 U.S.C. 305). All information which would permit identification of the individual will be held strictly confidential, 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 other purposes (22 FR 1687).

USC/M-DC 11711 P-62

GENERAL INSTRUCTIONS

1. The name of each related member of the household has been entered on a separate page of this form. Please fill all sections of each page for each person listed.

2. The specific period we are asking about is the 12 month period from _____ to _____.

3. In entering the total medical expenditures, count all bills paid (or to be paid) by the person himself, his family or friends and also any part paid by insurance, whether paid directly to the hospital or doctor, or paid to the person himself, or to his family. If you do not know exactly the amount paid by insurance, estimate it, and include it in the total bill.

4. Please do not count any amounts paid (or to be paid) by:
 - Workmen's compensation
 - Non-profit organizations such as the "Polio Foundation"
 - Charitable or Welfare Organizations
 - Military Services, including Medicare
 - Veterans Administration
 - Federal, State, City, or County Government

5. If there are any babies in the household who were born during the past 12 months, the hospital and doctor bills relating to the baby's birth should be reported on the page for the mother. All other medical expenditures relating to the baby's health should be reported on the page for the baby.

6. After completing all sections of this form for each person in the household, please indicate below the name of the person or persons who filled it out.

Name _____

Name _____

	1	2	3	4
FOR OFFICE USE ONLY				

FORM NHS-6(a) (4-2-62)

COSTS FOR MEDICAL AND DENTAL CARE DURING THE PAST 12 MONTHS

FROM:

TO:

PLEASE ANSWER THE QUESTIONS IN EACH SECTION BELOW FOR:

Name of person

IF EXACT AMOUNTS ARE NOT KNOWN, PLEASE ENTER YOUR BEST ESTIMATE.

DOCTORS' BILLS

1. How much did all of the doctors' (including surgeons') bills for this person come to during the past 12 months?

Be sure to count all doctors' bills for:

No doctors' bills

Operations	Check-ups	Pregnancy care	Laboratory fees	Immunizations or shots
Treatments	Deliveries	X-rays	Eye examinations	Any other doctors' services

\$

HOSPITAL BILLS

2. (a) Was this person in a hospital (nursing home, rest home, sanitarium, etc.) overnight or longer during the past 12 months?

Yes

No (Go to Question 3)

(b) How much did all of the hospital bills come to for this person for the past 12 months?

Be sure to count all hospital bills for:

Room and board	Operating and delivery room	Anesthesia	X-rays	Any other hospital services
		Special treatments	Tests	

\$

MEDICINE COSTS

3. About how much was spent for medicine for this person during the past 12 months?

Be sure to count costs for all kinds of medicine whether or not prescribed by a doctor, such as:

No costs for medicine

Tonics	Prescriptions	Ointments	Any other medicine
Pills	Salves	Vitamins	

\$

DENTISTS' BILLS

4. How much did all of the dentists' bills for this person come to for the past 12 months?

Be sure to count all dental bills for:

No dentists' bills

Fillings	Cleanings	Bridgework	Straightening of teeth	Any other dental services
Extractions	X-rays	Dental plates		

\$

SPECIAL MEDICAL EXPENSES

5. How much did the bills come to for this person during the past 12 months for:

<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None
Eye glasses? \$	Special Nursing, Physical therapy, Speech therapy? \$	Chiropractors' fees? \$
<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None
Hearing Aids? \$	Corrective shoes? \$	Special braces or trusses, wheel chairs or artificial limbs? \$

OTHER MEDICAL EXPENSES

6. Enter any other medical expenses incurred during the past 12 months which are not included above, showing the kind and amount of expenditure (for example, emergency or outpatient treatment in a hospital or clinic). (If no other medical expenses, check the "None" box.)

Kind: _____

\$

FOR OFFICE USE ONLY

PSU No.

Segment No.

Serial No.

Column No.

FY 1966



OFFICE OF THE DIRECTOR

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON, D.C. 20233

BUDGET BUREAU NO. 68-R620.12
APPROVAL EXPIRES AUGUST 31, 1966

PSU	Seg. No.	Ser. No.

The Bureau of the Census, acting as collecting agent for the U.S. Public Health Service, is conducting a special survey on the cost of medical care. This study, when combined with the other information which you have just given our Census interviewer, will serve to answer important questions about health and medical care costs in our Nation.

The Census interviewer who called at your household was asked to leave this form in order that all of the family members can take part in answering these questions, and that bills, receipts, and other records can be consulted. If you cannot supply exact amounts from bills or records, please give the best estimate you can. Please read the instructions on page 2 before completing this form.

We would appreciate your completing this form and mailing it back to us within five days. A self-addressed envelope which requires no postage has been provided for your convenience.

Your cooperation in answering these questions will be a definite public service. The information will be given confidential treatment by the Bureau of the Census and the U.S. Public Health Service. Nothing will be published except statistical summaries.

Thank you.

Sincerely yours,

A. Ross Eckler

A. Ross Eckler
Director
Bureau of the Census

NOTICE - All information which would permit identification of the individual will be held strictly confidential, 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 other purpose.

GENERAL INSTRUCTIONS

1. The name of each related member of the household has been entered on a separate page of this form. Please fill the 4 questions on each page for each person listed. If you cannot give the exact amount from bills or records please enter the best estimate you can.

2. In entering the medical expenditures in questions 1 through 3, count all bills paid (or to be paid) by the person himself, his family or friends. Also include any part paid by insurance, whether paid directly to the hospital or doctor or paid to the person himself, or to his family. If you do not know exactly the amount paid by insurance, estimate it, and include it in the total bill.

3. In figuring the total doctor, hospital, or dentist bills, do not count any amounts paid (or to be paid) by:

- Workmen's compensation
- Non-profit organizations such as the "Polio Foundation"
- Charitable or Welfare Organizations
- Military Services
- Veterans Administration
- Federal, State, City, or County Government

4. If there are any babies in the household who were born during the past 12 months, the hospital and doctor bills relating to the baby's birth should be reported on the page for the mother. All other medical expenditures relating to the baby's health should be reported on the page for the baby.

	1	2	3	4
FOR CENSUS USE				

Please answer the following questions for →

Name of person	P-N
----------------	-----

The 12-month period referred to below is from _____ to _____

IF EXACT AMOUNTS ARE NOT KNOWN, PLEASE ENTER YOUR BEST ESTIMATE

DOCTORS' BILLS

1. How much did all of the doctors' (including surgeons') bills for this person come to during the past 12 months?

Dollars	Cents
\$	\$

Be sure to count all doctors' bills for: No doctors' bills

- | | | | | |
|------------|------------|----------------|------------------|-----------------------------|
| Operations | Check-ups | Pregnancy care | Laboratory fees | Immunizations or shots |
| Treatments | Deliveries | X-rays | Eye examinations | Any other doctor's services |

HOSPITAL BILLS

2a. Was this person in a hospital (nursing home, rest home, sanitarium, etc.) overnight or longer during the past 12 months?
 Yes No (Go to question 3)

b. How much did all of the hospital bills come to for this person for the past 12 months?

Dollars	Cents
\$	\$

Be sure to count all hospital bills for:

- | | | | | |
|----------------|-----------------------------|----------------------------------|-----------------|-----------------------------|
| Room and board | Operating and delivery room | Anesthesia
Special treatments | X-rays
Tests | Any other hospital services |
|----------------|-----------------------------|----------------------------------|-----------------|-----------------------------|

DENTISTS' BILLS

3. How much did all of the dentists' bills for this person come to for the past 12 months?

Dollars	Cents
\$	\$

Be sure to count all dental bills for: No dentists' bills

- | | | | | |
|-------------|-----------|---------------|------------------------|---------------------------|
| Fillings | Cleanings | Bridgework | Straightening of teeth | Any other dental services |
| Extractions | X-rays | Dental plates | | |

DOCTOR VISITS

4. During the past 12 months, how many times has this person visited or been visited by a medical doctor?

Doctor visits

Count: None

1. All visits to a doctor's office or clinic for consultation, shots, x-rays, or for any other medical purpose.
2. All doctor visits made to the home.

- Do NOT count:
1. Visits to dentists.
 2. Any visits made to this person while he was an inpatient for one or more nights in a hospital. (However, please note that the bills for such visits should be included in question 1 above.)

5. Name of person completing this page _____

Comments _____

FOR CENSUS USE					
-----------------------	--	--	--	--	--



CY 1971

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION
ROCKVILLE, MARYLAND 20852

NATIONAL CENTER FOR
HEALTH STATISTICS

SURVEY OF FAMILY MEDICAL EXPENSES

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ASSURANCE OF CONFIDENTIALITY:

All information which would permit identification of an individual, or of an establishment, will be held confidential, will be used only by persons engaged in and for the purpose of the survey, and will be protected against disclosure in accordance with provisions of 42 CFR Part 1.

HSM-503-2
3-71

O.M.B. No. 68-S71011
Approval Expires: 9-30-71

ITEM A

Please list below the names of each family member NOW living at home beginning with the Head of the family.

<u>Names of Family Members</u>	<u>Relationship to Family Head</u>	<u>Sex (Check one)</u>	<u>Person's age on last birthday:</u>
1. _____	Head	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____ years old
2. _____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____ years old
3. _____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____ years old
4. _____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____ years old
5. _____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____ years old
6. _____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____ years old
7. _____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____ years old
8. _____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____ years old
9. _____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____ years old
10. _____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____ years old

Are any family members now living at this household on full-time active duty with the Armed Forces of the United States?

(Check one box)

No

Yes

Who is this?

Name of Family Member

Name of Family Member

What is the highest grade or year the HEAD of the family completed in school?

(Circle one) Elementary: 1 2 3 4 5 6 7 8
High School: 9 10 11 12
College: 1 2 3 4 5+

ITEM B

Besides the family members that you have listed above, is there anyone else living with you now, such as friends or roomers?

(Check one box)

No (Go to next page)

Yes

Please list below the name of each person not related to you who is now living at this household.

Names of Other Persons

1. _____
2. _____
3. _____
4. _____
5. _____

The term "THIS FAMILY" in each of the questions on the following pages refers to all members of your family that you have listed in Item A on the page to the left.

HEALTH INSURANCE

1. During 1970, that is, from January 1, 1970, to December 31, 1970, how much did THIS FAMILY spend on health insurance premiums for plans that pay for any part of a hospital bill or a doctor's bill?

DOLLARS	CENTS
or	
<input type="checkbox"/> This family did not pay any insurance premiums	

Include:

- Amount deducted from paycheck for health insurance premiums
- Amount deducted from Social Security check for Medicare
- Amount paid directly to health insurance plans or to Social Security for Medicare

Do not include:

- Health insurance plans that pay only in the case of accidents
- Employer or union contributions

PAYMENTS MADE FOR PERSONS NOT LISTED IN ITEM A ON THIS QUESTIONNAIRE

2. During 1970, did THIS FAMILY pay any medical expenses for any person who is NOT listed in Item A on the page to the left?

This might include expenses for children now away at school or parents, other relatives or friends now in nursing homes or elsewhere, or who are deceased.

These expenses may include bills from doctors, dentists, optometrists, hospitals, nursing homes, health insurance premiums, cost of prescription medicine, eye glasses, and so forth.

(Check one box)

- No Yes

TYPE OF MEDICAL EXPENSE

Amount This Family Paid

DOLLARS	CENTS
\$	
DOLLARS	CENTS
\$	
DOLLARS	CENTS
\$	

3. What income group best describes THIS FAMILY'S total combined income during 1970?

(Check one box)

- | | |
|--|--|
| <input type="checkbox"/> Less than \$3,000 | <input type="checkbox"/> \$7,000 - \$9,999 |
| <input type="checkbox"/> \$3,000 - \$4,999 | <input type="checkbox"/> \$10,000 - \$14,999 |
| <input type="checkbox"/> \$5,000 - \$6,999 | <input type="checkbox"/> \$15,000 - \$24,999 |
| | <input type="checkbox"/> \$25,000+ |

4. Please print below the name of the person or persons who are completing this form.

Name _____

Name _____

FILL ONE PAGE FOR EACH FAMILY MEMBER NOW LIVING IN THIS HOUSEHOLD WRITE IN THE PERSON'S NAME BELOW BEFORE ANSWERING THE QUESTIONS ABOUT HIM:

The following medical and dental expenses were for _____
Write in Name of Family Member

All questions on this page should be answered even though the person may not have had any medical or dental expenses in 1970. If the person did not have any expense of a certain kind during 1970, be sure to make a mark in the "no bills paid" box. The amounts you give below should only include what THIS FAMILY paid, NOT any payments made by health insurance or some other person or agency. Do not include payments you made if health insurance has or will reimburse you. IF EXACT AMOUNTS ARE NOT KNOWN, PLEASE ENTER YOUR BEST ESTIMATE.

DENTAL BILLS PAID

1. How much did THIS FAMILY spend on dental bills for this person during 1970, that is, from January 1, 1970, to December 31, 1970?

INCLUDE amounts spent for:
 Cleanings Straightening Dental surgery Bridgework Other services from a
 Fillings X-rays Extractions Dental laboratory fees dentist or hygienist

DOLLARS	CENTS
\$	
or	
<input type="checkbox"/> No dental bills paid for this person	

DOCTORS' BILLS PAID

2. How much did THIS FAMILY spend on doctor bills for this person during 1970?

INCLUDE amounts spent for:
 Routine doctor visits Doctor fees while a Deliveries Shots
 Treatments patient in a hospital Pregnancy care Other services by a
 Check-ups Operations Laboratory fees medical doctor

DOLLARS	CENTS
\$	
or	
<input type="checkbox"/> No doctor bills paid for this person	

HOSPITAL BILLS PAID

3. How much did THIS FAMILY spend on hospital bills for this person during 1970?

INCLUDE amounts spent for:
 Room and board Anesthesia Special treatments
 Operating and Tests Any other hospital services
 delivery rooms X-rays

DOLLARS	CENTS
\$	
or	
<input type="checkbox"/> No hospital bills paid for this person	

PAYMENTS MADE FOR PRESCRIPTION MEDICINE

4. About how much did THIS FAMILY spend on medicine for this person during 1970 that was purchased on a DOCTOR'S OR DENTIST'S PRESCRIPTION?

INCLUDE amounts spent for:
 Medicines only if they were prescribed by a doctor or dentist

DOLLARS	CENTS
\$	
or	
<input type="checkbox"/> No prescribed medicines bought for this person	

PAYMENTS MADE FOR EYEGLASSES, CONTACT LENSES OR OPTOMETRIST'S BILLS

5. During 1970 how much did THIS FAMILY spend on eyeglasses, contact lenses, or optometrists' fees for this person?

DOLLARS	CENTS
\$	
or	
<input type="checkbox"/> No amount paid for these items	

PAYMENTS MADE FOR "OTHER" MEDICAL BILLS

6a. How much did THIS FAMILY spend on other medical expenses for this person during 1970?

Do not include any expenses which you have already recorded. Do not include amounts spent for medicines of any kind.

INCLUDE amounts spent for such expenses as:
 Chiropractors' or Podiatrists' fees Physical or Speech Therapy
 Hearing aid Special nursing care
 Special braces, trusses, wheelchair Nursing Home or Convalescent
 or artificial limbs Home care

DOLLARS	CENTS
\$	
or	
<input type="checkbox"/> No amount paid for these items	

6b. What type of medical expense did this person have?

_____ Type of Medical Expense

7. Check one of the following boxes:

- Referred to records for all dollar amounts entered on this page.
- Referred to records for some but not all dollar amounts entered on this page.
- Did not refer to any records.

PRESCRIBED AND NONPRESCRIBED MEDICINES

FY 1965

Now I have some questions about purchases of medicine. First, I want to ask you about medicines prescribed by a doctor --

16. a. **LAST WEEK OR THE WEEK BEFORE**, did anyone in the family buy or obtain any kind of medicine prescribed by a doctor?

Yes No (Go to Q. 17)

If "Yes," ask:

b. What is the name of the medicine? (Enter name of medicine in column (a) of Table P. If name is unknown, enter "DK" in column (a) and ask: What condition is it for? Then enter the condition in column (b).)

c. **LAST WEEK OR THE WEEK BEFORE**, did anyone buy or obtain any **OTHER** medicine prescribed by a doctor?

Yes (Re-ask Q. 16b) No (Fill remaining columns of Table P for each medicine reported)

Turn to Card J, and ask:

17. a. **LAST WEEK OR THE WEEK BEFORE**, did anyone in the family buy or obtain any medicine **NOT** prescribed by a doctor? This (Show Card J) is a list of **SOME** of the items in which we are interested.

Yes No (Go to Q. 18)

If "Yes," ask:

b. What is the name of the medicine? (Enter name or kind of medicine in column (a) of Table NP.)

c. **LAST WEEK OR THE WEEK BEFORE**, did anyone buy or obtain any **OTHER** medicine **NOT** prescribed by a doctor?

Yes (Re-ask Q. 17b) No (Fill remaining columns of Table NP for each medicine reported)

INTERVIEWER:

"Impairments" or "conditions" on Card A reported in question 16 or 17, should be carried back to Table I if they do not already appear there.

Table P - PRESCRIBED MEDICINES

Line No.	Name of medicine (If name is unknown enter "DK" in col. (a) and ask col. (b).) (a)	What condition is the -- for? (b)	Who was it prescribed for? (Enter column number of person) (c)	Which week was the -- bought, LAST WEEK -- or the WEEK BEFORE LAST? (d)	How much did it cost? (e)	
					Dollars	Cents
1				<input type="checkbox"/> Last week <input type="checkbox"/> Week before <input type="checkbox"/> Before 2 weeks (STOP)	\$	
2				<input type="checkbox"/> Last week <input type="checkbox"/> Week before <input type="checkbox"/> Before 2 weeks (STOP)	\$	
3				<input type="checkbox"/> Last week <input type="checkbox"/> Week before <input type="checkbox"/> Before 2 weeks (STOP)	\$	
4				<input type="checkbox"/> Last week <input type="checkbox"/> Week before <input type="checkbox"/> Before 2 weeks (STOP)	\$	

Table NP - NONPRESCRIBED MEDICINES

Line No.	Name of medicine (If name is unknown, enter the kind of medicine) (a)	What is the -- generally used for by this family? (b)	Which mem- bers of the family use the --? (Enter col. nos. of persons) (c)	Which week was the -- bought, LAST WEEK -- or the WEEK BEFORE LAST? (d)	How much did it cost? (e)		Where was it bought? (f)
					Dollars	Cents	
1				<input type="checkbox"/> Last week <input type="checkbox"/> Week before <input type="checkbox"/> Before 2 weeks (STOP)	\$		<input type="checkbox"/> Drug store <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Grocery store <input type="checkbox"/> Mail order house
2				<input type="checkbox"/> Last week <input type="checkbox"/> Week before <input type="checkbox"/> Before 2 weeks (STOP)	\$		<input type="checkbox"/> Drug store <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Grocery store <input type="checkbox"/> Mail order house
3				<input type="checkbox"/> Last week <input type="checkbox"/> Week before <input type="checkbox"/> Before 2 weeks (STOP)	\$		<input type="checkbox"/> Drug store <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Grocery store <input type="checkbox"/> Mail order house
4				<input type="checkbox"/> Last week <input type="checkbox"/> Week before <input type="checkbox"/> Before 2 weeks (STOP)	\$		<input type="checkbox"/> Drug store <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Grocery store <input type="checkbox"/> Mail order house

<p style="text-align: center;">Card J</p> <p>Pain relievers, such as aspirin, headache powders, etc.</p> <p>Remedies for colds and other respiratory conditions, such as cough medicine, nose drops or sprays, etc.</p> <p>Medicine for digestive conditions or upsets, such as antacids, laxatives, etc.</p> <p>Remedies for skin or muscular conditions, such as ointments, salves, liniments, etc.</p>	<p>Medicines for eye, ear, or nose conditions</p> <p>Vitamins</p> <p>Tonics or blood builders</p> <p>First aid items</p> <p>Antiseptics</p> <p>Allergy remedies</p> <p>Nonprescription tranquilizers, sleeping pills, or "stay awake" pills</p> <p>Any other nonprescription medicines</p>
--	--

PRESCRIBED MEDICINES

1a. During the past 2 weeks, (the 2 weeks outlined in red on that calendar) did anyone in the family, (that is you, your --, etc.) buy or obtain any (other) kind of medicine prescribed by a doctor? Y N (2)

b. What is the name of the medicine? Enter name of medicine in col. (b) of Table M and ask: What condition is it for? Enter name of condition in col. (c) and reask 1a.

(Besides the prescriptions you have already told me about)

2a. During the past 2 weeks did anyone in the family get any (other) medicine from a pharmacist or drugstore that was prescribed by a telephone call from a doctor? Y N (3)

b. What is the name of the medicine? Enter name of medicine in col. (b) of Table M and ask: What condition is it for? Enter name of condition in col. (c) and reask 2a.

(Besides the prescriptions you have already told me about)

3a. During the past 2 weeks did anyone in the family have any (other) prescriptions refilled? Y N (4)

b. What is the name of the medicine? Enter name of medicine in col. (b) of Table M and ask: What condition is it for? Enter name of condition in col. (c) and reask 3a.

(Besides the prescriptions you have already told me about)

4a. During the past two weeks did anyone in the family obtain any (other) medicine directly from a doctor to take at home? Y N (Table M)

b. What is the name of the medicine? Enter name of medicine in col. (b) of Table M and ask: What condition is it for? Enter name of condition in col. (c) and reask 4a.

TABLE M: Complete columns d-k as appropriate for each prescription listed. If none listed, go to next page.

Line	Ques. No.	Enter name of medicine.	Enter name of condition and reask part a of appropriate question.	Was the -- obtained last week or the week before?	How was this medicine obtained -- through a written prescription, a refill, a call to the pharmacist from the doctor, given by the doctor to take at home, or was it obtained in some other way?
	(a)	(b)	(c)	(d)	(e)
A	1	<input type="checkbox"/> DK		1 <input type="checkbox"/> Last week	1 <input type="checkbox"/> Written prescription
	2			2 <input type="checkbox"/> Week before	2 <input type="checkbox"/> Refill
	3			3 <input type="checkbox"/> In past 2 weeks, DK which	3 <input type="checkbox"/> Call to the pharmacist
	4			4 <input type="checkbox"/> In interview week (NM)	4 <input type="checkbox"/> Given by Dr. to take at home
	4		5 <input type="checkbox"/> Before 2 weeks (NM)	5 <input type="checkbox"/> Dr. recommended (not prescribed)	
				5 <input type="checkbox"/> Other - Specify _____	

TABLE M - Continued

Who was this prescribed for? Enter appropriate person number.	During the past 2 weeks, how many different times was this medicine obtained?	How much did or will you or your family pay for this medicine? If two or more times in col. (g), add: include the total amount for the -- times this medicine was obtained.	Did or will any other source pay any of the bill for this medicine?	What (other) source paid or will pay any part of this medicine?	What was the total cost of this medicine, including the amount to be paid by all sources?								
(f)	(g)	(h)	(i)	(j)	(k)								
Person No. _____	_____ Times	0000 <input type="checkbox"/> None (j) 9999 <input type="checkbox"/> DK <table border="1" style="width:100px; height:20px;"> <tr> <td style="width:50px;">Dollars</td> <td style="width:50px;">Cents</td> </tr> <tr> <td>\$</td> <td></td> </tr> </table>	Dollars	Cents	\$		1 Y 2 N (NM) 3 DK (k)	1 <input type="checkbox"/> Free from doctor (NM) 2 <input type="checkbox"/> Private health insurance 3 <input type="checkbox"/> Medicare 4 <input type="checkbox"/> Welfare (incl. Medicaid) 5 <input type="checkbox"/> Other - Specify _____	9999 <input type="checkbox"/> DK <table border="1" style="width:100px; height:20px;"> <tr> <td style="width:50px;">Dollars</td> <td style="width:50px;">Cents</td> </tr> <tr> <td>\$</td> <td></td> </tr> </table>	Dollars	Cents	\$	
Dollars	Cents												
\$													
Dollars	Cents												
\$													

SMOKING HABITS

FY 1965-66

Now I have a few questions about smoking -- For each person 17 years old or over, ask:		① <input type="checkbox"/> Under 17 years
18. a. Have you smoked at least one hundred cigarettes during your entire life? If "Yes," ask: b. During the period when you were smoking the most, how many cigarettes a day did you usually smoke?	a. <input type="checkbox"/> Yes <input type="checkbox"/> No (Go to 21) b. _____ per day OR _____ per week	
19. a. Do you smoke cigarettes now? If "Yes," ask questions 19b AND 19c. If "No," go to question 20: b. On the average, about how many cigarettes a day do you smoke? c. Twelve months ago, how many cigarettes a day were you smoking?	a. <input type="checkbox"/> Yes <input type="checkbox"/> No (Go to 20) b. _____ per day OR _____ per week <input type="checkbox"/> Same <input type="checkbox"/> Didn't smoke c. _____ per day OR _____ per week Go to question 21	
If "No" to question 19a, ask BOTH questions 20a AND 20b:		<input type="checkbox"/> None
20. a. On the average, about how many cigarettes a day were you smoking 12 months ago? b. How long has it been since you smoked cigarettes fairly regularly?	a. _____ per day OR _____ per week b. _____ months OR _____ years	
For each male 17 years old or over ask questions 21 AND 22:		<input type="checkbox"/> Fem. or under 17
21. a. Have you smoked at least 10 cigars during your entire life? b. Do you smoke cigars now? If "Yes" to 21b, ask: c. About how many cigars a day do you usually smoke? If "No" to 21b, ask: d. About how long has it been since you smoked 3 or more cigars a week?	a. <input type="checkbox"/> Yes <input type="checkbox"/> No (Go to 22) b. <input type="checkbox"/> Yes (Ask c) <input type="checkbox"/> No (Ask d) per day _____ OR per week _____ c. _____ per day OR _____ per week d. _____ months OR _____ years <input type="checkbox"/> NEVER smoked 3 or more a week	
22. a. Have you smoked at least 3 packages of pipe tobacco during your entire life? b. Do you smoke a pipe now? If "Yes" to 22b, ask: c. About how many pipefuls of tobacco a day do you usually smoke? If "No" to 22b, ask: d. About how long has it been since you smoked 3 or more pipefuls a week?	a. <input type="checkbox"/> Yes <input type="checkbox"/> No (STOP) b. <input type="checkbox"/> Yes (Ask c) <input type="checkbox"/> No (Ask d) per day _____ OR per week _____ c. _____ per day OR _____ per week d. _____ months OR _____ years <input type="checkbox"/> NEVER smoked 3 or more a week	

SMOKING PAGE

Person No. _____

Complete Smoking Page for each person 17+ years of age.

<p>Now, I have a few questions about smoking:</p>	
<p>1. Has --- smoked at least 100 cigarettes during his entire life?</p> <p>1 Y 2 N (11) 9 DK</p>	<p>11. Has --- smoked at least 50 cigars during his entire life?</p> <p>1 Y 2 N (17) 9 DK</p>
<p>2. Does --- smoke cigarettes now?</p> <p>1 Y (5) 2 N 9 DK</p>	<p>12. Does --- smoke cigars now?</p> <p>1 Y 2 N (14) 9 DK (14)</p>
<p>3. How long has it been since --- smoked cigarettes fairly regularly?</p> <p>___ No. of completed years (4,9) 98 <input type="checkbox"/> Never smoked regularly (11)</p> <p>99 <input type="checkbox"/> DK (8) 00 <input type="checkbox"/> Under 1 year (8)</p>	<p>13. About how many cigars a day does --- usually smoke?</p> <p>___ No. per day (15) If less than 1 per day:</p> <p>99 <input type="checkbox"/> DK (15) 96 <input type="checkbox"/> 3 to 6 per week (15)</p> <p>97 <input type="checkbox"/> Less than 3 per week</p>
<p>4. For years 1-10 ask: Which of these statements (Hand Card S) were reasons --- decided to stop smoking cigarettes? Please give me the number of any statement that applies. Circle number.</p> <p>1 2 3 4 5 6 7 8 9 10 11 12 13 (Specify) →</p> <p>Any other reason? _____</p> <p>If more than one circled, ask: What was the main reason --- decided to stop smoking cigarettes?</p> <p>Enter the number of the main reason _____ (9)</p>	<p>14. About how long has it been since --- smoked 3 or more cigars a week?</p> <p>___ No. of completed years (17) 00 <input type="checkbox"/> Under 1 year</p> <p>97 <input type="checkbox"/> Never smoked 3 or more per week (17) 99 <input type="checkbox"/> Don't know } (16)</p>
	<p>15. What size cigars does --- usually smoke: full-sized cigars, the small cigars sometimes called cigarillos, or the very small cigars about the size of a cigarette?</p> <p>1 <input type="checkbox"/> Full-sized 3 <input type="checkbox"/> Cigarette size</p> <p>2 <input type="checkbox"/> Cigarillos 9 <input type="checkbox"/> DK</p>
<p>5. On the average, about how many cigarettes a day does --- smoke?</p> <p>___ No. per day 99 DK</p>	<p>16. Twelve months ago, about how many cigars a day did --- usually smoke?</p> <p>___ No. per day If less than 1 per day:</p> <p>96 <input type="checkbox"/> 3 to 6 per week</p> <p>97 <input type="checkbox"/> Less than 3 per week</p> <p>99 <input type="checkbox"/> DK 98 <input type="checkbox"/> Did not smoke</p>
<p>6. What size cigarette does --- usually smoke: regular size, king size, or extra long?</p> <p>1 <input type="checkbox"/> Regular 2 <input type="checkbox"/> King Size 3 <input type="checkbox"/> Extra long 9 <input type="checkbox"/> DK</p>	<p>17. Has --- smoked at least 3 packages of pipe tobacco during his entire life?</p> <p>1 Y 2 N (22) 9 DK</p>
<p>7. Does --- usually smoke filter or nonfilter cigarettes?</p> <p>1 <input type="checkbox"/> Filter 2 <input type="checkbox"/> Nonfilter 9 <input type="checkbox"/> DK</p>	<p>18. Does --- smoke a pipe now?</p> <p>1 Y 2 N (20) 9 DK (20)</p>
<p>8. On the average, about how many cigarettes a day was --- smoking 12 months ago?</p> <p>___ No. per day 98 <input type="checkbox"/> Did not smoke 99 <input type="checkbox"/> DK</p>	<p>19. About how many pipefuls of tobacco a day does --- usually smoke?</p> <p>___ No. per day (21) If less than 1 per day:</p> <p>96 <input type="checkbox"/> 3 to 6 per week (21)</p> <p>97 <input type="checkbox"/> Less than 3 per week</p> <p>99 <input type="checkbox"/> DK (21)</p>
<p>9. During the period when --- was smoking the most, about how many cigarettes a day did he usually smoke?</p> <p>___ No. per day 99 DK</p>	<p>20. About h.w long has it been since --- smoked 3 or more pipefuls a week?</p> <p>___ No. of completed years (22) 00 <input type="checkbox"/> Under 1 year</p> <p>97 <input type="checkbox"/> Never smoked 3 or more per week (22) 99 <input type="checkbox"/> DK</p>
<p>10. About how old was --- when he first started smoking cigarettes fairly regularly?</p> <p>___ Age started smoking 98 <input type="checkbox"/> Never smoked regularly</p> <p>99 <input type="checkbox"/> DK</p>	<p>21. Twelve months ago, about how many pipefuls a day did --- usually smoke?</p> <p>___ No. per day If less than 1 per day:</p> <p>96 <input type="checkbox"/> 3 to 6 per week</p> <p>97 <input type="checkbox"/> Less than 3 per week</p> <p>99 <input type="checkbox"/> DK 98 <input type="checkbox"/> Did not smoke</p>
<p>INTERVIEWER CHECK ITEM</p> <p>Respondent for Q's. 1-22</p> <p>1 <input type="checkbox"/> Responded for self-entirely</p> <p>2 <input type="checkbox"/> Responded for self-partly Person _____ was resp.</p>	<p>22. Does --- presently use any other form of tobacco, such as snuff or chewing tobacco?</p> <p>1 <input type="checkbox"/> Snuff 4 <input type="checkbox"/> Other</p> <p>2 <input type="checkbox"/> Chewing tobacco 9 <input type="checkbox"/> DK</p> <p>3 <input type="checkbox"/> No <i>Fill Interviewer Check Item</i></p>

VISION IMPAIRMENT AND USE OF CORRECTIVE LENSES

FY 1963

Budget Bureau No. 68-R620.8; Approval Expires July 15, 1964

FORM NHS-HIS-1(b) (5-3-63)	U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="height: 20px;">Name of person</td> <td style="width: 10%;">Age</td> </tr> <tr> <td style="width: 15%;">PSU</td> <td style="width: 20%;">Segment</td> <td style="width: 15%;">Serial No.</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: center;">Sample B--</td> </tr> <tr> <td colspan="3" style="height: 20px;">Column number of person</td> </tr> <tr> <td colspan="3" style="text-align: center;"> <input type="checkbox"/> Responded for self OR </td> </tr> <tr> <td colspan="3" style="height: 20px;">Column number of respondent</td> </tr> </table>		Name of person		Age	PSU	Segment	Serial No.			Sample B--	Column number of person			<input type="checkbox"/> Responded for self OR			Column number of respondent		
Name of person		Age																			
PSU	Segment	Serial No.																			
		Sample B--																			
Column number of person																					
<input type="checkbox"/> Responded for self OR																					
Column number of respondent																					
<p>VISION SUPPLEMENT NATIONAL HEALTH SURVEY</p>																					
<p>INTERVIEWER: Complete either Section A or B</p> <p>Complete Section A (buff Pages 2-6), if:</p> <p>(a) Both "Yes" and "No" in answer to Columns (c), (d), and (e) of Table B OR</p> <p>(b) "Great deal" or "Some" in answer to Column (j) of Table B.</p> <p>Complete Section B (blue Pages 7-10), if:</p> <p>"No" in answer to all of Columns (c), (d), and (e) of Table B.</p>																					
<p>RESPONDENT RULES FOR VISION SUPPLEMENT</p> <p>If the person for whom the Vision Supplement is to be completed is an eligible respondent according to the regular eligible respondent rules, he is to respond for himself. If he is not at home or otherwise not available, make arrangements for a return call to interview him. (Two additional calls to contact him may be made.)</p> <p>If the person is not an eligible respondent, or is unable to respond for himself because of disability or illness, complete the interview with any eligible respondent for him.</p>																					
<p>EXCEPTION TO RESPONDENT RULES FOR VISION SUPPLEMENT</p> <p>If the person is an eligible respondent for himself, but definitely is not going to be available for interview at any time during interview week, complete the interview with any other eligible respondent for him. In such a case, explain the reason for the use of the other respondent in a footnote.</p>																					
Footnotes and comments																					
<p>RECORD OF RETURN CALLS TO COMPLETE SUPPLEMENT</p>	<input type="checkbox"/> None	Date Time	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">1</td> <td style="width: 10%;">Com- pleted</td> <td style="width: 25%;">2</td> <td style="width: 10%;">Com- pleted</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> </tr> </table>	1	Com- pleted	2	Com- pleted														
1	Com- pleted	2	Com- pleted																		
Name of interviewer			Code																		
<p>CONFIDENTIAL - This information is collected for the U.S. Public Health Service under authority of Public Law 652 of the 84th Congress (70 Stat. 489; 42 U.S.C. 305). All information which would permit identification of the individual will be held strictly confidential, 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 other purposes (22 FR 1687).</p>																					

Section A	
QUESTIONS	DEFINITIONS
<p>1a. Did your trouble with seeing come suddenly or did it come gradually?</p> <p><input type="checkbox"/> Suddenly</p> <p><input type="checkbox"/> Gradually</p> <p><input type="checkbox"/> At birth (Go to Question 2)</p>	<p>"Suddenly" would be either instantaneously or in a very short time, usually associated with an injury.</p>
<p>b. If "Suddenly" or "Gradually," ask:</p> <p>How old were you when your trouble with seeing FIRST began to interfere with your daily activities, that is, your work, recreation, education, or travel?</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin-left: 400px; display: flex; align-items: center; justify-content: center;"> Age </div> <p style="text-align: center; margin-left: 400px;">↓</p> <p style="text-align: center; margin-left: 400px;">(Under 17 - Go to Question 2)</p> <p><input type="checkbox"/> Never interfered (Go to Question 2)</p>	<p>"Daily activities" means the person's usual activities, depending on the age of the person at the time.</p>
<p>If age in 1b is 17 or over, ask:</p> <p>c. Were you working at a job or business before you began to have trouble with seeing?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>2. When were your eyes last examined by a physician eye specialist?</p> <p><input type="checkbox"/> During the past 12 months _____ Years <input type="checkbox"/> Never</p> <p>If person is wearing glasses mark this box <input type="checkbox"/> and ask 3b.</p> <p>If person is not wearing glasses, ask:</p> <p>3a. At the present time do you use any glasses -- that is, ordinary glasses or special glasses or lenses?</p> <p><input type="checkbox"/> Yes (Ask 3b) <input type="checkbox"/> No (Go to Question 4)</p>	<p>If over 12 months, round to nearest year; round 1/2 years upward, e.g., "1 1/2" years should be recorded as "2" years.</p>
<p>If "Yes" or if person is wearing glasses, ask:</p> <p>b. What types of glasses do you use or wear?</p> <p><input type="checkbox"/> Ordinary glasses for distance and for reading</p> <p><input type="checkbox"/> Ordinary glasses for distance alone</p> <p><input type="checkbox"/> Ordinary glasses for reading alone</p> <p><input type="checkbox"/> Spectacles with strong reading additions (such as bifocals)</p> <p><input type="checkbox"/> Hand magnifying lenses</p> <p><input type="checkbox"/> Protection glasses (dark or frosted)</p> <p><input type="checkbox"/> Any other type (Specify) _____</p> <p>_____</p> <p>_____</p>	<p>Mark each type reported. If unable to classify by type, mark last box and describe.</p>
Footnotes and comments	

QUESTIONS	DEFINITIONS
<p>4. Do you see things as if you were looking through a tube or a gun barrel?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Persons with this type of visual defect ("Tunnel Vision") will understand the question</p>
<p>5a. Because of your trouble seeing, do you ever use any aids either in getting around the house or in traveling outside the house; such as a cane, guide dog, or a person with sight?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (Go to Question 6)</p> <p><i>If "Yes," ask:</i></p> <p>b. Which do you use? (Mark each one mentioned)</p> <p><input type="checkbox"/> A cane (If marked ask Question 5b(1))</p> <p><input type="checkbox"/> A guide dog (If marked ask Question 5b(2))</p> <p><input type="checkbox"/> A person with sight</p> <p><input type="checkbox"/> Other (Specify) _____</p> <p>_____</p> <p>_____</p>	
<p><i>If cane used, ask:</i></p> <p>(1) Have you ever had any special instructions in using or getting around with a cane?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If guide dog used, ask:</i></p> <p>(2) Have you ever had any special instructions in traveling with guide dogs?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>"Special instructions" means training by a trained instructor</p>
<p>6a. Have you ever heard of talking book records?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (Go to Question 7)</p> <p><i>If "Yes," ask:</i></p> <p>b. At the present time are you getting talking book records of any kind through the mail?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If the supplement person is a child, 6a refers to whether the respondent ever heard of talking book records; 6b to whether the child is receiving them.</p>
<p>7a. Have you ever had any instruction in reading braille?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (Go to Question 8)</p> <p><i>If "Yes," ask:</i></p> <p>b. Can you read braille?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (Go to Question 8)</p> <p><i>If "Yes," ask:</i></p> <p>c. At the present time are you reading books in braille?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Footnotes and comments</p>	

QUESTIONS		DEFINITIONS
8a. During an average week, about how many hours do you spend watching or listening to television? <input type="checkbox"/> Don't watch or listen (Go to Question 9)	No. of hours	If answer is not reported in hours, convert to hours. "An average week" is whatever the person considers to be a typical week.
If some hours reported, ask: b. When you are watching television, how close to the screen do you have to sit in order to see the picture? <input type="checkbox"/> Only listen	No. of feet (Approximately)	If the answer is "Quite close" or something similar, ask about how many feet that would be.
9. During an average week, about how many hours do you spend listening to the radio? <input type="checkbox"/> Don't listen	No. of hours	If answer is not reported in hours, convert to hours. "An average week" is whatever the person considers to be a typical week.
10a. During an average week, about how many hours do you spend reading or listening to books? <input type="checkbox"/> None (Ask 10b) If "None," ask: b. Is this because of your trouble with seeing? <input type="checkbox"/> Yes <input type="checkbox"/> No	No. of hours ↓ (Go to Question 11)	Include printed books, books in braille and recorded books. Do not include time spent reading comic books, magazines or newspapers. If answer is not reported in hours, convert to hours.
11. Do you attend any school or take any courses? <input type="checkbox"/> Yes <input type="checkbox"/> No		Include correspondence courses and night school. Report students on summer vacation as "Yes."
INTERVIEWER, MARK ONE BOX. <input type="checkbox"/> Person is under 17 years of age (Skip to Question 20) <input type="checkbox"/> Person is 17 years old or over (Continue with Question 12)		
12. Because of your trouble with seeing have you ever had any special vocational or job training? <input type="checkbox"/> Yes <input type="checkbox"/> No		Training received through any formal program designed to aid or rehabilitate persons with visual defects.
13a. Do you have a job or business? <input type="checkbox"/> Yes <input type="checkbox"/> No (Go to Question 14) If "Yes," ask: b. What kind of work are you doing? c. What kind of business or industry is this?	Occupation Industry	Accept the person's answers to Questions 13b and c without probing. Examples: Farmer, seamstress, sales clerk. Examples: Farm, dress manufacturing, candy and tobacco stand.
d. Class of worker: (Mark one box) If not indicated by entries in (b) and (c), ask additional questions. <input type="checkbox"/> Private - paid (works for private concern) <input type="checkbox"/> Own (owns or shares ownership in own business) <input type="checkbox"/> Federal Government <input type="checkbox"/> Government - other than Federal <input type="checkbox"/> Non-paid (works only for room and board, etc.)		
e. On the whole, would you say you are very satisfied with your present job, fairly satisfied or not satisfied at all? <input type="checkbox"/> Very satisfied <input type="checkbox"/> Fairly satisfied <input type="checkbox"/> Not satisfied at all		Mark the box for the statement most nearly corresponding to the person's answer.
Footnotes and comments		

QUESTIONS		DEFINITIONS
<p>14a. On the average, about how many hours a week do you spend visiting with friends, either in your home or theirs?</p> <p><input type="checkbox"/> Don't visit</p> <p>b. Has your trouble with seeing made any difference at all in how often you get together with friends?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>No. of hours</p>	<p>Include time spent in physical visits only, not telephone conversations.</p> <p>If answer is not in hours, convert to hours.</p>
<p>15a. Do you belong to any clubs or organizations?</p> <p><input type="checkbox"/> Yes (Ask 15b) <input type="checkbox"/> No (Ask 15c)</p> <p>If "Yes" to Question 15a, ask:</p> <p>b. Has your trouble with seeing made any difference at all in your activity in clubs or organizations?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "No" to Question 15a, ask:</p> <p>c. Is this because of your trouble with seeing?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p>Include any social, civic, fraternal, or religious organizations.</p>
<p>16. Do you go to stores to do any shopping for yourself or your household?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If person lives with related member(s), skip to Question 18.</p> <p>If person does not live with any related member(s), ask:</p> <p>17a. Do you have any relatives who live within ten miles of your home?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. About how often do you visit with your relatives, either in your home or theirs?</p> <p><input type="checkbox"/> Every day <input type="checkbox"/> At least once a week <input type="checkbox"/> At least once a month <input type="checkbox"/> Other (Specify) _____</p> <p>c. Do you own your own home, rent or board?</p> <p><input type="checkbox"/> Owns <input type="checkbox"/> Boards <input type="checkbox"/> Rents <input type="checkbox"/> Other (Specify) _____</p>		<p>Either alone or with someone else.</p> <p>17c refers to sample unit, i.e., person's present living quarters.</p>
<p>18. How long have you lived at your present address?</p> <p><input type="checkbox"/> Less than a year <input type="checkbox"/> One year but less than two <input type="checkbox"/> Two years but less than five <input type="checkbox"/> Five years but less than ten <input type="checkbox"/> Ten years or over</p>		
Footnotes and comments		

QUESTIONS	DEFINITIONS
<p>19. How long have you lived in _____ (this area)? (City or town)</p> <p><input type="checkbox"/> Less than a year</p> <p><input type="checkbox"/> One year but less than two</p> <p><input type="checkbox"/> Two years but less than five</p> <p><input type="checkbox"/> Five years but less than ten</p> <p><input type="checkbox"/> Ten years or over</p>	<p>Insert name of city or town -- if in rural area, substitute "this area."</p>
<p>20. Because of your trouble with seeing, are you presently receiving any financial help or other services from public or private agencies?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Include all types of services, such as, aid in shopping, receipt of free recorded books, etc.</p>
<p>Footnotes and comments</p>	

Section B	
QUESTIONS	DEFINITIONS
<p>1. Can you see well enough to tell if a light is on or off?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>2a. Did your trouble with seeing come suddenly or did it come gradually?</p> <p><input type="checkbox"/> Suddenly <input type="checkbox"/> Gradually <input type="checkbox"/> At birth (Skip to Question 5)</p> <hr/> <p>If "Suddenly" or "Gradually," ask:</p> <p>b. How old were you when your trouble with seeing FIRST began to interfere with your daily activities, that is, your work, recreation, education, or travel?</p> <div style="border: 1px solid black; width: fit-content; padding: 2px; margin-left: 400px;">Age (years)</div> <div style="border: 1px solid black; width: fit-content; padding: 5px; margin-left: 200px; margin-top: 20px;"> <p>If age in Question 2b is: under 6, go to Question 3; 17 or over, skip to Question 4; 6-16, skip to Question 5.</p> </div>	<p>"Suddenly" would be either instantaneously or in a very short time, usually associated with an injury.</p> <p>"Daily activities" means the person's usual activities, depending on the age of the person at the time.</p>
<p>If age in Question 2b is under 6, ask:</p> <p>3a. Could you see anything besides light when you were an infant?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (Skip to Question 5)</p> <hr/> <p>If "Yes," ask:</p> <p>b. Do you remember seeing colors?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <hr/> <p>c. Do you remember seeing moving objects or people's features?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(Skip to Question 5)</p>	
<p>If age in Question 2b is 17 or over, ask:</p> <p>4. Were you working at a job or business before you began to have trouble with seeing?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>5. When were your eyes last examined by a physician eye specialist?</p> <p><input type="checkbox"/> During the past 12 months _____ Years <input type="checkbox"/> Never</p>	<p>If over 12 months, round to nearest year; round 1/2 years upward, e.g., "1 1/2" years should be recorded as "2" years.</p>
Footnotes and comments	

QUESTIONS	DEFINITIONS
<p>6a. Because of your trouble seeing, do you ever use any aids either in getting around the house or in traveling outside the house; such as a cane, guide dog, or a person with sight?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (Go to Question 7)</p> <hr/> <p>If "Yes," ask:</p> <p>b. Which do you use? (Mark each one mentioned)</p> <p><input type="checkbox"/> A cane (If marked, ask Question 6b(1))</p> <p><input type="checkbox"/> A guide dog (If marked, ask Question 6b(2))</p> <p><input type="checkbox"/> A person with sight</p> <p><input type="checkbox"/> Other (Specify) _____</p> <hr/> <p>If cane used, ask:</p> <p>(1) Have you ever had any special instructions in using or getting around with a cane?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If guide dog used, ask:</p> <p>(2) Have you ever had any special instructions in traveling with guide dogs?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>"Special instructions" means training by a trained instructor.</p>
<p>7a. Have you ever heard of talking book records?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (Go to Question 8)</p> <hr/> <p>If "Yes," ask:</p> <p>b. At the present time are you getting talking book records of any kind through the mail?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If the supplement person is a child, 7a refers to whether the respondent ever heard of talking book records; 7b to whether the child is receiving them.</p>
<p>8a. Have you ever had any instructions in reading braille?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (Go to Question 9)</p> <hr/> <p>If "Yes," ask:</p> <p>b. Can you read braille?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (Go to Question 9)</p> <hr/> <p>If "Yes," ask:</p> <p>c. At the present time are you reading books in braille?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>9. During an average week, about how many hours do you spend reading or listening to books?</p> <p><input type="checkbox"/> None</p>	<p>No. of hours</p> <p>"An average week" is whatever the person considers to be a typical week.</p> <p>Include books in braille, recorded books and printed books read by or to the person, but not including magazines or newspapers. If answer not reported in hours, convert to hours.</p>
<p>10. During an average week, about how many hours do you spend listening to the radio or television?</p> <p><input type="checkbox"/> Don't listen</p>	<p>No of hours</p> <p>If answer not reported in hours, convert to hours.</p>
<p>Footnotes and comments</p>	

QUESTIONS	DEFINITIONS
<p>11. Do you attend any school or take any courses? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Include correspondence courses and night school. Report students on summer vacation as "Yes."</p>
<p><i>INTERVIEWER, MARK ONE BOX.</i> <input type="checkbox"/> Person is under 17 years of age (Skip to Question 20) <input type="checkbox"/> Person is 17 years old or over (Continue with Question 12)</p>	
<p>12. Because of your trouble with seeing have you ever had any special vocational or job training? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Training received through any formal program designed to aid or rehabilitate persons with visual defects.</p>
<p>13a. Do you have a job or business? <input type="checkbox"/> Yes <input type="checkbox"/> No (Go to Question 14)</p>	<p>Accept the person's answers to Questions 13b and c without probing.</p>
<p><i>If "Yes," ask:</i> b. What kind of work are you doing?</p>	<p>Occupation Examples: Farmer, seamstress, sales clerk.</p>
<p>c. What kind of business or industry is this?</p>	<p>Industry Examples: Farm, dress manufacturing, candy and tobacco stand.</p>
<p>d. Class of worker: (Mark one box) If not indicated by entries in (b) and (c), ask additional questions. <input type="checkbox"/> Private - paid (works for private concern) <input type="checkbox"/> Own (owns or shares ownership in own business) <input type="checkbox"/> Federal Government <input type="checkbox"/> Government - other than federal <input type="checkbox"/> Non-paid (works only for room and board, etc.)</p>	
<p>e. On the whole, would you say you are very satisfied with your present job, fairly satisfied or not satisfied at all? <input type="checkbox"/> Very satisfied <input type="checkbox"/> Fairly satisfied <input type="checkbox"/> Not satisfied at all</p>	<p>Mark the box for the statement most nearly corresponding to the person's answer.</p>
<p>14a. On the average, about how many hours a week do you spend visiting with friends, either in your home or theirs? <input type="checkbox"/> Don't visit</p>	<p>No. of hours Include time spent in physical visits only, not telephone conversations.</p>
<p>b. Has your trouble with seeing made any difference at all in how often you get together with friends? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>15a. Do you belong to any clubs or organizations? <input type="checkbox"/> Yes (Ask 15b) <input type="checkbox"/> No (Ask 15c)</p>	<p>Include any social, civic, fraternal, or religious organizations.</p>
<p><i>If "Yes" to Question 15a, ask:</i> b. Has your trouble with seeing made any difference at all in your activity in clubs or organizations? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p><i>If "No" to Question 15a, ask:</i> c. Is this because of your trouble with seeing? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Footnotes and comments</p>	

QUESTIONS	DEFINITIONS
<p>16. Do you go to stores to do any shopping for yourself or your household?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Either alone or with someone else.</p>
<p><i>If person lives with related member(s), skip to Question 18.</i></p> <p><i>If person does not live with any related member(s), ask:</i></p> <p>17a. Do you have any relatives who live within ten miles of your home?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>b. About how often do you visit with your relatives, either in your home or theirs?</p> <p><input type="checkbox"/> Every day</p> <p><input type="checkbox"/> At least once a week</p> <p><input type="checkbox"/> At least once a month</p> <p><input type="checkbox"/> Other (Specify) _____</p>	
<p>c. Do you own your own home, rent or board?</p> <p><input type="checkbox"/> Owns <input type="checkbox"/> Boards</p> <p><input type="checkbox"/> Rents <input type="checkbox"/> Other (Specify) _____</p>	<p>17c refers to sample unit, i.e., person's present living quarters.</p>
<p>18. How long have you lived at your present address?</p> <p><input type="checkbox"/> Less than a year</p> <p><input type="checkbox"/> One year but less than two</p> <p><input type="checkbox"/> Two years but less than five</p> <p><input type="checkbox"/> Five years but less than ten</p> <p><input type="checkbox"/> Ten years or over</p>	
<p>19. How long have you lived in _____ (this area)? (City or town)</p> <p><input type="checkbox"/> Less than a year</p> <p><input type="checkbox"/> One year but less than two</p> <p><input type="checkbox"/> Two years but less than five</p> <p><input type="checkbox"/> Five years but less than ten</p> <p><input type="checkbox"/> Ten years or over</p>	<p>Insert name of city or town -- if in rural area, substitute "this area!"</p>
<p>20. Because of your trouble with seeing, are you presently receiving any financial help or other services from public or private agencies?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Include all types of services, such as, aid in shopping, receipt of free recorded books, etc.</p>
<p>Footnotes and comments</p>	

EYEGLASS PAGE Item 0. These next questions are about eyeglasses and contact lenses. Does -- have eyeglasses or contact lenses? (Mark for each person.)

Person 01	Person 02	Person 03	Person 04	Person 05	Person 06	Person 07	Person 08	Person 09	Person 10
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
<input type="checkbox"/> Und 3	<input type="checkbox"/> Und 3	<input type="checkbox"/> Und 3	<input type="checkbox"/> Und 3	<input type="checkbox"/> Und 3	<input type="checkbox"/> Und 3	<input type="checkbox"/> Und 3	<input type="checkbox"/> Und 3	<input type="checkbox"/> Und 3	<input type="checkbox"/> Und 3

Item 0 must be asked for all persons 3 years old or over. If under 3 years old or over, if under 3 years mark the "under 3" circle.

FILL ONE EYEGLASS PAGE (QUESTIONS 1-6) FOR EACH PERSON WITH "YES" MARKED IN ITEM 0 FOR EYEGLASSES OR CONTACT LENSES

1. Person number Write in and mark

2. Which does -- have: eyeglasses, contact lenses or both? Eyeglasses Contact lenses Both V

3a. Are any of -- eyeglasses (or contact lenses) prescribed for reading and close work? Yes No V

3b. Are any of -- eyeglasses (or contact lenses) prescribed for seeing distant objects better? Yes No V

If "No" to both 3a and 3b, ask 3c.

3c. What are his eyeglasses (or contact lenses) prescribed for? Or V

If "Yes" in 3a only, ask 4a.

4a. How often does -- use his eyeglasses (and contact lenses) while reading or doing close work: All of the time, most of the time, hardly ever, or never? All Most Hardly Never V

If "Yes" in 3b only, ask 4b.

4b. How often does -- use his eyeglasses (and contact lenses) for seeing distant objects: All of the time, most of the time, hardly ever, or never? All Most Hardly Never V

For any other combination of entries in 3a, and 3b, ask 4c.

4c. How often does -- use his eyeglasses (and contact lenses): All of the time, most of the time, hardly ever, or never? All Most Hardly Never V

Question 5 refers to the FIRST visual aid (eyeglasses or contact lenses) that the person got.

5. About how old was -- when he got his FIRST pair of eyeglasses (or contact lenses)? Write in and mark V

Question 6 refers to the LAST visual aid (eyeglasses or contact lenses) that the person got.

6. Did -- obtain his LAST pair of eyeglasses (or contact lenses) during the last 2 years or before that time? During last 2 years -- Ask 6b
More than 2 years -- Stop (D)

Ask 6b, c, and d for all persons examined for eyeglasses during past 2 years.

6a. Who examined -- for those eyeglasses (or contact lenses)? Not examined - STOP (D)

Name of doctor or person

6b. Where was he examined?

Name of place

Kind of place

Street address

City State

6c. Is the doctor (person) who examined -- an ophthalmologist or an optometrist?

Ophthalmologist (1)
 Optometrist (4)
 Other (Describe)

WASHINGTON USE ONLY

6

V

FILL AFTER COMPLETING INTERVIEW.

Item V:

Not verifiable because --

- Address in SC not in local area (V)
- Name not listed in local directory (6)
- No entry of name in 6b (V)

Verified and listed as --

- Optometrist (4)
- Ophthalmologist (MD) (1)
- General Practitioner (MD) (2)
- Other specialist (MD) (2)
- MD, but specially DK (3)
- "Doctor" but DK whether MD or Optometrist (5)
- Other Specify

37a. Does anyone in the family use --
If "Yes," ask b and c

1. Contact lenses? . . Y N 1 2 3 4 5 6 7 8 9 10

b. Who is this? Circle person's number

2. Eyeglasses? . . . Y N 1 2 3 4 5 6 7 8 9 10

c. Anyone else?

3. A hearing aid? . . . Y N 1 2 3 4 5 6 7 8 9 10

For "hearing aid," with no hearing problem reported, ask:
For what condition does he need this?
Enter condition in item C

X-RAY VISITS

FY 1961

X-RAY QUESTIONS

21. (a) We are interested in all kinds of X-rays - Did you have your teeth X-rayed during the past 3 months-- (that is, from-- through last Sunday)? If "Yes," (b) How many times?	<input type="checkbox"/> Yes <input type="checkbox"/> No No. of times _____
22. During the past 3 months did you have a CHEST X-ray?	<input type="checkbox"/> Yes-Chest <input type="checkbox"/> No
23. (a) Did you have any (other) kind of X-ray at all during the past 3 months? If "Yes," (b) What part of the body was X-rayed?	<input type="checkbox"/> Yes <input type="checkbox"/> No Part(s) of body: _____
24. (a) During the past 3 months, did anyone in the family have any X-rays for the treatment of a condition? If "Yes," (b) What part of the body was treated? (c) Was this included in the X-ray(s) you told me about before?	<input type="checkbox"/> Yes <input type="checkbox"/> No Part(s) of body: _____ ----- <input type="checkbox"/> Yes <input type="checkbox"/> No
25. (a) Did anyone in the family have a fluoroscope during the past 3 months? If "Yes," (b) What part of the body was this for? (c) Was this included in the X-ray(s) you told me about before?	<input type="checkbox"/> Yes <input type="checkbox"/> No Part(s) of body: _____ ----- <input type="checkbox"/> Yes <input type="checkbox"/> No

Table X - FILL ONE LINE FOR EACH PART OF BODY ENTRY FROM QUESTIONS 22-25

Line number	Col. No. of person	Question No.	Part of body	How many different times did you have your... X-rayed during the past 3 months?	Where did you have the X-ray(s)? How many X-rays were at the (hospital, doctor's office, etc.)?	What was this X-ray(s) for-- a check-up or an examination or for treatment?	If "both" in col. (f) ask: How many of these... X-ray(s) were for treatment?	If "both" or "treatment" in col. (f) ask: For what condition were you being treated?
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	
1					Hospital _____ Dr. office _____ Other _____	<input type="checkbox"/> Check-up/examination <input type="checkbox"/> Treatment <input type="checkbox"/> Both		

A. PSU No.	B. Segment No.	C. Serial No.	E. 3-month reference period FROM _____ TO _____	G. Telephone No. OR <input type="checkbox"/> No telephone	Name (1) Mr. Mrs. Miss Relationship Head Age Race <input type="checkbox"/> White <input type="checkbox"/> Negro <input type="checkbox"/> Other Sex M F
D. Interview status <input type="checkbox"/> Interview (Fill items E, F, and G) <input type="checkbox"/> Noninterview (Specify type) <input type="checkbox"/> Type A <input type="checkbox"/> Type B <input type="checkbox"/> Type C			F. Address of sample unit (Item 2(b) or (a) of NHS-HIS-1) _____ City _____ State _____		

X-RAY QUESTIONS

1. (Exposure to all kinds of X-rays is a matter of particular interest to the Public Health Service, and I have a few final questions about X-rays and fluoroscopes.) Did you have your teeth X-rayed during the past 3 months (that is from _____ through last Sunday)? (If "Yes," check the "Yes" box and enter "Teeth.")	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. During the past 3 months did you have a chest X-ray? (If "Yes," check the "Yes" box and enter "Chest.")	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. (a) Did you have any (other) kind of X-ray at all during the past 3 months? If "Yes," ask: (b) What part of the body was X-rayed? (Enter part of body in person's column)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. (a) Did you have a fluoroscope during the past 3 months? If "Yes," ask: (b) What part of the body was it for? (Enter part of body in person's column) If "X-rays" in question 2 or 3 for the person, ask: (c) Was this included in the X-rays you told me about before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. (a) Did anyone in the family, that is, you, your --, etc., have any X-rays for the TREATMENT of a condition during the 3-month period from _____ through last Sunday night? If "Yes," ask: (b) Who was this? (c) What part of the body was treated? (Enter part of body in person's column) If X-rays in questions 2-4 for the person, ask: (d) Was this included in the X-rays you told me about before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. What is your height and weight?	Height (Feet) _____ (Inches) _____	Weight (Pounds) _____ (1)

Table X - FILL ONE LINE FOR EACH "PART OF BODY" ENTRY FROM QUESTIONS 1-5

Line number	Col. No. of person	Question No.	Part of body	How many different times did you have your -- X-rayed during the past 3 months?	For dental X-rays, ask: Where did you have the X-rays taken -- at the dentist's office, or some other place? For X-rays other than dental, ask: Where did you have the X-rays taken -- at the doctor's office, a hospital, or some other place? (If "Some other place," determine place.) If more than one place given and more than one X-ray taken, ask: How many X-rays were taken at the (hospital, doctor's office, etc.)?	What is the name and address of the (dentist, doctor, hospital, etc.) where the X-rays were taken? INTERVIEWER - For X-rays taken at hospitals, clinics, etc., ALSO enter the name of the doctor. For X-rays taken at mobile units, enter: "Mobile unit" on name line; location of unit at time of X-ray on address line; and name and address of sponsoring organization and date of X-ray in footnote. Verify name and address in telephone directory. Enter the telephone number. Check "Verified" box. If unable to verify, give reason in a footnote.
(a)	(b)	(c)	(d)	(e)	(f)	
1				_____ Times	<input type="checkbox"/> Dentist's office (Times) <input type="checkbox"/> Doctor's office (Times) <input type="checkbox"/> Hospital (Times) <input type="checkbox"/> Other (Specify) (Times)	Name and title _____ Address _____ City _____ State _____ Telephone No. _____ <input type="checkbox"/> Verified
2				_____ Times	<input type="checkbox"/> Dentist's office (Times) <input type="checkbox"/> Doctor's office (Times) <input type="checkbox"/> Hospital (Times) <input type="checkbox"/> Other (Specify) (Times)	Name and title _____ Address _____ City _____ State _____ Telephone No. _____ <input type="checkbox"/> Verified
3				_____ Times	<input type="checkbox"/> Dentist's office (Times) <input type="checkbox"/> Doctor's office (Times) <input type="checkbox"/> Hospital (Times) <input type="checkbox"/> Other (Specify) (Times)	Name and title _____ Address _____ City _____ State _____ Telephone No. _____ <input type="checkbox"/> Verified

Use reverse side if more lines are needed.

INTERVIEWER - Ask after completing Table X for all related persons with X-rays.
 7. May we contact the (doctor, dentist, hospital, etc.) you have mentioned to obtain additional information about the X-rays?
 (Present form for signature) Will you please sign this form? Signed Not signed (Enter reason)

TABLE X - Continued

INTERVIEWER - DO NOT ASK FOR DENTAL X-RAYS				Line number
What was this X-ray for - A checkup or an examination or for a treatment? (g)	If "Both" in column (g), ask: How many of these -- X-rays were for treatment? (h)	If "Treatment" or "Both" in column (g), ask: For what condition were you being treated? (Enter condition) (i)	INTERVIEWER - Ask for each person with 2 or more lines in Table X after all X-rays have been recorded for a person. (DO NOT include dental X-rays in number of X-ray visits.) Altogether you had -- X-rays during the past 3 months. How many separate visits did you make to have these -- X-rays? (j)	
<input type="checkbox"/> Checkup/Examination <input type="checkbox"/> Treatment (Skip to column (i)) <input type="checkbox"/> Both (Ask columns (h) and (i))	_____		_____	1
<input type="checkbox"/> Checkup/Examination <input type="checkbox"/> Treatment (Skip to column (i)) <input type="checkbox"/> Both (Ask columns (h) and (i))	_____		_____	2
<input type="checkbox"/> Checkup/Examination <input type="checkbox"/> Treatment (Skip to column (i)) <input type="checkbox"/> Both (Ask columns (h) and (i))	_____		_____	3
8. INTERVIEWER - After completing X-ray Supplement, check appropriate box.			FOOTNOTES	
<input type="checkbox"/> No X-rays reported X-rays reported and <input type="checkbox"/> No problems (release signed, no missing information, etc.) <input type="checkbox"/> Problems (release not signed, missing information, etc.) (Enter problem in footnote.)				

CY 1970 (April-September)

Exposure to all kinds of X-rays is a matter of particular interest to the Public Health Service, and I have some questions about X-rays and fluoroscopes.

39a. Did anyone in the family have his teeth X-rayed during the past 3 months, that is from _____ (date) _____ through last Sunday? Y N (40)

b. Who was this? Mark "Dental" in person's column c. Anyone else?

40a. During the past 3 months did anyone in the family have a chest X-ray? Y N (41)

b. Who was this? Mark "Chest" in person's column c. Anyone else?

41a. Did -- have any (other) kind of X-ray at all during the past 3 months? If "Yes," ask:
 b. What part of the body was X-rayed? Enter part of body in person's column 41a, c. Y N (NP)
 c. Did -- have any other X-ray during the past 3 months? b. _____
 Part of body

42a. Did -- have a fluoroscope during the past 3 months? If "Yes," ask:
 b. What part of the body was it for? Enter part of body in person's column 42a, c. Y N (NP)
 c. Did -- have any other fluoroscope during the past 3 months? b. _____
 Part of body

43a. During those 3 months, did anyone in the family have any X-rays for the TREATMENT of a condition? Y N (43d,44)

b. Who was this? Mark "Treatment" in person's column c. Anyone else?

d. What part of the body was treated? Enter part of body in person's column 43b. Treatment
d. _____
 Part of body

For each person with X-rays, fluoroscopes, or treatment in 39-43, ask:

44. What is --'s height and weight? 44. Feet Height Inches Weight (Lbs.)

Table R - FILL ONE LINE FOR EACH "PART OF BODY" ENTRY FROM QUESTIONS 39-43

Line number	Col. No. of person	Question No.	Part of body	How many different times did -- have his . . . X-rayed during the past 3 months?	For dental X-rays, ask: Where did he have the X-rays taken - at a dentist's office or some other place? For X-rays other than dental, ask: Where did he have the X-rays taken - at a doctor's office, a hospital, or some other place? (If "Some other place," determine place.) If more than one place given, ask for each place: How many X-rays were taken at the (hospital, doctor's office, etc.)?	If more than one time at any one place, ask: Were all these X-rays taken at the same (dentist's office, doctor's office, etc.)?	What is the name and address of the (dentist, doctor, hospital, etc.) where the X-rays were taken? For X-rays taken at hospitals, clinics, or similar places, ALSO enter the name of the doctor who took the X-rays. For X-rays taken at mobile units, enter: "Mobile unit" on name line; location of unit at time of X-ray on address line; and name and address of sponsoring organization and date of X-ray in footnote. Verify name and address in telephone directory. Check "Verified" box. If unable to verify, give reason in a footnote. Enter the telephone number if available.
(a)	(b)	(c)	(d)	(e)	(f)	(g)	
1				_____ Times	<input type="checkbox"/> Dentist's office Times <input type="checkbox"/> Doctor's office Times <input type="checkbox"/> Hospital Times <input type="checkbox"/> Other (Specify) Times	Y	Name and title _____ Address _____ City _____ State _____ ZIP code _____ <input type="checkbox"/> Verified Telephone No. _____
2				_____ Times	<input type="checkbox"/> Dentist's office Times <input type="checkbox"/> Doctor's office Times <input type="checkbox"/> Hospital Times <input type="checkbox"/> Other (Specify) Times	Y	Name and title _____ Address _____ City _____ State _____ ZIP code _____ <input type="checkbox"/> Verified Telephone No. _____
3				_____ Times	<input type="checkbox"/> Dentist's office Times <input type="checkbox"/> Doctor's office Times <input type="checkbox"/> Hospital Times <input type="checkbox"/> Other (Specify) Times	Y	Name and title _____ Address _____ City _____ State _____ ZIP code _____ <input type="checkbox"/> Verified Telephone No. _____

45. Ask after completing Table R for all related persons with X-rays. May we contact the (doctor, dentist, hospital, etc.) you have mentioned to obtain additional information about the X-rays? Signed Not signed (Enter reason)
 (Present form for signature) Will you please sign this form?

Table R - Continued

Use for additional name and address	DO NOT ASK FOR DENTAL X-RAYS		
(g)	What was this X-ray for - a checkup, an examination, or for a treatment?	How many of these -- X-rays were for treatment?	Ask for each person with 2 or more lines in Table R after all X-rays have been recorded for a person. DO NOT include dental X-rays in number of visits. (Not counting his dental X-rays) Altogether he had -- X-rays during the past 3 months. How many separate visits did he make to have these -- X-rays?
	(h)	(i)	(k)
Name and title _____	<input type="checkbox"/> Checkup/Examination (k) <input type="checkbox"/> Treatment (k) <input type="checkbox"/> Both (l)	_____ Number	_____ Number of visits
Address _____			
City _____ State _____ ZIP code _____			
<input type="checkbox"/> Verified Telephone No. _____			



APPENDIX II

ONE-TIME OR SINGLE SUPPLEMENTS

ACUTE CONDITIONS: CY 1973 and 1974

O.M.B. No. 68-R1600; Approval Expires March 31, 1975

<p>FORM HIS-1A (1974) (10-11-73)</p> <p style="text-align: center;">U.S. DEPARTMENT OF COMMERCE SOCIAL AND ECONOMIC STATISTICS ADMINISTRATION BUREAU OF THE CENSUS ACTING AS COLLECTING AGENT FOR THE U.S. PUBLIC HEALTH SERVICE</p> <p style="text-align: center;">U.S. HEALTH INTERVIEW SURVEY CONDITION SUPPLEMENT (Medically Attended)</p>		<p>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.</p>					
		a. PSU	b. Segment number	c. Serial number	d. Sample	e. Person number	f. Sample person
						1 Y	2 N
		g. Name of condition			h. Name of person		
<p>i. Determine if eligible respondent is available:</p> <p style="text-align: right;"> <input type="checkbox"/> Eligible respondent available <input type="checkbox"/> Telephone call or return visit required (A5, Condition page) </p>							
j. RECORD OF TELEPHONE CALLS ONLY					k. Reason for noninterview		
	Date	Beginning time	Ending time	Completed	<p>1 <input type="checkbox"/> Refused</p> <p>2 <input type="checkbox"/> Not at home - repeated calls</p> <p>3 <input type="checkbox"/> Temporarily absent</p> <p><input type="checkbox"/> Other (Specify) _____</p>		
1		a.m. p.m.	a.m. p.m.				
2		a.m. p.m.	a.m. p.m.				
3		a.m. p.m.	a.m. p.m.				
4		a.m. p.m.	a.m. p.m.				
5		a.m. p.m.	a.m. p.m.				
<p>INTRODUCTION: In an interview at your household today (earlier this week) it was reported that you recently had The following questions refer to that condition.</p> <p style="text-align: center;">1 <input type="checkbox"/> Respondent denies having condition (RA)</p>							
<p>Footnotes</p>							

18a. During this visit on <u>(date)</u> , did the doctor prescribe or advise you to get any medicine for this . . . ?	1 Y 2 N(19)
b. Did you get this medicine?	0 Y(19) N
c. Why not?	_____
19a. During this visit did the doctor refer you to another doctor?	1 Y 2 N(28)
b. Did or will you see this other doctor?	1 Y(28) 2 N 9 DK
c. Why not?	_____ _____ (28)
20. Had you ever gone to this doctor or place before this call?	1 Y 2 N
21. How did you choose this doctor or place – through another doctor, a relative or friend, a medical bureau, from a telephone directory, or in some other way?	1 <input type="checkbox"/> Another doctor 2 <input type="checkbox"/> Relative/friend 3 <input type="checkbox"/> Medical bureau 4 <input type="checkbox"/> Telephone directory <input type="checkbox"/> Other – Specify <u> P </u>
22a. Is this doctor or place you called on <u>(date)</u> the doctor or place you would usually go to for this type of condition?	0 Y(23) N
b. Why didn't you use the doctor or place that you would usually go to for this type of condition?	_____ _____
23a. How difficult was it for you to reach the doctor by telephone on <u>(date)</u> – was it very difficult, somewhat difficult, or not at all difficult?	1 <input type="checkbox"/> Very difficult 2 <input type="checkbox"/> Somewhat difficult 3 <input type="checkbox"/> Not at all difficult (24)
b. Why was it difficult?	_____ _____
24. During this call on <u>(date)</u> , did the doctor spend enough time with you or not enough time?	1 <input type="checkbox"/> Spent enough time 2 <input type="checkbox"/> Did not spend enough time
25a. During this call did the doctor advise you to come in and see him for the . . . ?	1 Y 2 N(26)
b. Did or will you go in to see him for this condition?	1 Y(26) 2 N 9 DK
c. Why not?	_____ _____

FORM HIS-1A (10-11-73)

26a. During this call on <u>(date)</u> , did the doctor prescribe or advise you to get any medicine for this . . . ?		1 Y	2 N(27)
b. Did you get this medicine?		0 Y(27)	N
c. Why not?		_____	
_____		_____	
27a. During this call, did this doctor refer you to another doctor?		1 Y	2 N(28)
b. Did or will you see this other doctor?		1 Y(28)	2 N 9 DK
c. Why not?		_____	
_____		_____	
28a. In your opinion, were you satisfied or dissatisfied with the treatment or care you received from this doctor on <u>(date)</u> ?		<input type="checkbox"/> Satisfied (b) <input type="checkbox"/> Dissatisfied (c)	
b. Would you say that you were very satisfied or just somewhat satisfied?		1 <input type="checkbox"/> Very satisfied (29) 2 <input type="checkbox"/> Somewhat satisfied (d)	
c. Would you say that you were very dissatisfied or just somewhat dissatisfied?		4 <input type="checkbox"/> Very dissatisfied 3 <input type="checkbox"/> Somewhat dissatisfied	
d. Why is that?		_____	
_____		_____	
29. Do you still have the . . . ?		1 Y	2 N
RA RESPONDENT	Show who responded for this supplement. If other than self-respondent, show who responded for him.	1 <input type="checkbox"/> Responded for self Person _____ was respondent	
	If other than self-respondent, give reason for accepting a proxy.	0 <input type="checkbox"/> Under 17 1 <input type="checkbox"/> Mentally incompetent 2 <input type="checkbox"/> Physically incompetent	
I TYPE OF INTERVIEW	Show how the information on this supplement was obtained.	1 <input type="checkbox"/> Completed during initial interview	
		2 <input type="checkbox"/> Completed by return visit 3 <input type="checkbox"/> Completed by a telephone callback	
GO TO A5, CONDITION PAGE			

FORM HIS-1A (10-11-73)

<p>FORM HIS-1B (1974) (10-11-73)</p> <p>U.S. DEPARTMENT OF COMMERCE SOCIAL AND ECONOMIC STATISTICS ADMINISTRATION BUREAU OF THE CENSUS ACTING AS COLLECTING AGENT FOR THE U.S. PUBLIC HEALTH SERVICE</p> <p>U.S. HEALTH INTERVIEW SURVEY CONDITION SUPPLEMENT (Nonmedically Attended)</p>	<p>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 purposes of the survey, and will not be disclosed or released to others for any purposes.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:12.5%;">a. PSU</td> <td style="width:12.5%;">b. Segment number</td> <td style="width:12.5%;">c. Serial number</td> <td style="width:12.5%;">d. Sample</td> <td style="width:12.5%;">e. Person number</td> <td style="width:12.5%;">f. Sample person 1 Y 2 N</td> </tr> <tr> <td colspan="3">g. Name of condition</td> <td colspan="3">h. Name of person</td> </tr> </table>	a. PSU	b. Segment number	c. Serial number	d. Sample	e. Person number	f. Sample person 1 Y 2 N	g. Name of condition			h. Name of person		
a. PSU	b. Segment number	c. Serial number	d. Sample	e. Person number	f. Sample person 1 Y 2 N								
g. Name of condition			h. Name of person										

i. Determine if eligible respondent is available: Eligible respondent available
 Telephone call or return visit required (A5, Condition page)

j. RECORD OF TELEPHONE CALLS ONLY					k. Reason for noninterview
Date	Beginning time	Ending time	Completed		
1	a.m. p.m.	a.m. p.m.			1 <input type="checkbox"/> Refused 2 <input type="checkbox"/> Not at home - repeated calls 3 <input type="checkbox"/> Temporarily absent <input type="checkbox"/> Other (Specify) <u>7</u>
2	a.m. p.m.	a.m. p.m.			
3	a.m. p.m.	a.m. p.m.			
4	a.m. p.m.	a.m. p.m.			
5	a.m. p.m.	a.m. p.m.			

INTRODUCTION: In an interview at your household today (earlier this week) it was reported that you recently had
 The following questions refer to that condition.
 1 Respondent denies having condition (RB)

1. Please look at the calendar (HAND CALENDAR) and tell me on what date you first noticed (had) the

_____ Month _____ Day

2. At that time when you first noticed (had) the . . . , how serious did you think it was - very serious, somewhat serious, or not serious at all?

1 Very serious
 2 Somewhat serious
 3 Not serious at all

3a. Did you ask anyone for advice about this condition, such as a nurse, druggist, relative, friend, or someone else?

1 Y 2 N(4)

b. Who was this?	1 <input type="checkbox"/> Nurse	2 <input type="checkbox"/> Druggist	3 <input type="checkbox"/> Relative (Household member)	4 <input type="checkbox"/> Relative (Non-household member)	5 <input type="checkbox"/> Friend	<input type="checkbox"/> Other - Specify <u>7</u>
------------------	----------------------------------	-------------------------------------	--	--	-----------------------------------	---

c. Did you ask anyone else for advice?
 Y (Reask 3b and c) N

Ask for each column marked in Q. 3b:

d. Did -- advise you to see a doctor?

1 Y	2 N	1 Y	2 N	1 Y	2 N	1 Y	2 N
-----	-----	-----	-----	-----	-----	-----	-----

e. Did -- advise you to take some medicine?

1 Y	2 N	1 Y	2 N	1 Y	2 N	1 Y	2 N
-----	-----	-----	-----	-----	-----	-----	-----

f. Did -- advise you on some other type of treatment?

1 Y	2 N	1 Y	2 N	1 Y	2 N	1 Y	2 N
-----	-----	-----	-----	-----	-----	-----	-----

g. Did -- give you any other advice?

Y	0 N (Next col.)	Y	0 N (Next col.)	Y	0 N (Next col.)	Y	0 N(4)
---	-----------------	---	-----------------	---	-----------------	---	--------

h. What advice did -- give you?

(Reask g)	(Reask g)	(Reask g)	(Reask g)	(Reask g)	(Reask g)

Footnotes

4. Do you expect to see or talk to a doctor about this . . . ?		1 Y(5b)	2 N	9 DK
5a. We are interested in the various reasons why people do not go to doctors. Please tell me whether any of the following statements were reasons why you didn't see or talk to a doctor about this condition -		A. Did you not see a doctor (did you wait) because you couldn't get an appointment or the doctor was not available? 1 Y 2 N		
b. We are interested in the various reasons why people wait before going to a doctor. Please tell me whether any of the following statements were reasons why you waited (time) to see or talk to a doctor about this condition -		B. Because you didn't have the money? 1 Y 2 N		
		C. Because you didn't have a way to get to the doctor? 1 Y 2 N		
		D. Did you not see a doctor (did you wait) because you felt the doctor couldn't do anything for the condition? 1 Y 2 N		
		E. Because you felt you could treat the condition yourself? 1 Y 2 N		
		F. Because you didn't want to bother the doctor? 1 Y 2 N		
		G. Did you not see a doctor (did you wait) because you didn't think it was serious enough? 1 Y 2 N		
		H. Because you feel uncomfortable with doctors or have a fear of doctors? 1 Y 2 N		
		I. Did you not see a doctor (did you wait) for any other reason? 1 Y 2 N(K)		
PROBE IF RESPONSE IS INAPPROPRIATE:		J. What was the reason? (1) _____ (Reask I) (2) _____ (Reask I)		
PROBE IF RESPONSE IS INAPPROPRIATE:		If all "N's" in A-I ask; otherwise, go to Q.5c: K. Why did you (not/wait to) see or talk to a doctor about this . . . ? Any other reason? (1) _____ (2) _____		
If 2 or more reasons given in statements A-K, ask; otherwise mark box: c. Which of these reasons would you say was the MAIN reason for (not seeing/waiting to see) a doctor for this condition? Circle the appropriate statement letter in the space to the right.		<input type="checkbox"/> Only 1 reason 01 A 04 D 07 G 10 J(2) 13 K(1) 16 K(4) 02 B 05 E 08 H 11 J(3) 14 K(2) 03 C 06 F 09 J(1) 12 J(4) 15 K(3)		
6. Do you still have this condition?		1 Y	2 N	
RB RESPONDENT	Show who responded for this supplement. If other than self-respondent, show who responded for him.	1 <input type="checkbox"/> Responded for self Person _____ was respondent		
	If other than self-respondent, give reason for accepting a proxy.	0 <input type="checkbox"/> Under 17 1 <input type="checkbox"/> Mentally incompetent 2 <input type="checkbox"/> Physically incompetent		
I TYPE OF INTERVIEW	Show how the information on this supplement was obtained.	1 <input type="checkbox"/> Completed during initial interview 2 <input type="checkbox"/> Completed by return visit 3 <input type="checkbox"/> Completed by a telephone callback		
GO TO A5, CONDITION PAGE				

FORM HIS-1B (10-11-73)

ARTHRITIS: CY 1969

FORM HIS-2A (1969) (12-3-68) 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 ARTHRITIS SUPPLEMENT	BUDGET BUREAU NO. 68-R1600 APPROVAL EXPIRES MARCH 31, 1970			
	PSU	Segment	Serial No.	Sample B-
	Name of sample person			Person No.
Name of interviewer	Code	1 <input type="checkbox"/> Responded for 'self OR Person number of respondent →		
Footnotes				
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 purpose.				

<p>Earlier in the interview you told me about ---'s arthritis (rheumatism, . . .). This is a matter of special interest to the U.S. Public Health Service, and I have some additional questions about it.</p>	<p>Starting time . . .</p>	<p>a.m. _____ p.m.</p>
<p>1a. During the past 12 months, have you had any STIFFNESS in your joints when first getting out of bed in the morning?</p>	<p>1 <input type="checkbox"/> Yes</p>	<p>2 <input type="checkbox"/> No (2)</p>
<p>b. What time of day does this stiffness usually go away?</p>	<p>_____ a.m. _____ p.m.</p>	<p><input type="checkbox"/> Never</p>
<p>c. During the past 12 months, have your WRISTS been stiff when first getting out of bed in the morning?</p>	<p>1 <input type="checkbox"/> Yes</p>	<p>2 <input type="checkbox"/> No</p>
<p>2a. During the past 12 months, have you had PAIN in your joints when moving them?</p>	<p>1 <input type="checkbox"/> Yes</p>	<p>2 <input type="checkbox"/> No (3)</p>
<p>b. During that period, have your WRISTS been painful when you moved them?</p>	<p>1 <input type="checkbox"/> Yes</p>	<p>2 <input type="checkbox"/> No</p>
<p>3a. (During the past 12 months) have you had SWELLING in any joints except in the ankles or feet?</p>	<p>1 <input type="checkbox"/> Yes</p>	<p>2 <input type="checkbox"/> No (4)</p>
<p>b. During that period, have you had any swelling in your WRISTS?</p>	<p>1 <input type="checkbox"/> Yes</p>	<p>2 <input type="checkbox"/> No</p>
<p>4a. (During the past 12 months) have you had PAIN or SORENESS when you touch or press on your joints?</p>	<p>1 <input type="checkbox"/> Yes</p>	<p>2 <input type="checkbox"/> No (5)</p>
<p>b. During that period, have you had any pain or soreness when you touched or pressed on your WRISTS?</p>	<p>1 <input type="checkbox"/> Yes</p>	<p>2 <input type="checkbox"/> No</p>
<p>If "Yes" in questions 1c, 2b, 3b, or 4b ask:</p>		
<p>5. Which wrist is bothered or affected by arthritis?</p>	<p>1 <input type="checkbox"/> Right</p>	<p>2 <input type="checkbox"/> Left 3 <input type="checkbox"/> Both</p>
<p>6a. During the past 12 months, have any of the joints in your FINGERS been bothered or affected by arthritis?</p>	<p>1 <input type="checkbox"/> Yes</p>	<p>2 <input type="checkbox"/> No (7)</p>
<p>b. Please look at this picture of a hand. (HAND CARD D TO RESPONDENT) Tell me what colors on this card match the joints of your RIGHT hand that are bothered or affected by arthritis.</p>	<p><input type="checkbox"/> 1 Red <input type="checkbox"/> 2 Blue <input type="checkbox"/> 3 Yellow</p>	<p><input type="checkbox"/> 4 Gray <input type="checkbox"/> None</p>
<p>c. Now your LEFT hand. What colors match the joints of your LEFT hand that are bothered or affected by arthritis?</p>	<p><input type="checkbox"/> 1 Red <input type="checkbox"/> 2 Blue <input type="checkbox"/> 3 Yellow</p>	<p><input type="checkbox"/> 4 Gray <input type="checkbox"/> None</p>
<p>d. Are you right-handed or left-handed?</p>	<p>1 <input type="checkbox"/> Right</p>	<p>2 <input type="checkbox"/> Left 3 <input type="checkbox"/> Both</p>
<p>Footnotes</p>		

7a. During the past 12 months, have your ELBOWS been bothered or affected in any way by arthritis?	<input type="checkbox"/> Yes 1 <input type="checkbox"/> No (8)																																							
b. Which elbow is affected?	2 <input type="checkbox"/> Right 3 <input type="checkbox"/> Left 4 <input type="checkbox"/> Both																																							
8a. During the past 12 months, have your KNEES been affected in any way by arthritis?	<input type="checkbox"/> Yes 1 <input type="checkbox"/> No (9)																																							
b. Which knee is affected?	2 <input type="checkbox"/> Right 3 <input type="checkbox"/> Left 4 <input type="checkbox"/> Both																																							
9a. Do you presently have pain, swelling, or stiffness in any joint as a result of an old accident or injury?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (10)																																							
b. Did this accident or injury happen during the past 12 months or before that time?	1 <input type="checkbox"/> During past 12 months (10) 2 <input type="checkbox"/> More than 12 months ago																																							
c. Which joints were hurt in this accident or injury?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"></td> <td style="width: 10%; text-align: center;">Right</td> <td style="width: 10%; text-align: center;">Left</td> </tr> <tr> <td><input type="checkbox"/> Neck</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Upper back</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Middle back</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Lower back</td> <td></td> <td></td> </tr> <tr> <td> Ankle . .</td> <td></td> <td></td> </tr> <tr> <td> Elbow . .</td> <td></td> <td></td> </tr> <tr> <td> Foot . . .</td> <td></td> <td></td> </tr> <tr> <td> Hand . . .</td> <td></td> <td></td> </tr> <tr> <td> Hip</td> <td></td> <td></td> </tr> <tr> <td> Knee . . .</td> <td></td> <td></td> </tr> <tr> <td> Shoulder .</td> <td></td> <td></td> </tr> <tr> <td> Wrist . . .</td> <td></td> <td></td> </tr> </table>		Right	Left	<input type="checkbox"/> Neck			<input type="checkbox"/> Upper back			<input type="checkbox"/> Middle back			<input type="checkbox"/> Lower back			Ankle . .			Elbow . .			Foot . . .			Hand . . .			Hip			Knee . . .			Shoulder .			Wrist . . .		
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Wrist . . .																																								
10. Who was the FIRST person to tell you that you had arthritis?	1 <input type="checkbox"/> Medical doctor 2 <input type="checkbox"/> Chiropractor 3 <input type="checkbox"/> Friend 4 <input type="checkbox"/> Relative <input type="checkbox"/> Other (Specify) _____																																							
11. When did a doctor first tell you that you had arthritis?	0 <input type="checkbox"/> Less than 12 months ago 8 <input type="checkbox"/> Doctor never said it was arthritis ____ Years 9 <input type="checkbox"/> Doctor never seen																																							
12. When did your arthritis bother you the most—during the past 12 months, when you first noticed it, or at some other time?	1 <input type="checkbox"/> During the past 12 months 2 <input type="checkbox"/> When first noticed it. 3 <input type="checkbox"/> Some other time																																							
13. Have you ever been treated by any of the following people for your ARTHRITIS —																																								
a. a foot doctor (chiropracist or podiatrist)?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No																																							
b. a physical therapist?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No																																							
c. an occupational therapist?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No																																							
14a. Have you ever seen a social worker for your arthritis?	<input type="checkbox"/> Yes 1 <input type="checkbox"/> No (15)																																							
b. Was the social worker from a hospital?	2 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No																																							

15. Have you EVER used (any of the following) for your arthritis -		TABLE I	
		Are you now using -- for your arthritis? (1)	(2)
a. Any splints or casts?	<input type="checkbox"/> Yes → 1 <input type="checkbox"/> No (b)	2 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No (b)	Where are the splints or casts worn? (Specify)
b. Braces of any kind?	<input type="checkbox"/> Yes → 1 <input type="checkbox"/> No (c)	2 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No (c)	Where are the braces worn? (Specify)
c. Diathermy or paraffin?	<input type="checkbox"/> Yes → 1 <input type="checkbox"/> No (d)	2 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	
d. Hot packs, hot baths, or a heating pad?	<input type="checkbox"/> Yes → 1 <input type="checkbox"/> No (e)	2 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	
e. Cold packs or ice treatment?	<input type="checkbox"/> Yes → 1 <input type="checkbox"/> No (f)	2 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	
f. Rest recommended by a doctor?	<input type="checkbox"/> Yes → 1 <input type="checkbox"/> No (g)	2 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	
g. Exercises recommended by a doctor or physical therapist?	<input type="checkbox"/> Yes → 1 <input type="checkbox"/> No (h)	2 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	
16a. Are you now taking Aspirin, Anacin, or Bufferin for your arthritis?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (17)	
b. Do you take it every day?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (17)	
c. About how many do you usually take each day?		___ Number per day	
d. Do you usually take the same amount every day?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
e. How long have you been taking aspirin every day?		0 <input type="checkbox"/> Less than one month ___ Months ___ Years	
17a. Are you presently taking any injections or shots for your arthritis?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (18)	
b. Are any of these injections "gold" shots?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
Footnotes			

18a. Are you presently taking any (other) drugs or medicines that were recommended by a medical doctor for your arthritis? <hr/>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (19)
b. What are the names of these medicines? →	1 <input type="checkbox"/> Butazolidin, Sterazolidin, Tandearil 2 <input type="checkbox"/> Aristocort, Cortisone, Decadron, Medrol, Prednisone 4 <input type="checkbox"/> Darvon, Soma, Tylenol <input type="checkbox"/> Other _____ <div style="text-align: right;"><i>(Specify)</i></div>
19a. Have you EVER used any remedies or medicines for your arthritis either on your own or that were recommended by someone OTHER than a medical doctor?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (20)
b. What kind of remedies or medicines did you use? <i>(Enter name or description of remedies or medicines in column (a) of Table II below.)</i>	
c. Anything else?	<input type="checkbox"/> Yes (Reask (19b)) <input type="checkbox"/> No

TABLE II

Remedies or medicines (a)	Have you used -- at any time during the past 12 months? (b)	Did you ever talk to a medical doctor about using --? (c)
1.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
2.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
3.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
4.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
5.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
6.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
7.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

Footnotes

Some people need help because of arthritis--		For each "Yes" answer, ask: What kind of help is this -- a person or some kind of aid?
20. Do you use the help of another person or special aid--		
(a) when getting in or out of an automobile? <input type="checkbox"/> Yes 1 <input type="checkbox"/> No (b)		2 <input type="checkbox"/> Person 3 <input type="checkbox"/> Aid
(b) when going up or down stairs? <input type="checkbox"/> Yes 1 <input type="checkbox"/> No (c)		2 <input type="checkbox"/> Person 3 <input type="checkbox"/> Aid
(c) when getting in or out of a tub or shower? <input type="checkbox"/> Yes 1 <input type="checkbox"/> No (d)		2 <input type="checkbox"/> Person 3 <input type="checkbox"/> Aid
Do you use the help of another person or special aid--		
(d) in order to completely dress yourself? <input type="checkbox"/> Yes 1 <input type="checkbox"/> No (e)		2 <input type="checkbox"/> Person 3 <input type="checkbox"/> Aid
(e) in order to feed yourself a complete meal? <input type="checkbox"/> Yes 1 <input type="checkbox"/> No (f)		2 <input type="checkbox"/> Person 3 <input type="checkbox"/> Aid
(f) when rolling onto your side in bed? <input type="checkbox"/> Yes 1 <input type="checkbox"/> No (21)		2 <input type="checkbox"/> Person 3 <input type="checkbox"/> Aid
21a. Does your ARTHRITIS cause you to sit or lie down to rest at any time during the day?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (e)
b. At what time do you usually sit or lie down to rest?	Time	_____ a.m. _____ p.m.
c. Do you rest some every day?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (e)
d. How long do you usually rest each day?	Hours	Minutes
e. What time do you USUALLY get up in the morning?	Time	_____ a.m.
Footnotes		

22a. Are you PRESENTLY seeing anyone for your arthritis? 1 Yes (c) 2 No (b)

b. Could you tell me why you aren't presently seeing anyone for your arthritis?

- 1 Arthritis not severe enough (23) Other (Record response verbatim) _____ (23)
- 2 No one can do anything for it (23)

- c. Who are you seeing?
d. Are you now seeing anyone else for your arthritis?

Check all categories in Table III that apply. Then ask the appropriate questions for each category marked.

TABLE III

Type of person →	<input type="checkbox"/> Medical doctor	<input type="checkbox"/> Medical doctor	<input type="checkbox"/> Other (Specify) ↗
1. What is the name and address of the doctor you see?	Name and address	Name and address	_____
2. Why did you decide to go to this --- for your arthritis?	1 <input type="checkbox"/> He's a family doctor 2 <input type="checkbox"/> Referred by doctor 3 <input type="checkbox"/> Referred by someone else 4 <input type="checkbox"/> He's an arthritis specialist <input type="checkbox"/> Other (Specify) ↗ _____	1 <input type="checkbox"/> He's a family doctor 2 <input type="checkbox"/> Referred by doctor 3 <input type="checkbox"/> Referred by someone else 4 <input type="checkbox"/> He's an arthritis specialist <input type="checkbox"/> Other (Specify) ↗ _____	1 <input type="checkbox"/> He's a family doctor 2 <input type="checkbox"/> Referred by doctor 3 <input type="checkbox"/> Referred by someone else 4 <input type="checkbox"/> He's an arthritis specialist <input type="checkbox"/> Other (Specify) ↗ _____
3a. Is the doctor a general practitioner or a specialist?	1 <input type="checkbox"/> General practitioner (4) <input type="checkbox"/> Specialist	1 <input type="checkbox"/> General practitioner (4) <input type="checkbox"/> Specialist	
b. What kind of specialist is he?			
4. When was the LAST time you saw --- for your arthritis?	1 <input type="checkbox"/> Past 2 weeks ___ Weeks ___ Months	1 <input type="checkbox"/> Past 2 weeks ___ Weeks ___ Months	1 <input type="checkbox"/> Past 2 weeks ___ Weeks ___ Months
5. Where did you see the ---, at his office, your home, or some other place?	1 <input type="checkbox"/> Doctor's office 2 <input type="checkbox"/> Home (Next column) <input type="checkbox"/> Other (Specify) ↗ _____	1 <input type="checkbox"/> Doctor's office 2 <input type="checkbox"/> Home (Next column) <input type="checkbox"/> Other (Specify) ↗ _____	2 <input type="checkbox"/> Home (Stop) <input type="checkbox"/> Other (Specify) ↗ _____
6. About how long did it take you to get to the ---?	___ Minutes ___ Hours	___ Minutes ___ Hours	___ Minutes ___ Hours
7. How did you get to and from the ---?	1 <input type="checkbox"/> Bus or subway 2 <input type="checkbox"/> Taxi 3 <input type="checkbox"/> Private car <input type="checkbox"/> Other (Specify) ↗ _____	1 <input type="checkbox"/> Bus or subway 2 <input type="checkbox"/> Taxi 3 <input type="checkbox"/> Private car <input type="checkbox"/> Other (Specify) ↗ _____	1 <input type="checkbox"/> Bus or subway 2 <input type="checkbox"/> Taxi 3 <input type="checkbox"/> Private car <input type="checkbox"/> Other (Specify) ↗ _____

23a. Have you ever had any special job training because of your arthritis?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (24)
b. Where did you receive this training?	Name of place
24a. Have you ever changed or left a job because of your arthritis?	1 <input type="checkbox"/> Yes (c) 2 <input type="checkbox"/> No
b. Have you worked at any time since you had arthritis— (For females add: not counting work around the house)?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (25)
c. In general has your own income decreased because of your arthritis?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
25a. Have you ever heard of the Arthritis Foundation?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (STOP) 3 <input type="checkbox"/> Don't know (STOP)
b. How did you first learn about the Arthritis Foundation?	Describe
c. Have you ever received any personal help, treatment, referral, or other information from the Arthritis Foundation?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (STOP)
d. What did the Arthritis Foundation do for you?	Describe
Footnotes	Ending time _____ a.m. _____ p.m.

BLOOD DONORSHIP: CY 1973

<p>If 17 years old or over, ask:</p> <p>33a. During the past 12 months, has -- given or sold any blood to a blood bank, a hospital, the Red Cross, or anywhere else?</p>	<p>0 <input type="checkbox"/> Under 17 (NP)</p> <p>33a. 1 Y 2 N (NP)</p>
<p>b. During the past 12 months, how many times has -- given or sold his blood?</p>	<p>b. _____Times</p>
<p>For each donation reported in Q. 33b, ask:</p>	<p>(Last time)</p> <p>c. 1 1 2 3 4 5 - Specify <i>P</i></p>
<p>c. Which of the reasons listed on this card (Hand Card B) best describes why -- gave blood (the last time, the time before that, etc.)?</p>	<p>2 1 2 3 4 5 - Specify <i>P</i></p>
	<p>3 1 2 3 4 5 - Specify <i>P</i></p>
	<p>4 1 2 3 4 5 - Specify <i>P</i></p>

DIABETES: FY 1965

<p>FORM NHS-HIS-1(d) (FY-1965) (4-27-64)</p> <p align="center">U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS ACTING AS COLLECTING AGENT FOR THE U.S. PUBLIC HEALTH SERVICE</p> <p align="center">NATIONAL HEALTH SURVEY DIABETES SUPPLEMENT</p>	<p align="center"><i>BUDGET BUREAU NO. 68-R620.10</i> <i>APPROVAL EXPIRES JULY 15, 1965</i></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">PSU</td> <td style="width:25%;">Segment</td> <td style="width:25%;">Serial No.</td> <td style="width:25%;">Sample B</td> </tr> <tr> <td colspan="3">Name of person with diabetes</td> <td>Age</td> </tr> </table>	PSU	Segment	Serial No.	Sample B	Name of person with diabetes			Age
PSU	Segment	Serial No.	Sample B						
Name of person with diabetes			Age						
<p>RESPONDENT RULES FOR DIABETES SUPPLEMENT</p> <p>If the person for whom the Diabetes Supplement is to be completed is an eligible respondent according to the regular eligible respondent rules, he is to respond for himself. If he is not at home or otherwise not available, make arrangements for a return call to interview him. (Two additional calls to contact him may be made.)</p> <p>If the person is not an eligible respondent, or is unable to respond for himself because of disability or illness, complete the interview with the respondent who knows most about the person's diabetes.</p> <p>If the person is not going to be available for interview at any time during interview week, complete the interview with the respondent who knows most about his condition. In either case, explain in a footnote the reason for the use of the proxy respondent.</p>									
<p>Footnotes and comments</p>									
<p>RECORD OF RETURN CALLS TO COMPLETE SUPPLEMENT</p>	<p>No return calls</p> <p><input type="checkbox"/></p>	Returns	Date	Time	Completed				
		1							
		2							
<p>Name of interviewer</p>		<p>Code</p>		<p><input type="checkbox"/> Responded for self</p> <p align="center">OR</p> <p>Column number of respondent →</p>					
<p>CONFIDENTIAL - This information is collected for the U.S. Public Health Service under authority of Public Law 652 of the 84th Congress (70 Stat. 489; 42 U.S.C. 305). All information which would permit identification of the individual will be held strictly confidential, 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 other purposes (22 FR 1687).</p>									

USCOMM-DC 28036 P-64

QUESTIONS	DEFINITIONS																																																																
<p>In the interview you (your--, etc.) told me about your diabetes.. This is a matter of continuing interest to the Public Health Service and I have some additional questions about it -</p>																																																																	
<p>1. About how old were you when a doctor first told you that you had diabetes? Age _____</p>	Estimate is acceptable																																																																
<p>2a. Before you were _____ (Age in question 1) had you ever been told by a doctor that you MIGHT HAVE, or MIGHT BE GETTING diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																																																																	
<p>b. Have you ever had a glucose tolerance test? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	A glucose tolerance test is a sweet drink followed by one or more blood tests taken the same day.																																																																
<p>Hand respondent Card NHS-HIS-1(c)</p> <p>3a. Please look at that card and tell me which of those symptoms you had at the time you first found out that you had diabetes.</p> <p>(Check "Yes" or "No" for each symptom listed under "At time of diagnosis")</p> <table border="1" data-bbox="712 701 1035 1250"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">At time of diagnosis</th> <th colspan="2">Present during past month</th> </tr> <tr> <th>Yes</th> <th>No</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Thirst.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Larger appetite than usual.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Smaller appetite than usual.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Leg pain.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Extreme tiredness.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Eye trouble.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Itching.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Sudden weakness (associated with trembling, shakiness, and cold sweats).....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Loss of weight.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Frequent urination.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Boils or carbuncles.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> <p>b. Please look at the card again. Did any of those symptoms bother you at any time during the past 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Which symptoms did you have? (Check each "Yes" or "No" under "Present during past month")</p>		At time of diagnosis		Present during past month		Yes	No	Yes	No	Thirst.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Larger appetite than usual.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Smaller appetite than usual.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Leg pain.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extreme tiredness.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eye trouble.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Itching.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sudden weakness (associated with trembling, shakiness, and cold sweats).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Loss of weight.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequent urination.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boils or carbuncles.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>NOTE TO INTERVIEWER</p> <p>When the respondent mentions one or more symptoms, check the "Yes" box for each symptom mentioned and then ask "Any others?" Continue to ask until an answer of "No" is given. Either the "Yes" or "No" box must be checked for each symptom.</p>
		At time of diagnosis		Present during past month																																																													
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Boils or carbuncles.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																													
<p>4a. Were you in the hospital at the time the doctor found out that you had diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No (Go to question 5)</p>	As an inpatient																																																																
<p>b. Were you there because you had symptoms of diabetes? <input type="checkbox"/> Yes (Go to question 6a) <input type="checkbox"/> No (Go to question 6a)</p>																																																																	

QUESTIONS	DEFINITIONS
<p><i>(Ask only if "No" in question 4a)</i></p> <p>5. At the time your diabetes was first discovered, were you sent to the hospital for regulation of your diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	As an inpatient
<p>6a. (Not counting that first time) Have you ever been hospitalized because of your diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Go to question 7a)</i></p> <hr/> <p>b. About how many times? Number _____</p> <hr/> <p>c. Have you ever been hospitalized -- <i>(Ask all 4 parts)</i></p> <p>-- for diabetic coma? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>-- for insulin reaction? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>-- for gangrene? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>-- for regulation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Estimate acceptable.</p> <p>Several reasons may be given for any single hospital stay.</p>
<p>7a. Have you ever had a nurse come to your home to help you in taking care of your diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Go to question 7c)</i></p> <hr/> <p>b. About how many times has she visited you during the past 12 months? Number _____ <input type="checkbox"/> None</p> <hr/> <p>c. Where do you usually go for care of your diabetes -- a clinic; a doctor's office; or some other place? <input type="checkbox"/> Clinic <input type="checkbox"/> Doctor's office <input type="checkbox"/> Some other place <i>(Specify)</i> _____</p>	
<p>d. Does the doctor you go to for your diabetes SPECIALIZE in the treatment of diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>e. How long have you been going to him for your diabetes? Years _____ <input type="checkbox"/> Less than one year</p>	
<p>8a. How many brothers and sisters have you had -- either living or dead? Number _____ <input type="checkbox"/> None <i>(Go to question 8c)</i></p> <hr/> <p>b. Did any of these brothers or sisters have diabetes? Number _____ <input type="checkbox"/> None</p> <hr/> <p>c. Did your mother have diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <hr/> <p>d. Did your father have diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p><i>(If "ever married," ask) --</i></p> <p>9a. How many children have you ever had? Number _____ <input type="checkbox"/> None <i>(Go to question 10a)</i></p>	Exclude stepchildren, adopted children, and foster children
<p><i>(If number entered in question 9a, ask) --</i></p> <p>b. How much did each of your children weigh at birth -- starting with the oldest?</p> <p>1. _____ 4. _____ 7. _____</p> <p>2. _____ 5. _____ 8. _____</p> <p>3. _____ 6. _____ 9. _____</p>	<p>Accept estimate, enter answer in pounds and ounces. If pounds only are given, this is acceptable</p>
<p><i>(If "1" or more in question 9a, ask) --</i></p> <p>c. Did any of your children have diabetes? Number _____ <input type="checkbox"/> None</p>	

QUESTIONS	DEFINITIONS
10a. Have you ever taken insulin injections? <input type="checkbox"/> Yes <input type="checkbox"/> No (Go to question 14)	
b. How many years have you taken insulin injections? Number _____ <input type="checkbox"/> Less than one year	Round to nearest whole year. Estimate acceptable.
c. Have you been taking insulin injections daily for most of the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	If the respondent is not taking insulin at the present time ask: "How many years did you take it?"
d. Are you NOW taking insulin injections? <input type="checkbox"/> Yes <input type="checkbox"/> No (Go to question 14)	
11a. What kinds of insulin are you now using? <input type="checkbox"/> Regular, plain, or crystalline <input type="checkbox"/> Semi-lente <input type="checkbox"/> Globin <input type="checkbox"/> NPH <input type="checkbox"/> Protamine zinc <input type="checkbox"/> Ultra-lente <input type="checkbox"/> Lente <input type="checkbox"/> Other (Describe) _____	NOTE TO INTERVIEWER How was information for 11a and 11b obtained? (Check all that apply) <input type="checkbox"/> Respondent gave information <input type="checkbox"/> Other family members gave information <input type="checkbox"/> Information obtained from bottle or some other source
b. What strength insulin are you now using? <input type="checkbox"/> U 40 <input type="checkbox"/> U 80 <input type="checkbox"/> Other (Specify strength) _____	
c. Do you usually take your insulin injection before meals? <input type="checkbox"/> Yes <input type="checkbox"/> No (Go to question 11e)	
d. Which meals? (Check all that apply and go to question 11f) <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch (Noon) <input type="checkbox"/> Supper (Evening)	
e. When do you usually take your insulin? (Enter time of day and go to question 11f) Time _____	
f. If you delay taking your insulin for an hour or more does it make you feel sick? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Never delay (Go to question 11h)	
g. When was the last time you delayed taking your insulin for an hour or more? <input type="checkbox"/> Less than 30 days <input type="checkbox"/> 30 days or more <input type="checkbox"/> Never delay	
h. Do you inject the insulin yourself? <input type="checkbox"/> Yes (Go to question 12) <input type="checkbox"/> No Who injects the insulin? <input type="checkbox"/> Relative <input type="checkbox"/> Nurse <input type="checkbox"/> Other person (Check all that apply and go to question 13a)	
12. Who taught you how to inject the insulin? (Check appropriate box and ask question 13a) <input type="checkbox"/> Doctor <input type="checkbox"/> Nurse <input type="checkbox"/> Relative <input type="checkbox"/> Other person <input type="checkbox"/> Not taught	
13a. During the past week, in what parts of the body have you been injecting the insulin? (Check all that apply) <input type="checkbox"/> One arm <input type="checkbox"/> Both arms <input type="checkbox"/> One leg <input type="checkbox"/> Both legs <input type="checkbox"/> Abdomen <input type="checkbox"/> Buttocks <input type="checkbox"/> Other (Describe) _____ Anywhere else? _____	The "past week" is the week ending last Sunday night.
b. How are your syringes and needles cleaned and sterilized? (Check all that apply) <input type="checkbox"/> Alcohol <input type="checkbox"/> Use disposable needle <input type="checkbox"/> Boil <input type="checkbox"/> Use disposable syringe <input type="checkbox"/> Other (Specify) _____	
14. Do you usually carry candy or fruit or sugar or similar items with you? <input type="checkbox"/> Yes <input type="checkbox"/> No	

QUESTIONS	DEFINITIONS
15a. Do you know what an insulin reaction is? <input type="checkbox"/> Yes <input type="checkbox"/> No (Go to question 17)	
b. Have you ever had an insulin reaction? <input type="checkbox"/> Yes <input type="checkbox"/> No (Go to question 16a)	Sudden weakness, trembling, shakiness, cold sweats
c. How many insulin reactions have you had during the past 30 days? Number _____ <input type="checkbox"/> None	
d. About how many have you had during the past 12 months? Number _____ <input type="checkbox"/> None	
e. Have you ever used Glucagon? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know what it is	Glucagon:
16a. Can an insulin reaction be caused by too much food? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	A drug sometimes used by persons with diabetes to counteract insulin shock.
b. Can an insulin reaction be caused by too much exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	
c. Is an insulin reaction the same as a diabetic coma? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	
17. Can a person with diabetes exercise as much as other people? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	
18a. Have you ever taken diabetes pills? <input type="checkbox"/> Yes <input type="checkbox"/> No (Go to question 20n)	
b. How many years have you been taking them? Number _____ <input type="checkbox"/> Less than 1 year	Round to the nearest whole year, estimate acceptable.
c. Have you taken them most of the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	If respondent is not taking pills at present time ask:
d. Are you now taking diabetes pills? <input type="checkbox"/> Yes <input type="checkbox"/> No (Go to question 20a)	"How many years did you take them?"
19a. How many pills do you take each day? Number _____	
b. Do you usually take your pills before meals? <input type="checkbox"/> Yes <input type="checkbox"/> No (Go to question 19d)	
c. Which meals? <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch (Noon) <input type="checkbox"/> Supper (Evening)	
d. If you delay taking your pills for an hour or more does it make you feel sick? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Never delay (Go to question 20a)	
e. When was the last time you delayed taking your pills for an hour or more? <input type="checkbox"/> Less than 30 days <input type="checkbox"/> 30 days or more <input type="checkbox"/> Never delay	
20a. Do you test your urine for sugar? <input type="checkbox"/> Yes <input type="checkbox"/> No (Go to question 21)	Testing by person himself or close relative not a physician, pharmacist, etc.
b. What test do you use? <input type="checkbox"/> Benedict's test <input type="checkbox"/> Clinitest	NOTE TO INTERVIEWER
<input type="checkbox"/> Clinistix <input type="checkbox"/> Other (Specify) _____	How was information for 20b obtained?
<input type="checkbox"/> Testape _____	(Check all that apply)
	<input type="checkbox"/> Respondent gave information
	<input type="checkbox"/> Other family members gave information
	<input type="checkbox"/> Information obtained from bottle or some other source

QUESTIONS	DEFINITIONS
<p>20c. How many times did you test your urine last week? (If number is entered, go to question 20e) Number _____ <input type="checkbox"/> None</p>	<p>"Last week" is the week ending last Sunday night</p>
<p>d. When was the last time you tested it? (Enter verbatim) _____</p>	
<p>e. Do you write down any of the results of these tests? <input type="checkbox"/> Yes <input type="checkbox"/> No (Go to question 20g)</p>	
<p>f. Do you show this to your doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>This means the record or notes of the results of the tests</p>
<p>g. Did you test your urine for anything else besides sugar at any time during the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No What did you test it for? _____</p>	
<p>21. About how tall are you? _____ (Feet) _____ (Inches)</p>	
<p>22a. About how much do you weigh? _____ (Pounds)</p>	
<p>b. What is the most you have weighed during the past 12 months? _____ (Pounds)</p>	<p>Not counting pregnancies</p>
<p>c. What is the least you have weighed during the past 12 months? _____ (Pounds)</p>	
<p>(Ask this question if person is 25 years old or over (if under 25, go to question 24))</p>	
<p>23a. When you were a youngster were you ever overweight? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Youngster is a person 0-25 years Overweight is weighing more than the person himself or his doctor thinks that he should weigh.</p>
<p>b. What is the most you have weighed since you were 25 years old? _____ (Pounds)</p>	<p>Not counting pregnancies</p>
<p>c. What is the least you have weighed since you were 25 years old? _____ (Pounds)</p>	
<p>24. Were either of your parents overweight? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>25a. Who prepares most of your meals? (Check one) <input type="checkbox"/> Spouse or other relative _____ <input type="checkbox"/> Self _____</p>	
<p>b. Do you, or the person who fixes your meals, use any special recipes prepared for persons with diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>26a. Can you name some foods that can be substituted for meat? (Enter first two mentioned) _____</p>	
<p>b. Can you name some drinks which have very few calories? (Enter first two mentioned) _____</p>	<p>Drinks mean non-alcoholic drinks.</p>
<p>c. Can you name some vegetables which have very few calories? (Enter first two mentioned) _____</p>	
<p>27a. During the past 30 days have you eaten any pastries? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Pastry made with sugar</p>
<p>b. During the past 30 days have you eaten any candy made with sugar? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

QUESTIONS	DEFINITIONS														
<p>28. During the past week did you</p> <p>--drink any dietetic soft drinks?..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>--eat any dietetic canned fruits? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>--use any artificial sweeteners such as saccharin?.. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>--eat any other dietetic foods?..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(If "Yes," specify below)</p> <p>_____</p> <p>_____</p>	<p>The "past week" is the week ending last Sunday night</p> <p>"Dietetic" means food specially prepared with little or no sugar</p>														
<p>29. How many calories a day are you allowed? Number _____</p>															
<p>30a. Have you been given a diet for your diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No (Go to question 35a)</p>	<p>Written, typed, or printed instruction about food</p>														
<p>b. Who taught you how to use this diet? <input type="checkbox"/> Doctor <input type="checkbox"/> Nurse <input type="checkbox"/> Parent</p> <p> <input type="checkbox"/> Dietitian or nutritionist</p> <p><input type="checkbox"/> Not taught <input type="checkbox"/> Other (Specify) _____</p> <p>↓</p> <p>Who gave you the diet? (Enter person's occupation) _____</p>															
<p>c. How long have you had this diet? <input type="checkbox"/> Less than 3 months <input type="checkbox"/> 3 months to one year <input type="checkbox"/> Over one year</p>															
<p>d. Do you follow this diet? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Why? _____ (Go to question 35a)</p>	<p>"Yes" means usually or most of the time</p>														
<p>e. Is the diet list used as a guide in the preparation of your meals? <input type="checkbox"/> Yes (Go to question 31a) <input type="checkbox"/> No</p>															
<p>f. When did you last look at your diet list? <input type="checkbox"/> Under 1 month <input type="checkbox"/> 1-6 months <input type="checkbox"/> Over 6 months</p>	<p>"You" means respondent or person preparing the meals</p>														
<p>31a. Does your diet give the size of food portions? <input type="checkbox"/> Yes <input type="checkbox"/> No (Go to question 32)</p> <p>↓</p>															
<p>b. Do you measure, weigh, or estimate the portions? (Check all that apply) <input type="checkbox"/> Measure <input type="checkbox"/> Weigh <input type="checkbox"/> Estimate</p>															
<p>32. Do you have to follow your diet carefully in order to feel well? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>															
<p>33a. Do you ever eat away from home? <input type="checkbox"/> Yes <input type="checkbox"/> No (Go to question 34a)</p> <p>↓</p>															
<p>b. Do you have trouble following your diet when eating away from home? <input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> No</p>															
<p>34a. Does your diet include a list of food exchanges? <input type="checkbox"/> Yes <input type="checkbox"/> No (Go to question 35a)</p>	<p>A food exchange list arranges foods in groups according to their food values permitting substitution within each group</p>														
<p>b. Without looking at the list can you tell me how many bread exchanges you are allowed each day? (If "No" or "DK," go to question 35. If number is given, enter it and ask about the remaining food exchanges listed below.)</p> <table border="1" data-bbox="694 1250 1020 1524"> <tr> <td data-bbox="694 1250 857 1348">Enter "No," "DK," or number in diet each day (If one or more, ask) →</td> <td data-bbox="857 1250 1020 1348">How many of these did you have yesterday?</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table> <p>How many vegetable exchanges are in your diet?...</p> <p>How many fruit exchanges are in your diet?</p> <p>How many milk exchanges are in your diet?</p> <p>How many meat exchanges are in your diet?.....</p> <p>How many fat exchanges are in your diet?.....</p>	Enter "No," "DK," or number in diet each day (If one or more, ask) →	How many of these did you have yesterday?													
Enter "No," "DK," or number in diet each day (If one or more, ask) →	How many of these did you have yesterday?														
<p>c. Do you have any problems in using your exchange list? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What are they? _____</p> <p>(Enter verbatim response) _____</p>															

QUESTIONS	DEFINITIONS
<p>35a. Here are the covers of three pamphlets. (<i>Show Special Diabetes pamphlets</i>) Have you ever had a copy of any of these pamphlets? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>b. Which? (<i>Check all that apply</i>) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C</p>	
<p>36a. Were you taught how to take care of your feet to avoid infection? <input type="checkbox"/> Yes <input type="checkbox"/> No (<i>Go to question 36c</i>)</p>	
<p>b. How do you take care of your feet? (<i>Enter verbatim response</i>)</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>c. During the past 12 months have you visited a foot doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	Podiatrist or Chiropodist
<p>37a. Have you been to a doctor to have your eyes examined during the past two years? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>b. Do you see better in the morning or in the afternoon? <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> No difference</p>	
<p>38a. If you had a bad cold, would you talk to your doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>b. If you had a skin infection, would you talk to your doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>c. If you had thrown-up, would you talk to your doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>39a. Have you ever attended classes to learn about diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No (<i>Go to question 40a</i>)</p>	
<p>b. Who gave the classes? <input type="checkbox"/> Hospital <input type="checkbox"/> Clinic (means out-patient clinic) <input type="checkbox"/> Health department <input type="checkbox"/> Other (<i>Specify</i>) <input type="checkbox"/> Diabetes association _____</p>	
<p>40a. Are you a member of a diabetes association or similar group? <input type="checkbox"/> Yes <input type="checkbox"/> No (<i>Go to question 41</i>)</p>	
<p>b. What is the name of this group?</p> <p>_____</p>	
<p>41. What are your most difficult problems in caring for your diabetes? (<i>Enter verbatim response</i>)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>LEAVE "THANK YOU" LETTER AND DEPART</p>	

HYPERTENSION: CY 1974

HYPERTENSION PAGE (SAMPLE PERSONS ONLY)	Person number <hr style="border: none; border-top: 1px solid black; width: 80%; margin: 0 auto;"/>	HP1	1 <input type="checkbox"/> SP under 17 (Medical Care Page) 2 <input type="checkbox"/> Eligible resp. avail. (1) 3 <input type="checkbox"/> Return call required (Next Hypertension Page)
1a. Have you EVER been told by a doctor that you had high blood pressure?			1 Y (7c) 2 N
b. Another name for high blood pressure is hypertension. Have you EVER been told by a doctor that you had hypertension?			1 Y 2 N (10)
c. About how long ago were you FIRST told by a doctor that you had (high blood pressure/hypertension)?			000 <input type="checkbox"/> Less than 1 month 1 _____ Months 2 _____ Years
2. During the past 12 months about how many times have you seen or talked to a doctor about your (high blood pressure/hypertension)?			_____ Times 000 <input type="checkbox"/> None
3. Has a doctor EVER advised you to lose weight BECAUSE OF (HIGH BLOOD PRESSURE/HYPERTENSION)?			1 Y 2 N
4a. Do you now use more salt, less salt, or about the same amount of salt since you learned you had (high blood pressure/hypertension)?			1 <input type="checkbox"/> More 2 <input type="checkbox"/> Less 3 <input type="checkbox"/> Same
b. Were you EVER advised by a doctor, nurse, or other medical person to use less salt?			1 Y 2 N
5a. Has a doctor EVER prescribed medicine for your (high blood pressure/hypertension)?			1 Y 2 N (6)
b. Are you now taking any medicine prescribed by a doctor for your (high blood pressure/hypertension)?			1 Y 2 N (6f)
c. How often are you supposed to take this medicine – more than once a day, once a day, or less than once a day?			1 <input type="checkbox"/> More than once a day 2 <input type="checkbox"/> Once a day 3 <input type="checkbox"/> Less than once a day
d. How often do you take your medicine when you are supposed to – all the time, often, once in a while, or never?			1 <input type="checkbox"/> All the time 2 <input type="checkbox"/> Often 3 <input type="checkbox"/> Once in a while 0 <input type="checkbox"/> Never <input type="checkbox"/> Other (Specify) <u> 7 </u>
e. Does your medicine ever cause any side effects or make you feel funny in any way?			1 Y (6) 2 N (6)
f. Why did you stop taking the medicine? Any other reason?			1 <input type="checkbox"/> Doctor's advice (5h) 2 <input type="checkbox"/> No longer has high blood pressure 3 <input type="checkbox"/> Side effects <input type="checkbox"/> Other (Specify) <u> 7 </u>
g. Did a doctor advise you to stop taking the medicine? If "Side effects" in 5f, go to 6; otherwise ask:			1 Y 2 N
h. When you were taking this medicine did it cause any side effects or make you feel funny in any way?			1 Y 2 N

Mark all that apply

<p>6. ABOUT how many days during the past 12 months has (high blood pressure/hypertension) kept you in bed all or most of the day?</p>	<p>_____ Days 000 <input type="checkbox"/> None</p>
<p>If "No longer has high blood pressure" in 5f, go to 7d; otherwise ask: 7a. How often does your (high blood pressure/hypertension) bother you – all the time, often, once in a while, or never?</p>	<p>1 <input type="checkbox"/> All the time 2 <input type="checkbox"/> Often 3 <input type="checkbox"/> Once in a while 0 <input type="checkbox"/> Never (7c) <input type="checkbox"/> Other (Specify) <u> </u> <input checked="" type="checkbox"/></p>
<p>b. When it does bother you, are you bothered a great deal, some, or very little?</p>	<p>1 <input type="checkbox"/> Great deal 2 <input type="checkbox"/> Some 3 <input type="checkbox"/> Very little <input type="checkbox"/> Other (Specify) <u> </u> <input checked="" type="checkbox"/></p>
<p>If "All the time" in 7a, go to 8; otherwise ask:</p>	<p>1 Y (8) 2 N 9 DK</p>
<p>c. Do you still have (high blood pressure/hypertension)? d. Is this condition completely cured or is it under control?</p>	<p>1 <input type="checkbox"/> Cured (10) 2 <input type="checkbox"/> Under control</p>
<p>8. Can you tell when your blood pressure is high – that is, do you have any symptoms?</p>	<p>1 Y 2 N</p>
<p>9. Have you ever been refused life insurance or health insurance coverage because you had (high blood pressure/hypertension)?</p>	<p>1 Y 2 N</p>
<p>10a. Has a doctor EVER talked to you about problems that can be caused by high blood pressure or hypertension?</p>	<p>1 Y (HP2) 2 N</p>
<p>b. Has a nurse or other medical person EVER talked to you about problems that can be caused by high blood pressure or hypertension?</p>	<p>1 Y 2 N (HP2)</p>
<p>c. What type of medical person was this?</p>	<p>1 <input type="checkbox"/> Nurse <input type="checkbox"/> Other (Specify) <u> </u> <input checked="" type="checkbox"/></p>
<p>HP2 <input type="checkbox"/> No 2-week DV in CI (11) <input type="checkbox"/> 2-week DV in CI } Refer to THIS PERSON'S doctor visit columns. If "Y" in 7a in ANY column, go to 14; otherwise go to 11.</p>	<p style="background-color: #cccccc;"></p>
<p>11. ABOUT how long has it been since you LAST had your blood pressure taken?</p>	<p>998 <input type="checkbox"/> Never (16) 000 <input type="checkbox"/> Less than 1 month 1 _____ Months 2 _____ Years (16)</p>
<p>12. Who took your blood pressure the LAST time?</p>	<p>1 <input type="checkbox"/> Doctor 2 <input type="checkbox"/> Nurse 3 <input type="checkbox"/> Friend or relative 4 <input type="checkbox"/> Druggist 5 <input type="checkbox"/> Self (13b) <input type="checkbox"/> Other (Specify) <u> </u> <input checked="" type="checkbox"/></p>
<p>13a. Were you told that your reading was high, low, normal, or were you not told?</p>	<p>1 <input type="checkbox"/> High 2 <input type="checkbox"/> Low 3 <input type="checkbox"/> Normal 4 <input type="checkbox"/> Not told <input type="checkbox"/> Other (Specify) <u> </u> <input checked="" type="checkbox"/></p> <p style="text-align: right;">} (14)</p>
<p>b. Was your reading high, low, or normal?</p>	<p>1 <input type="checkbox"/> High 2 <input type="checkbox"/> Low 3 <input type="checkbox"/> Normal <input type="checkbox"/> Other (Specify) <u> </u> <input checked="" type="checkbox"/></p> <p style="text-align: right;">} (15)</p>
<p>14. During the past 12 months, have you taken your own blood pressure?</p>	<p>1 Y 2 N</p>
<p>15. During the past 12 months, how many times was your blood pressure taken? (Do not count times while a patient in a hospital.)</p>	<p>_____ Times</p>

<p>16a. ABOUT how long has it been since you had an electrocardiogram, which involves placing wires on the chest and arms?</p> <p>-----</p> <p>b. ABOUT how long has it been since you had a chest X-ray?</p> <p>-----</p>	<p>98 <input type="checkbox"/> Never 00 <input type="checkbox"/> Less than 1 year</p> <p>----- Years</p> <p>98 <input type="checkbox"/> Never 00 <input type="checkbox"/> Less than 1 year</p> <p>----- Years</p>
<p>17a. ABOUT how much do you weigh?</p> <p>----- Pounds</p> <p>b. ABOUT how tall are you?</p> <p>----- Feet ----- Inches</p> <p>c. Do you consider yourself overweight, underweight, or just about right?</p> <p>-----</p> <p>d. Are you now trying to lose weight?</p> <p>-----</p> <p>e. Are you now trying to keep from gaining weight?</p> <p>-----</p> <p>f. Is this based on advice from a doctor, nurse, or other medical person?</p> <p>-----</p> <p>g. What are you doing to (lose/control your) weight – watching what you eat, exercising, or something else? Anything else?</p> <p>-----</p>	<p>1 <input type="checkbox"/> Overweight 2 <input type="checkbox"/> Underweight (18) 3 <input type="checkbox"/> About right (17e)</p> <p>1 Y (17f) 2 N</p> <p>1 Y 2 N (18)</p> <p>1 Y 2 N</p> <p>1 <input type="checkbox"/> Diet 2 <input type="checkbox"/> Exercise 3 <input type="checkbox"/> Medication <input type="checkbox"/> Other (Specify) →</p> <p>-----</p>
<p>18. Have you EVER been told by a doctor that you had diabetes?</p>	<p>1 Y 2 N</p>
<p>19. Have you EVER been told by a doctor that you had heart trouble?</p>	<p>1 Y 2 N</p>
<p>20. Have you EVER had a stroke?</p>	<p>1 Y 2 N</p>
<p>21a. Have you smoked at least 100 cigarettes in your entire life?</p> <p>-----</p> <p>b. Do you smoke cigarettes now?</p> <p>-----</p> <p>c. On the average, ABOUT how many cigarettes a day do you smoke?</p> <p>----- Cigarettes</p> <p>d. Have you EVER tried to stop smoking?</p> <p>-----</p> <p>e. Have you EVER been advised by a doctor to stop smoking?</p> <p>-----</p> <p>f. Was this because of a specific condition you had at that time?</p> <p>-----</p> <p>g. What condition was it?</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>h. Any other condition?</p>	<p>1 Y 2 N (Medical Care Page)</p> <p>1 Y 2 N (21e)</p> <p>1 Y 2 N (Medical Care Page)</p> <p>1 Y 2 N (Medical Care Page)</p> <p>Y (Reask 21g) N</p>
<p>FOOTNOTES</p>	

Mark all that apply

MEDICAL CARE AVAILABILITY: CY 1974

MEDICAL CARE PAGE (SAMPLE PERSONS ONLY)	Person number _____	
1. Is there ONE particular doctor or place -- usually goes to when he is sick or when you need advice about his health?		1 Y 2 N (11)
2a. Where do you go for this care or advice for --, to a clinic, hospital, doctor's office, or some other place? If Hospital: Is this an outpatient clinic or the emergency room? If Clinic: Is this a hospital outpatient clinic, a company clinic, or some other kind of clinic?		1 <input type="checkbox"/> Private doctor's office (5) 2 <input type="checkbox"/> Home (5) 3 <input type="checkbox"/> Doctor's clinic (2b) 4 <input type="checkbox"/> Group practice 5 <input type="checkbox"/> Hospital Outpatient Clinic 6 <input type="checkbox"/> Hospital Emergency Room 7 <input type="checkbox"/> Company or Industry Clinic <input type="checkbox"/> Other (Specify) <u> ✓ </u>
b. Is this a group practice clinic -- that is, does it consist of three or more doctors who share the same equipment?		1 Y 2 N 9 DK
3a. What is the name of this (place) ? _____		
b. During the past 12 months, that is, since (date) a year ago, how many times did you see or talk to a doctor at this place about --?		_____ Visits 000 <input type="checkbox"/> None
c. If something bothered you about --'s health, would you first go to (name of place), or would you try to determine what was wrong and go to the type of place most appropriate for this kind of trouble?		1 <input type="checkbox"/> Go to regular place first 2 <input type="checkbox"/> Select most appropriate place <input type="checkbox"/> Other (Specify) <u> ✓ </u>
4a. Is there a PARTICULAR doctor -- usually sees at (name of place) ?		1 Y 2 N (M1)
b. Is this doctor a general practitioner or a specialist?		01 <input type="checkbox"/> General practitioner (M1) <input type="checkbox"/> Specialist -- What kind of specialist is he? <u> ✓ </u> _____ (M1)
5a. What is the name of this doctor? _____		<input type="checkbox"/> 2+ Doctors (2b)
b. During the past 12 months, that is, since (date) a year ago, how many times did you see or talk to (name of doctor) about --?		_____ Visits 000 <input type="checkbox"/> None
c. Is this doctor part of a group practice -- that is, does he work with two or more other doctors and share the same equipment?		1 Y 2 N 9 DK
6. Is this doctor a general practitioner or a specialist?		01 <input type="checkbox"/> General practitioner <input type="checkbox"/> Specialist -- What kind of specialist is he? <u> ✓ </u>

7. If something bothered you about ---'s health, would you first go to <u>(name of doctor)</u> , or would you try to determine what was wrong and select the most appropriate specialist?		1 <input type="checkbox"/> Go to regular doctor first 2 <input type="checkbox"/> Select most appropriate specialist <input type="checkbox"/> Other (Specify) <u>✓</u>
M1	Refer to "12 Mo. DV" box at top of person's column and mark as appropriate: 1 <input type="checkbox"/> 12-month DV (8) 2 <input type="checkbox"/> No 12-month DV (17)	
8a. (Besides <u>name of doctor</u> .) During the past 12 months has --- seen a (any other) doctor at a private doctor's office?		1 Y 2 N (9)
b. During that period, how many (other) doctors has --- seen at a private doctor's office? ----- Doctors (8d)		1 <input type="checkbox"/> One
c. Did <u>(name of doctor/place)</u> EVER refer --- to this doctor?		1 Y (9) 2 N (9)
d. Did <u>(name of doctor/place)</u> EVER refer --- to ANY of these other doctors?		1 Y 2 N (9)
e. Did <u>(name of doctor/place)</u> refer --- to ALL of these other doctors?		1 Y 2 N
9. During the past 12 months has --- seen a doctor at (any of the following places) -		Did <u>(name of doctor/place)</u> refer him to this place? (1)
a. (A/any other) hospital emergency room?	1 Y (Col. 1) 2 N (9b)	1 Y 2 N
b. (A/any other) hospital outpatient clinic?	1 Y (Col. 1) 2 N (9c)	1 Y 2 N
c. (A/any other) company or industry clinic?	1 Y (Col. 1) 2 N (9d)	1 Y 2 N
d. (A/any other) public health clinic?	1 Y (Col. 1) 2 N (9e)	1 Y 2 N
e. (A/any other) neighborhood health center?	1 Y (Col. 1) 2 N (10)	1 Y 2 N
10a. During the past 12 months has --- seen a doctor at any other type of place? (Do not include doctors seen while a patient in a hospital.)		1 Y 2 N (14)
b. What type of place was this? ----- (Col. 1)		1 Y } (Reask 10a) 2 N }
----- (Col. 1)		1 Y } (Reask 10a) 2 N }

<p>11. Many people do not have ONE particular doctor. (Hand Card D) Which of those statements best describes why you don't have one particular doctor or place for medical care for ---?</p>	<p>1 2 3</p> <p>Other (Specify) _____</p> <p>_____</p>
<p>M2</p>	<p>Refer to "12 Mo. DV" box at top of person's column and mark as appropriate: 1 <input type="checkbox"/> 12 Month DV (12) 2 <input type="checkbox"/> No 12 Month DV (17)</p>
<p>12. During the past 12 months, has --- seen a doctor at any of the following places --</p> <p>a. A private doctor's office? -----</p> <p>b. A hospital emergency room? -----</p> <p>c. A hospital outpatient clinic? -----</p> <p>d. A company or industry clinic? -----</p> <p>e. A public health clinic? -----</p> <p>f. A neighborhood health center? -----</p>	<p>1 Y 2 N</p> <p>1 Y 2 N</p> <p>1 Y 2 N</p> <p>1 Y 2 N</p> <p>1 Y 2 N</p> <p>1 Y 2 N</p>
<p>13a. During the past 12 months, has --- seen a doctor at any other type of place? (Do not include doctors seen while a patient in a hospital.)</p> <p>b. What type of place was this?</p>	<p>1 Y 2 N (14)</p> <p>Type of place _____ (Reask 13a)</p> <p>Type of place _____ (Reask 13a)</p>
<p>14. During the past 12 months did you get medical advice for --- from ANY doctor over the telephone?</p>	<p>1 Y 2 N</p>
<p>15. During the past 12 months has ANY doctor come to your home to give --- medical care?</p>	<p>1 Y 2 N</p>
<p>Hand Card H</p>	<p>1 2 3 4 5 6 7 8 9 10</p>
<p>16a. During the past 12 months, which of those sources paid any part of ---'s doctor bills? -----</p>	<p>Other (Specify) _____</p>
<p>b. During that period, did any other source pay any part of his doctor bills? If "1" is circled in 16a, go to 17; otherwise ask:</p>	<p>Y (Reask 16a) N</p>
<p>c. During the past 12 months, did you or your family pay any part of ---'s doctor bills?</p>	<p>1 Y 2 N</p>

		During the past 12 months, did this problem ever DELAY you in getting medical care for ---? (1)		During the past 12 months, did this problem ever PREVENT you from getting medical care for ---? (2)	
17. During the past 12 months, have you had any problems getting medical care for --- (for any of the following reasons) --					
a. Because no doctor was available when you needed one?	1 Y (Col. 1) 2 N (17b)	1 Y	2 N	1 Y	2 N
b. Because of how much it cost?	1 Y (Col. 1) 2 N (17c)	1 Y	2 N	1 Y	2 N
c. Because you didn't know where to go?	1 Y (Col. 1) 2 N (17d)	1 Y	2 N	1 Y	2 N
d. Because you didn't have a way to get to the doctor?	1 Y (Col. 1) 2 N (17e)	1 Y	2 N	1 Y	2 N
e. Because the office hours weren't convenient?	1 Y (Col. 1) 2 N (18)	1 Y	2 N	1 Y	2 N
18. During the past 12 months, have you had any problem getting an appointment for --- as soon as you felt he needed one?		1 Y (Col. 1)	2 N (19)	1 Y	2 N
19a. During the past 12 months, have you had any other problem getting medical care for ---?		1 Y	2 N (20)		
b. What problem did you have?				1 Y } (Reask 19a)	
		_____ (Col. 1)	1 Y	2 N	2 N }
		_____ (Col. 1)	1 Y	2 N	2 N }
20a. In general do you feel -- is getting as much medical care as he needs?				1 Y (21)	2 N
Hand Card M				1	2 3 4 5
b. Which of those statements describes why -- isn't getting enough medical care? Any other reason? Circle all reasons given Other (Specify) _____					
21. During the past 12 months, has --- received any services from any of the following persons --					
a. A chiropractor?				1 Y	2 N
b. An optometrist?				1 Y	2 N
c. A podiatrist or chiropodist?				1 Y	2 N
d. A physical therapist?				1 Y	2 N
RM RESPONDENT	Show who responded for the Hypertension and Medical Care Pages.	1 <input type="checkbox"/> Responded for self			
	If other than self respondent, give reason for accepting a proxy.	Person _____ was respondent			
		0 <input type="checkbox"/> Under 17			
		1 <input type="checkbox"/> Mentally incompetent			
		2 <input type="checkbox"/> Physically incompetent			

MOTOR VEHICLE ACCIDENTS: CY 1968

Budget Bureau No. 685-66048, Approval Expires March 31, 1969

<p>FORM NNS-MIS-3 (1968) (1-18-68)</p> <p style="text-align: center;">U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS ACTING AS COLLECTING AGENT FOR THE U.S. PUBLIC HEALTH SERVICE</p> <p style="text-align: center;">U.S. HEALTH INTERVIEW SURVEY</p> <p style="text-align: center;">MOTOR VEHICLE ACCIDENT SUPPLEMENT</p>	<p>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.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">1. PSU</td> <td style="width: 33%;">2. Segment number</td> <td style="width: 33%;">3. Serial number</td> </tr> <tr> <td>4. Sample number B-</td> <td colspan="2">5. Book _____ of _____ books</td> </tr> </table>	1. PSU	2. Segment number	3. Serial number	4. Sample number B-	5. Book _____ of _____ books	
1. PSU	2. Segment number	3. Serial number					
4. Sample number B-	5. Book _____ of _____ books						
BEGIN SUPPLEMENT WITH QUESTION 1 ON PAGE 2							
<p>21a. What was the main purpose of the trip - working, going to or from work, or some other purpose?</p> <p>-----</p> <p>b. What was the purpose?</p> <p style="text-align: center;">Record verbatim response</p>	<p>21a. 1 <input type="checkbox"/> Working 2 <input type="checkbox"/> Going to or from work } (22) 3 <input type="checkbox"/> Other (b)</p> <p>b. _____</p>						
<p>22a. Did the accident happen on the road, on the shoulder of the road or somewhere else?</p> <p>-----</p> <p>b. Where did it happen?</p> <p>-----</p> <p>c. Did this accident happen within an intersection?</p> <p>-----</p> <p>d. Did the intersection have a traffic control, such as a policeman, a traffic light, a stop or yield sign or something else?</p> <p>-----</p> <p>e. What kind of traffic control was it?</p> <p style="text-align: center;">Check all that apply</p>	<p>22a. 1 <input type="checkbox"/> On road 2 <input type="checkbox"/> On shoulder } (c) 3 <input type="checkbox"/> Other (b)</p> <p>b. _____</p> <p><i>If "intersection," ask d; otherwise, go to 23.</i></p> <p>c. <input type="checkbox"/> Yes (d) 1 <input type="checkbox"/> No (23)</p> <p>d. <input type="checkbox"/> Yes (e) 2 <input type="checkbox"/> No (23)</p> <p>e. 3 <input type="checkbox"/> Policeman 4 <input type="checkbox"/> Traffic light 5 <input type="checkbox"/> Stop sign 6 <input type="checkbox"/> Yield sign 7 <input type="checkbox"/> Other (Specify) _____</p>						
<p>23a. Did the accident happen during daylight, dusk, dark, or dawn?</p> <p>-----</p> <p>b. About what time was it?</p>	<p>23a. 1 <input type="checkbox"/> Daylight 2 <input type="checkbox"/> Dusk 3 <input type="checkbox"/> Dark 4 <input type="checkbox"/> Dawn</p> <p>b. _____ A.M. 0 <input type="checkbox"/> Midnight _____ P.M. 4 <input type="checkbox"/> Noon</p>						
<p>24. Did the accident happen in a residential or business district, in the open country, or somewhere else?</p>	<p>24. 1 <input type="checkbox"/> Residential 2 <input type="checkbox"/> Business 3 <input type="checkbox"/> Open country 4 <input type="checkbox"/> Other (Specify) _____</p>						
<p>25. What was the condition of the road at the time of the accident; was it wet, dry, icy or something else?</p>	<p>25. 1 <input type="checkbox"/> Wet 2 <input type="checkbox"/> Dry 3 <input type="checkbox"/> Icy 4 <input type="checkbox"/> Other (Specify) _____</p>						
<p>26. What was the weather like at the time of the accident; was it clear, rainy, foggy, snowy, cloudy, or something else?</p>	<p>26. 1 <input type="checkbox"/> Clear 2 <input type="checkbox"/> Foggy 3 <input type="checkbox"/> Cloudy 4 <input type="checkbox"/> Rainy 5 <input type="checkbox"/> Snowy 6 <input type="checkbox"/> Other (Specify) _____</p>						
<p>27. About how many miles from home did the accident happen?</p>	<p>27. 0 <input type="checkbox"/> Less than 1 mile _____ Miles</p>						
WASHINGTON USE							

COMPLETE A SEPARATE COLUMN FOR EACH PERSON INVOLVED IN THIS ACCIDENT				Person number	Age
Enter the person number, age and name → Record the date of the accident below.					
You said that -- (and -- were) was in a motor vehicle accident on (date). Interviewer: Check one box - Number of related persons in household in accident . . . <input type="checkbox"/> 1 person (1b) <input type="checkbox"/> 2+ persons (1a)	Month	Day	Year	Name of person	
1a. Were they in the same accident? <input type="checkbox"/> Yes (1b) <input type="checkbox"/> No (Fill separate supplement for each different accident)					
b. Besides -- was anyone else in the family in this accident? <input type="checkbox"/> Yes (Fill column for each person and reask b) <input type="checkbox"/> No (2-4 for each person listed)					
2a. Was -- hurt or injured in any way in this accident?				2a.	1 <input type="checkbox"/> Injured (2b) 2 <input type="checkbox"/> Not injured (3)
b. At the time of the accident, what part of his body was hurt?				b.	Part of body Kind of injury
c. What kind of injury was it?				c.	1. _____ 2. _____ 3. _____
d. Did -- have any other injuries in this accident?				d.	<input type="checkbox"/> Yes (Reask b-d) <input type="checkbox"/> No (3)
3a. Did -- ever see or talk to a doctor because of this injury (accident)?				3a.	<input type="checkbox"/> Yes (b) X0 <input type="checkbox"/> No (4)
b. How long after the accident did -- see the doctor? If less than 1 hour, enter number of minutes.				b.	Minutes Hours Days
4a. Did the (injury from this) accident keep -- in bed all or most of a day?				4a.	<input type="checkbox"/> Yes (b) <input type="checkbox"/> No (c)
b. How many days did the (injury from this) accident keep -- in bed all or most of the day?				b.	Number of bed days (d) _____
c. Even though -- didn't have to remain in bed, did this injury (accident) cause him to cut down on the things he usually does for as much as a day?				c.	<input type="checkbox"/> Yes (d) 000 <input type="checkbox"/> No (NP)
d. In total, how many days did -- have to cut down on the things he usually does for as much as a day?				d.	Number of cut down days (e, f, or g) _____
If 6 - 16 years of age, ask:					000 <input type="checkbox"/> None (g)
e. How many days did the injury (accident) keep -- from school?				e.	Number of school loss days (g) _____
If 17+ years of age, ask:					000 <input type="checkbox"/> None (g)
f. How many days did the injury (accident) keep -- from work? (for females, add) not counting work around the house?				f.	Number of work loss days (g) _____
If "no injury" AND 1 or more "cut down" days, ask:					<input type="checkbox"/> Injured (NP)
g. What condition caused -- to cut down on the things he usually does?				g.	_____
Record verbatim response in appropriate column					
1 <input type="checkbox"/> Related household member injured (6) If "no injuries" were reported, ask:					
5a. Even though -- (or your husband, etc.) was not injured, was ANYONE else who was in your vehicle, in another vehicle, or a pedestrian, hurt or injured in any way in this accident?				2 <input type="checkbox"/> Yes } (b) 0 <input type="checkbox"/> No }	
b. Did an ambulance come to the scene of the accident?				1 <input type="checkbox"/> Yes } If "Yes" in 5a, go to 9. 0 <input type="checkbox"/> No } If "No" in 5a, STOP; do not fill remainder of Supplement.	

<p>Ask for each injured household member:</p> <p>6a. Did --- receive any first aid treatment or other care at the scene of the accident?</p> <p>b. What kind of care did he receive?</p> <p>c. Who provided this care - a doctor, an ambulance attendant, or some other person?</p>	<p><input type="checkbox"/> Yes (b)</p> <p>6a. 0 <input type="checkbox"/> No (NP)</p> <p>b. Write in verbatim response</p> <p>_____</p> <p>c. 1 <input type="checkbox"/> Doctor 2 <input type="checkbox"/> Ambulance attendant } (NP) 3 <input type="checkbox"/> Other person (Specify) } _____</p>
<p>7a. Did an ambulance come to the scene of the accident?</p> <p>1 <input type="checkbox"/> Yes (b) 0 <input type="checkbox"/> No (g)</p> <p>b. Did the ambulance take (---, ---, etc.) from the scene of the accident?</p> <p><input type="checkbox"/> Yes (c) <input type="checkbox"/> No (g)</p> <p>c. Who was taken? Mark "Taken by ambulance" box in appropriate column for each injured person.</p> <p>Ask for each injured person "Taken by ambulance":</p> <p>d. Where did the ambulance take ---, to a hospital, a doctor's office, home, or some other place?</p>	<p>7a. _____</p> <p>b. _____</p> <p>c. <input type="checkbox"/> Taken by ambulance</p> <p>d. 1 <input type="checkbox"/> Hospital 2 <input type="checkbox"/> Doctor's office } (NP) 3 <input type="checkbox"/> Home } 4 <input type="checkbox"/> Some other place (Specify) } _____</p>
<p>Ask for each injured person NOT taken by ambulance:</p> <p>8. Where did --- go from the scene of the accident - to a hospital, a doctor's office, home, or some other place?</p>	<p>8. 5 <input type="checkbox"/> Hospital 6 <input type="checkbox"/> Doctor's office } (NP) 7 <input type="checkbox"/> Home } 8 <input type="checkbox"/> Some other place (Specify) } _____</p>

9a. How many motor vehicles were involved in this accident? <input type="checkbox"/> One (b) <input type="checkbox"/> Two or more (11) - Enter number →		
b. Was the motor vehicle moving at the time of the accident? 0 <input type="checkbox"/> Yes (11) 1 <input type="checkbox"/> No (10)		
10. How did the accident happen? 1 <input type="checkbox"/> Moving (11) <input type="checkbox"/> Non-moving, Fill category then STOP; DO NOT fill remainder of supplement. <ul style="list-style-type: none"> 2 <input type="checkbox"/> Caught in door 3 <input type="checkbox"/> Fell getting in or out 4 <input type="checkbox"/> Injured while repairing vehicle 5 <input type="checkbox"/> Other (Specify) _____ 		
If 14 years or over ask: 11. At the time of the accident, was -- outside the vehicle, getting in or out of it, a passenger, or was he the driver? If under 14 years, ask: At the time of the accident, was -- outside the vehicle, getting in or out of it, or was he a passenger?		11. <input type="checkbox"/> Outside (12) <input type="checkbox"/> Getting in or out (NP) <input type="checkbox"/> Passenger (13a) <input type="checkbox"/> Driver (13b) If motorcycle, go to 14
12. Was -- on foot, on a bicycle or in some other vehicle?		12. 0 <input type="checkbox"/> On foot 1 <input type="checkbox"/> Bicycle 2 <input type="checkbox"/> Other (Specify) _____ } (NP)
13a. Was -- sitting in the front or back seat?		13a. 5 <input type="checkbox"/> Front (b) 6 <input type="checkbox"/> Back (b) 7 <input type="checkbox"/> Motorcycle (14) 8 <input type="checkbox"/> Other (Specify) (NP)
b. Was -- wearing a seat belt?		b. 1 <input type="checkbox"/> Yes (d) <input type="checkbox"/> No (c) 4 <input type="checkbox"/> Motorcycle (14)
c. Was there a seat belt where he was sitting?		c. 2 <input type="checkbox"/> Yes (d) 3 <input type="checkbox"/> No (d)
d. Was -- wearing a shoulder strap or harness?		d. 5 <input type="checkbox"/> Yes (NP) <input type="checkbox"/> No (e)
e. Was there a shoulder strap or harness where he was sitting?		e. 6 <input type="checkbox"/> Yes (NP) 7 <input type="checkbox"/> No (NP)
If on a motorcycle, ask: 14. Was -- wearing a helmet at the time of the accident?		14. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
INTERVIEWER CHECK BOX Refer to questions 9 and 11 and check the appropriate box below:		WASHINGTON USE
<input type="checkbox"/> One motor vehicle with 1 or more family members inside (19) <input type="checkbox"/> Two or more motor vehicles with 1 or more family members inside (16) <input type="checkbox"/> All family members outside motor vehicle (15)		

If all related household members outside motor vehicle, ask:		Year	Make	
15a. What was the year and make of the motor vehicle involved?	15a.			
b. Was it a sedan, a convertible, a hardtop, a station wagon, or some other type of motor vehicle? If truck, determine type: pickup, dump, etc.	b.	0 <input type="checkbox"/> Sedan 2 <input type="checkbox"/> Hardtop 4 <input type="checkbox"/> Other (Specify) _____	1 <input type="checkbox"/> Convertible 3 <input type="checkbox"/> Station wagon	
c. In what State was this vehicle registered?	c.	State (22)		
If inside, and 2 or more motor vehicles, ask:				
16a. Was the motor vehicle -- was (they were) in moving at the time of the accident?	16a.	1 <input type="checkbox"/> Yes (c) <input type="checkbox"/> No (b)		
b. Was it moving the instant before the accident happened?	b.	2 <input type="checkbox"/> Yes (c) 3 <input type="checkbox"/> No (c)		
c. Was the other vehicle moving at the time of the accident?	c.	1 <input type="checkbox"/> Yes (17) <input type="checkbox"/> No (d)		
d. Was the other vehicle moving the instant before the accident happened?	d.	2 <input type="checkbox"/> Yes (17) 3 <input type="checkbox"/> No (17)		
Hand respondent motor vehicle flash card—		Family member motor vehicle		
17a. Assuming this is the motor vehicle -- was in, in what lettered area of the motor vehicle did the impact occur?	17a.	1 <input type="checkbox"/> A 2 <input type="checkbox"/> B 3 <input type="checkbox"/> C 4 <input type="checkbox"/> D 5 <input type="checkbox"/> E 6 <input type="checkbox"/> F 7 <input type="checkbox"/> G 8 <input type="checkbox"/> H		
b. In what lettered area of the other motor vehicle did the impact occur?	b.	Other motor vehicle 1 <input type="checkbox"/> A 2 <input type="checkbox"/> B 3 <input type="checkbox"/> C 4 <input type="checkbox"/> D 5 <input type="checkbox"/> E 6 <input type="checkbox"/> F 7 <input type="checkbox"/> G 8 <input type="checkbox"/> H (18)		
18a. What was the year and make of the other motor vehicle involved?		Year	Make	
	18a.			
b. Was it a sedan, a convertible, a hardtop, a station wagon or some other type of motor vehicle?	b.	0 <input type="checkbox"/> Sedan 2 <input type="checkbox"/> Hardtop 4 <input type="checkbox"/> Other (Specify) _____	1 <input type="checkbox"/> Convertible 3 <input type="checkbox"/> Station wagon	
c. In what State was this vehicle registered?	c.	State (20)		
If inside and 1 motor vehicle, ask:				
19a. How did the accident happen; was it a collision with some other object or did it happen in some other way?	19a.	1 <input type="checkbox"/> Collision with object (c) <input type="checkbox"/> Other way (b)		
b. How did the accident happen?	b.	2 <input type="checkbox"/> Turned over 3 <input type="checkbox"/> Sudden stop -- No collision 4 <input type="checkbox"/> Other (Specify) _____ } (20)		
c. What type of object was it?	c.	Object (20)		
20a. What was the year and make of motor vehicle -- was (they were) in?		Year	Make	
	20a.			
b. Was it a sedan, a convertible, a hardtop, a station wagon, or some other type of motor vehicle? If truck, determine type: pickup, dump, etc.	b.	0 <input type="checkbox"/> Sedan 2 <input type="checkbox"/> Hardtop 4 <input type="checkbox"/> Other (Specify) _____	1 <input type="checkbox"/> Convertible 3 <input type="checkbox"/> Station wagon	
c. In what State was this vehicle registered?	c.	State		
d. In terms of dollars, about how much damage was done to the motor vehicle -- was (they were) in?	d.	\$ _____		

CONTINUE WITH QUESTION 21 ON PAGE 1

ORTHODONTIC CARE: CY 1974

<p>O Mark one box in each person's column.</p>	<p>O <input type="checkbox"/> 25+ years (NP) <input type="checkbox"/> 5-24 years (13) <input type="checkbox"/> Under 5 years (NP)</p>
<p>13a. Has --- ever had his teeth straightened or had bands on his teeth?</p>	<p>13a. 1 Y 2 N (14)</p>
<p>b. During the past 12 months, about how many visits did he make to an orthodontist?</p>	<p>b. <input type="checkbox"/> None (NP) _____ Number of visits</p>
<p>c. How many of these visits were in the past two weeks -- that is, the two weeks outlined in red on that calendar? If one or more visits in 11d, ask; otherwise, go to NP.</p>	<p>c. <input type="checkbox"/> None (NP) _____ Number of visits</p>
<p>d. How many of these orthodontic visits were included in the --- dental visits --- had during the past 2 weeks that you told me about earlier?</p>	<p>d. <input type="checkbox"/> None _____ Number of visits } NP</p>
<p>14a. Do you think ---'s teeth need to be straightened? (Even though you don't think his teeth need to be straightened)</p>	<p>14a. 1 Y 2 N</p>
<p>b. Have you ever been told by a dentist or orthodontist that his teeth needed to be straightened? If "Y" circled in 14a or b, ask: otherwise, go to NP.</p>	<p>b. 1 Y 2 N</p>
<p>c. We are interested in the various reasons why people do not have their teeth straightened when they need this type of care. (Hand Card O) Which of those statements describes why --- is not NOW receiving this care? Any other reason? Circle all reasons given</p>	<p>c. 1 2 3 4 5 6 7 8 Other (Specify) _____</p>
<p>Mark box or ask:</p>	<p><input type="checkbox"/> Only one reason</p>
<p>d. What is the MAIN reason --- is not NOW receiving this care?</p>	<p>d. 1 2 3 4 5 6 7 8 Other (Specify) _____</p>

PREGNANCY: CY 1973

PREGNANCY	INTERVIEWER CHECK ITEM: <input type="checkbox"/> No Females 17-44 yrs. old (Next page) <input type="checkbox"/> 1+ Females 17-44 yrs. old (1)				
<p>1a. During the past 12 months, has anyone in the family been pregnant or had a miscarriage? Y N (Next page)</p>	<p>1b. <input type="checkbox"/> Was pregnant</p>				
<p>c. During the past 12 months, has anyone else in the family been pregnant or had a miscarriage? Y (Reask 1b and c) N</p>					
<p>If "Was pregnant," ask:</p>					
<p>2a. Is --- now pregnant? (Not counting ---'s current pregnancy)</p>	<p>2a. Y N <input type="checkbox"/> None (NP)</p>				
<p>b. During the past 12 months, how many times has --- been pregnant, including miscarriages? (Not counting ---'s current pregnancy)</p>	<p>b. _____ Pregnancies</p>				
<p>c. How many times has --- EVER been pregnant, including miscarriages?</p>	<p>c. <input type="checkbox"/> Once (NP) _____ Pregnancies</p>				
<p>d. How many of these -- pregnancies resulted in live births?</p>	<p>d. <input type="checkbox"/> None (NP) _____ Live births (NP)</p>				
<p>TABLE P: Complete a line of Table P for each terminated pregnancy reported in Q. 2b. If no terminated pregnancies reported, go to next page.</p>					
Person Number (a)	Did ---'s (last pregnancy/pregnancy before that) end in a full-term live birth, a premature live birth, a miscarriage, or what? (b)	Did she see a doctor at any time during that pregnancy? (c)	How many months pregnant was --- when she first saw a doctor? (d)	About how many visits did --- make to a doctor BEFORE that pregnancy ended? (e)	Did a doctor ever tell --- to remain in bed for two weeks or more during that pregnancy? (f)
	<p>1 <input type="checkbox"/> Full term 2 <input type="checkbox"/> Premature 3 <input type="checkbox"/> Miscarriage 4 <input type="checkbox"/> Stillbirth 5 <input type="checkbox"/> Abortion 6 <input type="checkbox"/> Other - Specify _____</p>	<p>1 Y 2 N (g)</p>	<p>_____ Months</p>	<p>_____ Visits</p>	<p>1 Y 2 N</p>
<p>TABLE P - Continued</p>					
How many months pregnant was --- when that pregnancy ended? (g)	Did --- have a check-up a month or two after that pregnancy ended? (h)	How long has it been since that pregnancy ended? (i)	Does --- intend to have a check-up for that pregnancy? (j)	NOTES	
_____ Months	<p>1 Y (NP) 2 N</p>	<p>1 <input type="checkbox"/> Less than 2 months 2 <input type="checkbox"/> 2+ months (NP)</p>	<p>1 Y 2 N</p>		

PREVENTIVE CARE: CY 1973

PREVENTIVE CARE		S1	<input type="checkbox"/> Not SP (NP) <input type="checkbox"/> Eligible resp. avail. (S2) <input type="checkbox"/> Return call required (NP)
		S2	<input type="checkbox"/> 40+ years (1) <input type="checkbox"/> 17-39 years (3) <input type="checkbox"/> 3-16 years (7) <input type="checkbox"/> Under 3 years (8)
1. About how long has it been since -- had an electrocardiogram, or EKG, which involves placing wires on the chest and arms?	1.	98 <input type="checkbox"/> Never 00 <input type="checkbox"/> Less than 1 year ____ Years	
2. About how long has it been since -- had a test for glaucoma - this is sometimes referred to as an eye pressure test?	2.	98 <input type="checkbox"/> Never 00 <input type="checkbox"/> Less than 1 year ____ Years	
3. About how long has it been since -- had a chest X-ray?	3.	98 <input type="checkbox"/> Never 00 <input type="checkbox"/> Less than 1 year ____ Years	
4a. Does -- have eyeglasses or contact lenses?	4a.	1 Y 2 N	
----- b. About how long has it been since -- had his eyes examined to see if he needed (new) glasses?	b.	98 <input type="checkbox"/> Never 00 <input type="checkbox"/> Less than 1 year ____ Years	
Ask only of FEMALES 17+ years of age; otherwise, go to next person. 5. About how long has it been since -- had a Pap smear test for cancer?	5.	98 <input type="checkbox"/> Never 00 <input type="checkbox"/> Less than 1 year ____ Years	
6. About how long has it been since -- had a breast examination by a doctor?	6.	98 <input type="checkbox"/> Never 00 <input type="checkbox"/> Less than 1 year ____ Years	} (NP)
7a. Does -- have eyeglasses or contact lenses?	7a.	1 Y 2 N	
----- b. About how long has it been since -- had his eyes examined to see if he needed (new) glasses? (Include any eye exams given in school.)	b.	98 <input type="checkbox"/> Never 00 <input type="checkbox"/> Less than 1 year ____ Years	
8a. During the past 12 months, was -- taken to a doctor for a ROUTINE physical examination, that is, not for a particular illness but for a general checkup?	8a.	1 Y (9) 2 N	
----- b. About how long has it been since -- was taken to a doctor for a routine physical examination or general checkup?	b.	98 <input type="checkbox"/> Never ____ Years	
9. About how old was -- when you FIRST took him to a dentist?	9.	98 <input type="checkbox"/> Never ____ Years old	

SPECIALISTS' SERVICES¹ AND ROUTINE CHECKUPS: FY 1964

<p>If any children under 17 years in household, ask: 22. DURING THE PAST 12 MONTHS was-- (were-- , --, etc.) taken to a doctor for a ROUTINE physical examination, that is, not for a particular illness but for a general check-up? If "Yes," and more than one child under 17 years, ask: (a) Who was this? (b) Any of the other children?</p>	<p align="center">(1)</p> <p align="center"><input type="checkbox"/> 17 years or over</p> <p align="center"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>																								
<p>23. DURING THE PAST 12 MONTHS has ANYONE in the family — that is, you, your-- , etc., — received any services from any of the persons listed on this card? Please check "Yes" or "No" for each one listed. Hand respondent pencil and card (NHS-HIS-1(a)) For each "Yes" box checked on the card, ask: (a) Who saw the (specialist)? (Mark (X) for each specialist in person's column.) (b) About how many times did you see a (specialist) during the past 12 months (not counting any visits while you were in the hospital)? (c) Did anyone else see a (specialist) during the past 12 months? If "Yes," ask: (d) Who was this? (e) About how many times did you see a (specialist) during the past 12 months (not counting any visits while you were in the hospital)? Check the "None" box for each person who did not see a specialist.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 2px;">↓ (Mark (X) Specialist)</th> <th style="text-align: left; padding: 2px;">Times</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">Pediatrician</td> <td style="padding: 2px;">A</td> </tr> <tr> <td style="padding: 2px;">Obstetrician or Gynecologist</td> <td style="padding: 2px;">B</td> </tr> <tr> <td style="padding: 2px;">Ophthalmologist</td> <td style="padding: 2px;">C</td> </tr> <tr> <td style="padding: 2px;">Otolaryngologist</td> <td style="padding: 2px;">D</td> </tr> <tr> <td style="padding: 2px;">Psychiatrist</td> <td style="padding: 2px;">E</td> </tr> <tr> <td style="padding: 2px;">Dermatologist</td> <td style="padding: 2px;">F</td> </tr> <tr> <td style="padding: 2px;">Orthopedist</td> <td style="padding: 2px;">G</td> </tr> <tr> <td style="padding: 2px;">Chiropractor</td> <td style="padding: 2px;">H</td> </tr> <tr> <td style="padding: 2px;">Optometrist</td> <td style="padding: 2px;">I</td> </tr> <tr> <td style="padding: 2px;">Podiatrist or Chiroprapist</td> <td style="padding: 2px;">J</td> </tr> <tr> <td colspan="2" style="padding: 2px; text-align: center;"><input type="checkbox"/> None</td> </tr> </tbody> </table>	↓ (Mark (X) Specialist)	Times	Pediatrician	A	Obstetrician or Gynecologist	B	Ophthalmologist	C	Otolaryngologist	D	Psychiatrist	E	Dermatologist	F	Orthopedist	G	Chiropractor	H	Optometrist	I	Podiatrist or Chiroprapist	J	<input type="checkbox"/> None	
↓ (Mark (X) Specialist)	Times																								
Pediatrician	A																								
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<input type="checkbox"/> None																									

¹ Beginning in July 1966, information on specialists' services has been elicited by a single question on the doctor visits page, thus becoming a continuing item as of that date.



APPENDIX III

DEFINITIONS OF CERTAIN TERMS USED IN THE HEALTH INTERVIEW SURVEY^b

Terms Relating to Conditions

Condition.—A morbidity condition, or simply a condition, is any entry on the questionnaire that describes a departure from a state of physical or mental well-being. It results from a positive response to one of a series of “medical-disability impact” or “illness-recall” questions. In the coding and tabulating process conditions are selected or classified according to a number of different criteria such as whether they were medically attended, whether they resulted in disability, or whether they were acute or chronic; or according to the type of disease, injury, impairment, or symptom reported. For the purposes of each published report or set of tables, only those conditions recorded on the questionnaire that satisfy certain stated criteria are included.

Conditions except impairments are classified by type according to the *Eighth Revision of the International Classification of Diseases, Adapted for Use in the United States*,¹⁸ with certain modifications adopted to make the code more suitable for a household interview survey.

Acute condition.—An acute condition is defined as a condition that has lasted less than 3 months and that has involved either medical attention or restricted activity. Because of the

procedures used to estimate incidence, the acute conditions included in this report are the conditions that had their onset during the 2 weeks prior to the interview week and that involved either medical attention or restricted activity during that 2-week period. However, certain conditions are always classified as chronic regardless of onset (see list under the definition of chronic condition).

Acute condition groups.—In this report all tables that have data classified by type of condition employ a five-category regrouping plus several selected subgroups (Table I).

Chronic condition.—A condition is considered chronic if (1) the condition is described by the respondent as having been first noticed more than 3 months before the week of the interview or (2) it is one of the conditions listed below that are always considered chronic regardless of the date of onset.

Allergy, any
Arthritis or rheumatism
Asthma
Cancer
Cleft palate
Clubfoot
Condition present since birth
Deafness or serious trouble with hearing
Diabetes
Epilepsy
Hardening of the arteries
Hay fever
Heart trouble
Hemorrhoids or piles
Hernia or rupture

^bThe definitions shown in this report are those used in CY 1973 reports. Some of the definitions have been modified through the years to improve clarity and to reflect minor methodological changes.

NOTE—A list of references follows the text.

Table I. Acute condition groups and International Classification code numbers included in each category

Condition group	International Classification code number
Infective and parasitic diseases	000-136
Common childhood diseases	033, 052, 055, 056, 072
Virus not otherwise specified	079.9
Other infective and parasitic diseases	000-032, 034-051, 053, 054, 057-071, 073-136
Respiratory conditions	460-486, 501, 508-516, 519, 783
Upper respiratory conditions	460-465, 501, 508
Common cold	460
Other upper respiratory conditions	461-465, 501, 508
Influenza	470-474
Influenza with digestive manifestations	473
Other influenza	470-472, 474
Other respiratory conditions	466, 480-486, 510-516, 519, 783
Pneumonia	480-486
Bronchitis	466
Other respiratory conditions	510-516, 519, 783
Digestive system conditions	520.6-521.5, 521.7-523.9, 525-530, 535-543, 560, 561, 564-577, 784, 785
Dental conditions	520.6-521.5, 521.7-523.9, 525
Functional and symptomatic upper gastrointestinal disorders not elsewhere classifiable	536, 784.0, 784.1, 784.3, 784.7, 785.4 pt.
Other digestive system conditions	526-530, 535, 537, 540-543, 560, 561, 564-577, 784.2, 784.4-784.6, 785 pt.
Injuries	N800-N870, N872-N884, N890-N894, N900-N994, N996-N999
Fractures, dislocations, sprains, and strains	N800-N848
Fractures and dislocations	N800-N839
Sprains and strains	N840-N848
Open wounds and lacerations	N870, N872-N884, N890-N894, N900-N907
Contusions and superficial injuries	N910-N929
Other current injuries	N850-N869, N930-N994, N996-N999
All other acute conditions	All other acute code numbers
Diseases of the ear	380-387, 745.0-745.3, 781.3
Headaches	791
Genitourinary disorders	580-629, 786, 789
Deliveries and disorders of pregnancy and the puerperium	630-678
Diseases of the skin	680-709
Diseases of the musculoskeletal system	717-733, 787
All other acute conditions	Other acute code numbers

High blood pressure
 Kidney stones
 Mental illness
 Missing fingers, hand, or arm-toes, foot, or leg
 Palsy
 Paralysis of any kind
 Permanent stiffness or deformity of the foot, leg, fingers, arm, or back
 Prostate trouble
 Repeated trouble with back or spine
 Rheumatic fever
 Serious trouble with seeing, even when wearing glasses

Sinus trouble, repeated attacks of
 Speech defect, any
 Stomach ulcer
 Stroke
 Thyroid trouble or goiter
 Tuberculosis
 Tumor, cyst, or growth
 Varicose veins, trouble with

Chronic condition groups.—The 30 condition groups shown in this report and the International Classification code numbers used are listed in table II.

Table II. Chronic condition groups and the International Classification code numbers included in each category

Condition causing activity limitation	International Classification code number
Tuberculosis, all forms	010-018
Malignant neoplasms	140-209
Benign and unspecified neoplasms	210-239
Diabetes	250
Mental and nervous conditions	290-304, 305.0, 305.3, 305.5, 305.6, 306-309, 780.6, 781.5, 785.6, 786.2, 790.0, 790.2
Heart conditions	390-398, 402, 404, 410-429, 782.1, 782.2, 782.4
Cerebrovascular disease	430-438
Hypertension without heart involvement	400, 401, 403
Varicose veins	454, 456
Hemorrhoids	455
Other conditions of circulatory system	440-453, 457, 458, 782.0, 782.3, 782.5-.9
Chronic bronchitis	490, 491
Emphysema	492
Asthma, with or without hay fever	493
Hay fever, without asthma	507
Chronic sinusitis	503
Other conditions of respiratory system	470-486, 500-502, 504-506, 508-519, 783
Peptic ulcer	531-534
Hernia	550-553
Other conditions of digestive system	520.3, 520.4, 520.6-521.5, 521.7-523, 525-530, 535-543, 560-577, 784, 785.0-785.5, 785.7, 785.8
Diseases of kidney and ureter	581-584, 590-593
Other conditions of genitourinary system	594-611, 613-629, 786.0, 786.1, 786.3-786.7, 789
Arthritis and rheumatism	710-716, 717.0, 717.1, 717.9, 718
Other musculoskeletal disorders	720-723, 725, 728-732, 733.0, 733.2, 733.3, 733.6, 733.9, 734
Visual impairments	} See definition of impairment
Hearing impairments	
Paralysis, complete or partial	
Impairments (except paralysis) of back or spine	
Impairments (except paralysis and absence) of upper extremities and shoulders	
Impairments (except paralysis and absence) of lower extremities and hips	
Condition not specified:	
Old age	
Other	

Impairment.—Impairments are chronic or permanent defects, usually static in nature, resulting from disease, injury, or congenital malformation. They represent decrease or loss of ability to perform various functions, particularly those of the musculoskeletal system and the sense organs. All impairments are classified by means of a special supplementary code for impairments. Hence, code numbers for impairments in the *International Classification of Diseases* are not used. In the Supplementary Code, impairments are grouped according to type of functional impairment and etiology. The impairment classification is shown in *Vital and Health Statistics*, Series 10, Number 87.¹⁹

Prevalence of conditions.—In general, prevalence of conditions is the estimated number of conditions of a specified type existing at a

specified time or the average number existing during a specified interval of time. The prevalence of chronic conditions is defined as the number of chronic cases reported to be present or assumed to be present at the time of the interview. Those assumed to be present at the time of the interview are cases described by the respondent in terms of one of the diseases on the list of conditions always considered chronic (see definition of chronic condition above) and reported to have been present at some time during the 12-month period prior to the interview.

Incidence of conditions.—The incidence of conditions is the estimated number of conditions having their onset in a specified time period. As previously mentioned, minor acute conditions involving neither restricted activity nor medical attention are excluded from the

statistics. The incidence data shown in some reports are further limited to various subclasses of conditions, such as "incidence of conditions involving bed disability."

Onset of condition.—A condition is considered to have had its onset when it was first noticed. This could be the time the person first felt sick or became injured, or it could be the time when the person or his family was first told by a physician that he had a condition of which he was previously unaware.

Persons with chronic conditions.—The estimated number of persons with chronic conditions is based on the number of persons who at the time of the interview were reported to have one or more chronic conditions.

Activity-restricting condition.—An activity-restricting condition is one that had its onset in the past 2 weeks and that caused at least 1 day of restricted activity during the 2 calendar weeks before the interview week. (See "Restricted-activity day" under "Terms Relating to Disability.")

Bed-disabling condition.—A condition with onset in the past 2 weeks involving at least 1 day of bed disability is called a bed-disabling condition. (See "Bed-disability day" under "Terms Relating to Disability.")

Medically attended condition.—A condition with onset in the past 2 weeks is considered medically attended if a physician has been consulted about it either at its onset or at any time thereafter. However, when the first medical attention for a condition does not occur until after the end of the 2-week period, the case is treated as though there was no medical attention. Medical attention includes consultation either in person or by telephone for treatment or advice. Advice from the physician transmitted to the patient through the nurse is counted as well as visits to physicians in clinics or hospitals. If during the course of a single visit the physician is consulted about more than one condition for each of several patients, each condition of each patient is counted as medically attended.

Discussions of a child's condition by the physician and a responsible member of the household are considered as medical attention even if the child was not seen at that time.

For the purpose of this definition, the term "physician" includes doctors of medicine and osteopathic physicians.

Terms Relating to Disability

Disability.—Disability is the general term used to describe any temporary or long-term reduction of a person's activity as a result of an acute or chronic condition.

Disability day.—Short-term disability days are classified according to whether they are days of restricted activity, bed days, hospital days, work-loss days, or school-loss days. All hospital days are, by definition, days of bed disability; all days of bed disability are, by definition, days of restricted activity. The converse form of these statements is, of course, not true. Days lost from work and days lost from school are special terms that apply to the working and school-age populations only, but these too are days of restricted activity. Hence, "days of restricted activity" is the most inclusive term used to describe disability days.

Restricted-activity day.—A day of restricted activity is one on which a person cuts down on his usual activities for the whole of that day because of an illness or an injury. The term "usual activities" for any day means the things that the person would ordinarily do on that day. For children under school age, usual activities depend on whatever the usual pattern is for the child's day, which will in turn be affected by the age of the child, weather conditions, and so forth. For retired or elderly persons, usual activities might consist of almost no activity, but cutting down on even a small amount for as much as a day would constitute restricted activity. On Sundays or holidays, usual activities are the things the person usually does on such days—going to church, playing golf, visiting friends or relatives, or staying at home and listening to the radio, reading, watching television, and so forth. Persons who have permanently reduced their usual activities because of a chronic condition might not report any restricted-activity days during a 2-week period. Therefore, absence of restricted-activity days does *not* imply normal health.

Restricted activity does not imply complete inactivity, but it does imply only the minimum of usual activities. A special nap for an hour after lunch does not constitute cutting down on usual activities, nor does the elimination of a heavy chore such as cleaning ashes out of the furnace or hanging out the wash. If a farmer or housewife carries on only the minimum of the day's chores, however, this is a day of restricted activity.

A day spent in bed or a day home from work or school because of illness or injury is, of course, a restricted-activity day.

Bed-disability day.—A day of bed disability is one on which a person stays in bed for all or most of the day because of a specific illness or injury. All or most of the day is defined as more than half of the daylight hours. All hospital days for inpatients are considered to be days of bed disability even if the patient was not actually in bed at the hospital.

Work-loss day.—A day lost from work is a day on which a person did not work at his job or business for at least half of his normal workday because of a specific illness or injury. The number of days lost from work is determined only for persons 17 years of age and over who reported that at any time during the 2-week period covered by the interview they either worked at or had a job or business. (See "Currently employed persons" under "Demographic Terms.")

School-loss day.—A day lost from school is a normal school day on which a child did not attend school because of a specific illness or injury. The number of days lost from school is determined only for children 6-16 years of age.

Person-day.—Person-days of restricted activity, bed disability, and so forth are days of the various forms of disability experienced by any one person. The sum of days for all persons in a group represents an unduplicated count of all days of disability for the group.

Condition-day.—Condition-days of restricted activity, bed disability, and so forth are days of the various forms of disability associated with any one condition. Since any particular day of disability may be associated with more than one condition, the sum of days for conditions may add to more than the total number of person-days.

Chronic activity limitation.—Persons are classified into four categories according to the extent to which their activities are limited at present as a result of chronic conditions. Since the usual activities of preschool children, school-age children, housewives, and workers and other persons differ, a different set of criteria is used for each group. There is a general similarity between them, however, as will be seen in the following descriptions of the four categories:

1. *Persons unable to carry on major activity for their group* (major activity refers to ability to work, keep house, or engage in school or preschool activities).

Preschool children:

Inability to take part in ordinary play with other children.

School-age children:

Inability to go to school.

Housewives:

Inability to do any housework.

Workers and all other persons:

Inability to work at a job or business.

2. *Persons limited in amount or kind of major activity performed* (major activity refers to ability to work, keep house, or engage in school or preschool activities).

Preschool children:

Limited in amount or kind of play with other children, e.g., need special rest periods, cannot play strenuous games, or cannot play for long periods at a time.

School-age children:

Limited to certain types of schools or in school attendance, e.g., need special schools or special teaching or cannot go to school full time or for long periods at a time.

Housewives:

Limited in amount or kind of housework, e.g., cannot lift children, wash or iron, or do housework for long periods at a time.

Workers and all other persons:

Limited in amount or kind of work, e.g., need special working aids or special rest periods at work, cannot work full time or for long periods at a time, or cannot do strenuous work.

3. *Persons not limited in major activity but otherwise limited* (major activity refers to ability to work, keep house, or engage in school or preschool activities).

Preschool children:

Not classified in this category.

School-age children:

Not limited in going to school but limited in participation in athletics or other extra-curricular activities.

Housewives:

Not limited in housework but limited in other activities such as church, clubs, hobbies, civic projects, or shopping.

Workers and all other persons:

Not limited in regular work activities but limited in other activities such as church, clubs, hobbies, civic projects, sports, or games.

4. *Persons not limited in activities* (includes persons whose activities are not limited in any of the ways described above).

Chronic mobility limitation.—Persons are classified into the following five categories according to the extent to which their mobility is limited at present as a result of chronic conditions:

1. *Stays in bed.* Must stay in bed all or most of the time.
2. *Stays in the house.* Must stay in the house, but not in bed, all or most of the time.
3. *Needs help getting around.* Able to go outside but needs the help of another person or of a special aid such as a cane or wheelchair in getting around.
4. *Has trouble getting around freely.* Does not need the help of another person or a special aid but has trouble in getting around freely.
5. *Is not limited in mobility.* Not limited in any of the ways described above.

Terms Relating to Persons Injured

Injury condition.—An injury condition, or simply an injury, is a condition of the type that is classified according to the nature of injury code numbers (N800-N999) in the *International Classification of Diseases*. In addition

to fractures, lacerations, contusions, burns, and so forth, which are commonly thought of as injuries, this group of codes includes effects of exposure, such as frostbite, adverse reactions to immunization and other medical procedures, and poisonings. Unless otherwise specified, the term “injury” is used to cover all of these.

Since a person may sustain more than one injury in a single accident, e.g., a broken leg and laceration of the scalp, the number of injury conditions may exceed the number of persons injured.

Statistics of acute injury conditions include only those injuries that involved at least 1 full day of restricted activity or medical attendance.

Person injured.—A person injured is one who has sustained one or more injuries in an accident or in some type of nonaccidental violence. (See definition of injury condition.) Each time a person is involved in an accident or in nonaccidental violence causing injury that results in at least 1 full day of restricted activity or medical attention, he is included in the statistics as a separate person injured; hence, one person may be included more than once.

The number of persons injured is not equivalent to the number of accidents for several reasons: (1) the term “accident” as commonly used may not involve injury at all, (2) more than one injured person may be involved in a single accident, so the number of accidents resulting in injury would be less than the number of persons injured in accidents, and (3) the term “accident” ordinarily implies an accidental origin, whereas “persons injured” as used in the Health Interview Survey includes persons whose injuries resulted from certain nonaccidental violence.

The number of persons injured in a specified time interval is always equal to or less than the incidence of injury conditions, since one person may incur more than one injury in a single accident.

Place of accident.—Persons injured are classified according to the type of place where the injury occurred.

1. *Home.* The place of accident is considered as “home” if the injury occurred either inside or outside the home but within the property

boundaries. "Home" includes not only the person's own home but also any other home (vacant or occupied) in which he may have been when he was injured. "Home" includes any structure that has the primary function of a dwelling unit and includes the structure and premises of such places as apartment houses and house trailers.

Inside the house:

Includes any room, attic, cellar, porch, or steps leading to an entrance of the house. However, inside the garage is not considered as inside the house.

Outside the house:

Includes the yard, driveway, garage, patio, gardens, or walks. On a farm, only the premises adjacent to the house are considered as part of the home. Injuries due to accidents occurring on cultivated land, in barns, or other similar farm buildings would not be considered home injuries.

2. *Street or highway.* "Street or highway" means the entire area between property lines of which any part is open for the use of the public as a matter of right or custom. It includes the roadway, shoulder, curb, or public sidewalk; excluded are private driveways, lanes, or sidewalks.

3. *Farm.* "Farm" as a place of accident refers to accidents occurring in farm buildings or on cultivated land but does not include accidents occurring in the farm home or premises. A ranch is considered a farm.

4. *Industrial place.* "Industrial place" is the term applied to accidents occurring in an industrial place or on the premises. Included are such places as factories, railway yards, warehouses, workshops, logging camps, shipping piers, oil fields, shipyards, sand and gravel pits, canneries, and auto repair garages. Construction projects such as houses, buildings, bridges, and new roads are included in this category. Buildings undergoing remodeling, with the exception of private homes, are classified as industrial places or premises.

5. *School.* "School" as a place of accident includes all accidents occurring in school buildings or on the premises. This classification includes elementary schools, high

schools, colleges, and trade and business schools.

6. *Place of recreation.* "Place of recreation" is used to describe accidents occurring in places organized for sports and recreation other than recreational areas located at a place already defined as "home," "industrial place," or "school." Bowling alley, amusement park, football stadium, and dance hall are examples of "place of recreation." In "place of accident" classification of injuries the place is significant rather than the activity in which the person was engaged at the time of accident. Hence, an injury sustained by a person at a dance hall while he was at work is classified as a "place of recreation" injury. Likewise, an injury occurring while a person was engaged in a sport in an industrial place is classified as an "industrial place" injury.

7. *Other.* Accidents that cannot be classified in any of the above groups or for which the place is unknown are classified as "other." Included in the classification are such places as restaurants, churches, business and professional offices, and open or wooded country.

Classification of injured persons by activity restriction or medical attendance.—The classification of injured persons by activity restriction or medical attendance is based on the classification of the injury. (See definitions for activity-restricting injury, bed-disabling injury, work- or school-loss injury, and medically attended injury.) For example, a person may have received several injuries in a single accident; if one of the injuries involved 1 or more days of restricted activity, 1 or more days in bed, or medical attendance, the person injured would correspondingly be classified as with restricted activity, with bed disability, or medically attended.

Activity-restricting injury.—An activity-restricting injury is an injury that has caused at least 1 day of restricted activity. (See definition of restricted-activity day.) The incidence of activity-restricting injuries is estimated from the number of such injuries reported as having occurred in the 2 weeks before the interview week. For this reason, an injury that did not result in restricted activity until after the end

of the 2-week period in which it occurred is not classified as an activity-restricting injury.

Bed-disabling injury.—An injury resulting in at least 1 day of bed disability is called a bed-disabling injury. (See also definition of activity-restricting injury.)

Work- or school-loss injury.—An injury resulting in at least 1 day of work or school loss is called a work-loss injury or a school-loss injury. (See also definition of activity-restricting injury.)

Medically attended injury.—An injury for which a physician was consulted is called a medically attended injury. Consulting a physician includes consultation in person or by telephone for treatment or advice. Advice from the physician transmitted to the patient through the nurse is counted as medical consultation as well as visits to physicians in clinics or hospitals. If at one visit the physician is consulted about more than one injury for each of several patients, each injury is counted as medically attended.

A parent consulting a physician about a child's injury is counted as medical consultation about that injury even if the child was not seen by the physician at that time.

For the purpose of this definition, "physician" includes doctors of medicine and osteopathic physicians. The term "doctor" is used in the interview rather than "physician" because of popular usage. However, the concept toward which all instructions are directed is that which is described here.

An injury is counted as medically attended if a physician was consulted about it at its onset or at any time thereafter. However, the first medical attention for an injury that was experienced during the 2-week period prior to the household interview may not occur until after the interview. Such cases are treated as though there was no medical attention.

An injury is counted as medically attended if a physician was consulted about it at its onset or at any time thereafter. However, the first medical attention for an injury that was experienced during the 2-week period prior to the household interview may not occur until after the end of the 2-week period. Such cases are treated as though there was no medical attention.

Terms Relating to Class of Accident

Class of accident.—Injuries, injured persons, and resulting days of disability may be grouped according to class of accident. This is a broad classification of the types of events that resulted in personal injuries. Most of these events are accidents in the usual sense of the word, but some are other kinds of mishap, such as overexposure to the sun or adverse reactions to medical procedures, and others are nonaccidental violence, such as attempted suicide. The classes of accident are (1) moving motor vehicle accidents, (2) accidents occurring while at work, (3) home accidents, and (4) other accidents. These categories are not mutually exclusive. For example, a person may be injured in a moving motor vehicle accident that occurred while the person was at home or at work. The accident class "moving motor vehicle" includes "home-moving motor vehicle" and "while at work-moving motor vehicle." Similarly, the classes "while at work" and "home" include duplicated counts, e.g., "moving motor vehicle-while at work" is included under "while at work."

Motor vehicle.—A motor vehicle is any mechanically or electrically powered device, not operated on rails, upon which or by which any person or property may be transported or drawn upon a land highway. Any object, such as a trailer, coaster, sled, or wagon, being towed by a motor vehicle is considered a part of the motor vehicle. Devices used solely for moving persons or materials within the confines of a building and its premises are not counted as motor vehicles.

Moving motor vehicle accident.—The accident is classified as "moving motor vehicle" if at least one of the motor vehicles involved in the accident was moving at the time of the accident. This category is subdivided into "traffic" and "nontraffic" accidents.

1. *Traffic moving motor vehicle accident.* The accident is in the "traffic" category if it occurred on a public highway. It is considered to have occurred on the highway if it occurred wholly on the highway, if it originated on the highway, if it terminated on the highway, or if it involved a vehicle

partially on the highway. A public highway is the entire width between boundary lines of every way or place of which any part is open to the use of the public for the purposes of vehicular traffic as a matter of right or custom.

2. *Nontraffic moving motor vehicle accident.* The accident is in the "nontraffic" category if it occurred entirely in any place other than a public highway.

Nonmoving motor vehicle accident.—If the motor vehicle was not moving at the time of the accident, the accident is considered a "non-moving motor vehicle" accident and is classified in the "other accident" category.

Accident while at work.—The class of accident is "while at work" if the injured person was 17 years of age or over and was at work at a job or a business at the time the accident happened.

Home accident.—The class of accident is "home" if the injury occurred either inside or outside the house. "Outside the house" refers to the yard, buildings, and sidewalks on the property. "Home" includes not only the person's own home but also any other home in which he may have been when he was injured.

Other accident.—The class of accident is "other" if the occurrence of injury cannot be classified in one or more of the first three class-of-accident categories (i.e., moving motor vehicle, while at work, or home). This category therefore includes persons injured in public places (e.g., tripping and falling in a store or on a public sidewalk) and also nonaccidental injuries such as homicidal and suicidal attempts. The survey does not cover the military population, but current disability of various types resulting from prior injury occurring while the person was in the Armed Forces is covered and is included in this class. The class also includes mishaps for which the class of accident could not be ascertained.

Terms Relating to Hospitalization

Hospital.—For this survey a hospital is defined as any institution meeting one of the following criteria: (1) named in the listing of hospitals in the current Guide Issue of *Hospitals*, the Journal of the American

Hospital Association, (2) named in the listing of hospitals in the Directories of the American Osteopathic Hospital Association, or (3) named in the annual inventory of non-Federal hospitals submitted by the States to the Health Care Facilities Service, Health Services and Mental Health Administration, in conjunction with the Hill-Burton program.

Short-stay hospital.—A short-stay hospital is one in which the type of service provided by the hospital is general; maternity; eye, ear, nose, and throat; children's; or osteopathic; or it may be the hospital department of an institution.

Hospital ownership.—Hospital ownership is a classification of hospitals according to the type of organization that controls and operates the hospital. The category to which an individual hospital is assigned and the definition of these categories follows the usage of the American Hospital Association.

Hospital day.—A hospital day is a day on which a person is confined to a hospital. The day is counted as a hospital day only if the patient stays overnight. Thus a patient who enters the hospital on Monday afternoon and leaves Wednesday noon is considered to have had 2 hospital days.

Hospital days during the year.—The number of hospital days during the year is the total number for all hospital episodes in the 12-month period prior to the interview week. For the purposes of this estimate, episodes overlapping the beginning or end of the 12-month period are subdivided so that only those days falling within the period are included.

Hospital episode.—A hospital episode is any continuous period of stay of 1 night or more in a hospital as an inpatient except the period of stay of a well newborn infant. A hospital episode is recorded for a family member whenever and part of his hospital stay is included in the 12-month period prior to the interview week.

Hospital discharge.—A hospital discharge is the completion of any continuous period of stay of 1 or more nights in a hospital as an inpatient except the period of stay of a well newborn infant. A hospital discharge is recorded whenever a present member of the

household is reported to have been discharged from a hospital in the 12-month period prior to the interview week. (Estimates were based on discharges which occurred during the 6-month period prior to the interview.)

Length of hospital stay.—The length of hospital stay is the duration in days, exclusive of the day of discharge, of a hospital discharge. (See definition of “hospital discharge.”)

Average length of stay.—The average length of stay per discharged patient is computed by dividing the total number of hospital days for a specified group by the total number of discharges for the same group.

Type of hospital service.—Type of hospital service is a classification of hospitals according to the predominant type of cases for which they provide care. The category to which an individual hospital is assigned and the definition of these categories follows the usage of the American Hospital Association.

Terms Relating to Dental Visits

Dental visit.—A dental visit is defined as any visit to a dentist’s office for treatment or advice, including services by a technician or hygienist acting under a dentist’s supervision.

Interval since last dental visit.—The interval since the last dental visit is the length of time prior to the week of interview since a dentist or dental hygienist was last visited for treatment or advice of any type.

Edentulous persons.—Persons who have lost all their permanent teeth are classed as edentulous persons. An edentulous person may have dentures but does not have any natural teeth.

Type of dental service.—A dental service is a service received when a dentist or dental hygienist is visited. For purposes of this survey, dental services have been categorized into a number of broad types. If a single dental visit involves more than one type of dental service, each type of service is recorded. If a particular type of service is rendered more than once during a single visit, the type of service is nevertheless recorded only once. For example, if during a single dental visit one tooth is extracted and three teeth are filled, the types of services rendered during that visit are recorded as “extractions” and “fillings,” each

category being recorded only once. The categories of type of dental service are defined as follows:

1. *Fillings* include temporary fillings, permanent fillings, inlays, crowns, and similar procedures.
2. *Extractions* include any dental surgery and related activity such as removal of stitches.
3. *Cleaning or examination* includes all forms of dental prophylaxis, checkup, consultation, and X-rays.
4. *Straightening* includes orthodontic treatment and brace work and also fitting or repair of braces.
5. *Gum treatment* includes all peridontal work except prophylaxis.
6. *Denture work* includes taking impressions for false teeth, plate fitting or repair, and bridge work.
7. *Other* includes all types of dental service not listed above.

Terms Relating to Physician Visits

Physician visit.—A physician visit is defined as consultation with a physician, in person or by telephone, for examination, diagnosis, treatment, or advice. The visit is considered to be a physician visit if the service is provided directly by the physician or by a nurse or other person acting under a physician’s supervision. For the purpose of this definition, “physician” includes doctors of medicine and osteopathic physicians. The term “doctor” is used in the interview rather than “physician” because of popular usage. However, the concept toward which all instructions are directed is that which is described here.

Physician visits for services provided on a mass basis are not included in the tabulations. A service received on a mass basis is defined as any service involving only a single test (e.g., test for diabetes) or a single procedure (e.g., smallpox vaccination) when this single service was administered identically to all persons who were at the place for this purpose. Hence obtaining a chest X-ray in a tuberculosis chest X-ray trailer is not included as a physician visit. However, a special chest X-ray given in a physician’s office or in an outpatient clinic is considered a physician visit.

Physician visits to hospital inpatients are not included.

If a physician is called to a house to see more than one person, the call is considered a separate physician visit for each person about whom the physician was consulted.

A physician visit is associated with the person about whom the advice was sought, even if that person did not actually see or consult the physician. For example, if a mother consults a physician about one of her children, the physician visit is ascribed to the child.

Interval since last physician visit.—The interval since the last physician visit is the length of time prior to the week of interview since a physician was last consulted in person or by telephone for treatment or advice of any type whatever. A physician visit to a hospital inpatient may be counted as the last time a physician was seen.

Place of visit.—The place of visit is a classification of the types of places at which a physician visit occurs. Definitions of the various categories are as follows:

1. *Home* is defined as any place in which the person was staying at the time of the physician's visit. It may be his own home, the home of a friend, a hotel, or any other place the person may have been staying (except as an overnight patient in a hospital).
2. *Office* is defined as the office of a physician in private practice only. This may be an office in the physician's home, an individual office in an office building, or a suite of offices occupied by several physicians. For purposes of this survey, physicians connected with prepayment-group-practice plans are considered to be in private practice.
3. *Hospital clinic* is defined as an outpatient clinic or emergency room in any hospital.
4. *Company or industry health unit* refers to treatment received from a physician or under a physician's supervision at a place of business (e.g., factory, store, office building). This includes emergency or first-aid rooms located in such places if treatment was received there from a physician or trained nurse.
5. *Telephone contact* refers to advice given in a telephone call by the physician directly or through a nurse. (Calls for appointments are excluded.)
6. *Other* refers to advice or treatment received from a physician or under a physician's general supervision at a school, at an insurance office, at a health department clinic, or any other place at which a physician consultation might take place.

Type of medical service.—A medical service is a service received when a physician is consulted. For the purposes of this survey, medical services have been categorized into several broad types. A single physician visit may result in the recording of more than one type of medical service (though a particular type is not recorded more than once for any one physician visit). Definitions of the types of medical service are as follows:

1. *Diagnosis and treatment* include (1) examinations and tests in order to diagnose an illness regardless of whether the examinations and tests resulted in a diagnosis and (2) treatment or advice given by the physician or under the physician's supervision. The category includes diagnosis alone, treatment alone, and both combined. X-rays either for diagnostic purposes or for treatment are included in this class.
2. *Prenatal and postnatal care* include consultations concerning the care of the mother during pregnancy and in the postpartum period. It excludes consultations for illnesses not related to pregnancy or delivery.
3. *General checkup* includes checkups for general purposes and also those for a specific purpose such as employment or insurance. If a diagnosis or diagnoses are made in the course of a general checkup, the physician visit is classified to "diagnosis and treatment" as well as to "general checkup." If the consultation is for checking up on a specific condition, as, for example, when a person goes at regular intervals for a check on a tuberculous or heart condition, this is classified as "diagnosis and treatment" and not as "general checkup."

4. *Immunization* includes this preventive service when provided by a physician or under a physician's supervision. A physician service which is for the sole purpose of receiving immunization against a particular disease given at the same time and place that many other persons are receiving the identical immunization is excluded because of the rule for exclusion of such services in the definition of a physician visit.
5. *Other* includes eye refractions and specific preventive-care services (such as vitamin injections) not embraced by the above type of service categories. Also included are all visits where an unknown type of service was reported.

Terms Relating to Special Aids

Special aid.—A special aid is a device used to compensate for defects resulting from disease, injury, impairment, or congenital malformation. Aids included in this survey are artificial limbs, braces, crutches, canes or walking sticks, special shoes, wheelchairs, walkers, and any other kind of aid for getting around, as follows:

1. *Artificial limb* is a device to replace a missing leg, arm, hand, or foot. It does not have to have moving parts, but a device employed only for lengthening a leg where the whole leg or foot is present is not counted.
2. *Brace* is defined as any kind of supportive device for the arms, hands, legs, feet, back, neck, or head, exclusive of temporary casts, slings, bandages, trusses, belts, or crutches. Dental braces are excluded.
3. *Crutch* is a staff with a crosspiece at the top to support a person in walking. The point of support may be the axilla, upper arm, or forearm. For each crutch a second support is at hand level.
4. *Cane or walking stick* is a short staff, either straight or curved at upper end, used to provide some support at hand level in walking.
5. *Special shoes* are shoes of special construction or design which are used to help a person in getting around. Oversized shoes of normal or usual construction are excluded.

6. *Wheelchair* is a chair mounted on wheels and usually propelled by the occupant by means of handrims attached to the two large side wheels.
7. *Walker* is a four-legged stand which provides support for a person. It is moved by lifting or by wheeling on casters.

Terms Relating to Home Care

Home care.—Care received at home is defined as any personal assistance or personal services received by a person at home as a result of illness, injury, impairment, or advanced age. The person providing the care may have received a fee for his service or the service may have been provided free. Excluded from the definition of home care is any care provided by a physician. However, care by all other persons whether the latter are professional health workers or not is included. The amount of care varies from constant care for bedridden persons to only partial or intermittent.

Type of care provided.—Type of care provided has been classified into three general categories. These categories with the specific inclusions are as follows:

1. *Personal care*

Walking up stairs or getting from room to room:

Includes assistance either in walking from one room to another or in going up and down stairs. This would include cases where someone must watch or stand behind a person as he walks up the steps in case he falls or stumbles. If the person is bedridden or never attempts to walk from one room to another or to walk up and down stairs, this type of care is excluded since this kind of service is not rendered by anyone.

Dressing or putting on shoes:

Includes any care a person receives in dressing and the like because he is unable to dress himself without the help of another person because of some health problem. Not included is help in dressing that is not health related such as the wife

who ties her husband's ties because he never learned how to do it properly or the husband who hooks the back of his wife's dress because it is difficult for her to reach.

Bathing (shaving) or other toilet activities:

Includes any assistance the person need in washing or shaving himself or in using a bedpan and so forth.

Eating or having meals served in bed:

Includes help if the person is unable to eat without assistance or has to have his meals served to him in bed. Not included in this definition is help in preparation of meals.

2. *Medically related care*

Changing bandages:

Includes assistance in changing dressing or bandages.

Receiving injections:

Includes injections received at home from someone other than a doctor.

Other treatments:

Includes all other treatments received from some other person at home such as the application of salves or ointments, wetpacks, etc.

3. *Other types of care*

Changing bed positions:

Includes assistance of another person in order to sit up or turn over in bed.

Exercising or physical therapy:

Includes receipt of physical therapy at home or in any exercise performed because of some illness, injury, or impairment.

Cutting toenails.

Any other type of care not specified above.

Specifically excluded from types of care provided are (1) any care received by the person *outside* his home, e.g., physical therapy at an outpatient clinic, (2) *any* care received from a *physician* either at the person's home or at the doctor's office, a clinic, a hospital, etc., and (3) maid service for cleaning, laundry, or preparation of meals.

Duration of care.—Duration of care is the length of time prior to the week of interview that a person received home care.

Extent of care.—Two major categories used to describe the extent of care received are constant care and partial or intermittent care.

1. *Constant care* was provided when the person was never left unattended or alone in the house even for short intervals or during the night. Although the person providing the care was immediately available at all times, the care did not have to be provided at all times.

2. *Part-time care* includes any care on a part-time basis. This includes care for persons who required constant care during intermittent episodes of a condition.

Provider of care.—Three categories are used to classify provider of home care.

1. *Related household member* included any medical or paramedical personnel who were related to the individual requiring care. However, related physicians were excluded from this category as well as the remaining ones.

2. *Registered nurse* who came to the home to provide care.

3. *All other persons* providing care included practical nurses, physical therapists, and social workers.

Nurse visits.—Home visits by nurses include visits from nurses in the past 12 months by any kind of nurse, registered or otherwise.

Family and Related Terms

The definitions of families and unrelated individuals (family units) are the same as those used in the 1970 census.

Family refers to a group of two persons or more related by blood, marriage, or adoption who are living together in the same household. Although the usual household contains only the primary family, a household can contain secondary families as well as individuals unrelated to the family. A lodger and his family who are not related to the head of the household or a resident employee and his wife living in are considered a secondary family and not

part of the primary family. However, if the son of the head of the household and the son's wife and children are members of the household, this subfamily is treated as part of the primary family.

Individuals are persons (other than inmates of institutions) who are not living with any relatives. An unrelated individual can be (1) a household head living alone or with non-relatives, (2) a lodger or resident employee with no relatives in the household, (3) a staff member of an institution who has no relatives living with him, or (4) a resident of a dormitory, lodging house, or other shared-residence facility who has no relative living with him.

Head of family is usually the person regarded as the "head" by the members of the group. Married women are never classified as heads if their husbands are living with them at the time of the survey except when the husband is a member of the Armed Forces. Only one person in each family can be designated as the head. Therefore the number of heads of families is equal to the number of families.

Other family members are all persons who are related to the head of the family by blood, marriage, or adoption. The category "child under 17," used as a classifier of husband-wife families, refers to a child of these parents and includes an adopted child, a foster child, or a ward but excludes a grandchild.

Terms Relating to Health Insurance

Health insurance is any plan specifically designed to pay all or part of the medical or hospital expenses of the insured individual. The insurance can be either a group or an individual policy with the premiums paid by the individual, his employer, a third party, or a combination of these. Benefits received under the plan can be in the form of payment to the individual or to the hospital or doctor. However, the plan must be a formal one with defined membership and benefits rather than an informal one. For example, an employer simply paying the hospital bill for an employee would not constitute a health insurance plan.

For the Health Interview Survey, health insurance excludes the following kinds of

plans: (1) plans limited to the "dread diseases" such as cancer and polio, (2) free care such as public assistance, public welfare, and Medicaid, care given free of charge to veterans, care given under Uniformed Services Dependents Medical Care Program, care given under the Crippled Children Program or similar programs, and care of persons admitted to a hospital for research purposes, (3) insurance that pays bills only for accidents, such as liability insurance held by a car or property owner, insurance that covers children for accidents at school or camp, and insurance for a worker that covers him only for accidents, injuries, or diseases incurred on the job, and (4) insurance that pays only for loss of income.

Hospital insurance.—Insurance that pays all or part of the hospital bill for the hospitalized person is called hospital insurance. The hospital bill is limited to the bill submitted by the hospital itself, not the doctor's or surgeon's bill or the bill for special nurses. Such a bill always includes the cost of room and meals and may also include the cost of other services such as operating room, laboratory tests, and X-rays.

Surgical insurance.—Insurance that pays in whole or part the bill of the doctor or surgeon for an operation whether performed in a hospital or in the doctor's office is surgical insurance. Insurance that pays the cost of visits to a doctor's office for postoperative care is included as surgical insurance.

Terms Relating to Acquisition and Cost of Medicines

In order to obtain accurate and complete information relating to the acquisition and cost of medicines, the reference period is limited to the 2-week period prior to interview. The collected data are then appropriately weighted to provide annual estimates for medicine items.

Prescribed medicine.—Prescribed medicine is defined as (1) any medicine obtained on a doctor's written prescription, (2) any medicine which has been prepared on the basis of a doctor's telephone call to a pharmacist, or (3) any medicine given by the doctor (or nurse) to a person to take home. Medicine obtained as a refill of a previous prescription is considered prescribed medicine. Medicines and injections

administered in a medical facility are excluded.

Acquisition of prescribed medicine.—Each time the medicine is actually obtained on the basis of a prescription is considered an acquisition. If the medicine is specifically prescribed for two persons, it is counted as two acquisitions. Each time the prescription is refilled is considered a separate acquisition.

Cost per acquisition of prescribed medicine.—The amount paid (or to be paid) by a person, his family, or friends and any part paid by health insurance is recorded for each acquisition of medicine for each person. If the medicine was obtained without cost, the source from which the medicine was obtained free of charge is recorded. If the medicine was obtained for two persons, half of the cost is allocated to each person. Similarly if the medicine was obtained twice for one person, half the total cost is allocated per acquisition.

Nonprescribed medicine.—Nonprescribed medicine is defined as medicines obtained without a prescription. The term includes tonics, pills, salves, ointments, vitamins, first-aid items, and other medicines or medications.

Users of nonprescribed medicine.—Persons in the family who used or might use each nonprescribed medicine are recorded.

Cost of nonprescribed medicine during period per user.—The amount paid (or to be paid) for a given type of nonprescribed medicine actually obtained during a period of time is allocated equally among each user (or potential user) of the medicine. Nonprescribed medicine obtained “free from doctor” (or other source) is recorded as having no cost.

Terms Relating to Corrective Lenses

Corrective lenses.—Corrective lenses include eyeglasses and contact lenses. The term is limited to visual aids worn to correct or improve vision and therefore excludes sunglasses worn only to filter light, safety glasses worn only for protection of the eyes, hand magnifying glasses, and other such devices. However, if the safety glasses are worn also for correction or improvement of vision, they are considered corrective lenses as are prescription sunglasses.

Type of correction.—Lenses are used for the correction of near vision, distance vision, and

defective vision due to specific eye conditions.

Lenses prescribed for the correction of near vision aid the person in reading or doing close work. For persons who cannot read, the term “close work” is defined as seeing small objects clearly enough to recognize what they are. Lenses prescribed for the correction of distance vision aid the person in seeing distance objects and are used in such activities as driving a car, watching a moving, or seeing entries on a blackboard. Persons who reported having bifocals are considered as having correction for both near and distance vision, but the use of both types of lenses is verified by the interviewer.

When the respondent reported only in terms of an eye condition such as astigmatism or strabismus, the type of correction is classified as other than correction of near or distance vision.

For persons who obtained their corrective lenses without a prescription, the respondent's reply regarding type of correction is accepted.

Frequency of use of corrective lenses.—The options read to the respondent, “all of the time, most of the time, hardly ever, never” represent a descending scale of frequency of use. For persons who use their lenses for the correction of near vision only or distance vision only, the scale refers only to the purpose for which the lenses were prescribed or intended, e.g., if a person uses his lenses to read only the daily newspaper each morning and does no other reading or close work, he is considered as a person who uses his glasses “all of the time” for “reading or close work.” If a person has both eyeglasses and contact lenses or more than one pair of either, the question on frequency of use applies to all lenses used, e.g., if a person wears contact lenses at work and eyeglasses at all other times, he is considered as wearing corrective lenses “all of the time.”

Source of optical prescription.—Prescriptions for corrective lenses are usually obtained from either an ophthalmologist or an optometrist.

An ophthalmologist is a physician who specializes in the medical and surgical care of the eyes and may prescribe drugs or other treatment as well as lenses. An optometrist performs visual analysis by examining the eyes,

prescribing lenses and other vision aids, visual training, and orthoptics or other optical aids. The optometrist does not treat eye diseases or perform surgery.

Terms Relating to Cigarette Smoking

Nonsmoker.—A person who has never smoked more than 100 cigarettes (five packs) during his entire life is considered to have never smoked cigarettes. Persons who have never smoked cigarettes are also referred to as “never smokers.”

Ever smoked cigarettes.—Persons who have smoked more than 100 cigarettes (five packs) in their entire lives are classified as having ever smoked and are further described as present smokers and former smokers. They also are referred to as “ever smokers.”

Present cigarette smoker.—Any person who reported a current rate of cigarette smoking is classified as a present smoker. The rate may range from less than one cigarette per day to 99 or more cigarettes per day. If a person has stopped smoking cigarettes only temporarily because of illness, economic reasons, or the like, he is still considered a present smoker.

Former cigarette smoker.—Any person who has smoked at least 100 cigarettes during his entire life but reports smoking no cigarettes at the time of the interview is classified as a former smoker.

Heaviest smoking rate.—A person’s heaviest smoking rate is the daily rate of consumption during the period when he was smoking the most. The period of heaviest smoking can range from a short time to many years.

Present smoking rate.—A person’s present smoking rate is the number of cigarettes he reports to be smoking per day at the time of the interview.

Time since last smoked.—This is a measure of the interval of time since a former smoker last smoked cigarettes fairly regularly.

Demographic Terms

Age.—The age recorded for each person is the age at last birthday. Age is recorded in single years and grouped in a variety of distributions depending on the purpose of the table.

Color.—The population is divided into two color groups, “white” and “all other.” “All other” includes Negro, American Indian, Chinese, Japanese, and any other race. Mexican persons are included with “white” unless definitely known to be Indian or of another race.

Income of family or of unrelated individuals.—Each member of a family is classified according to the total income of the family of which he is a member. Within the household all persons related to each other by blood, marriage, or adoption constitute a family. Unrelated individuals are classified according to their own income.

The income recorded is the total of all income received by members of the family (or by an unrelated individual) in the 12-month period preceding the week of interview. Income from all sources is included, e.g., wages, salaries, rents from property, pensions, and help from relatives.

Education.—The categories of education status show the years of school completed. Only years completed in regular schools, where persons are given a formal education, are included. A “regular” school is one which advances a person toward an elementary or high school diploma or a college, university, or professional school degree. Thus education in vocational, trade, or business schools outside the regular school system is not counted in determining the highest grade of school completed.

1. *Education of head of family or of unrelated individuals.* Each member of a family is classified according to the education of the head of the family of which he is a member. Within the household all persons related to each other by blood, marriage, or adoption constitute a family. Unrelated individuals are classified according to their own education.
2. *Education of individual.* Each person aged 17 years or older is classified by education in terms of the highest grade of school completed.

Marital status.—Marital status is recorded only for persons 17 years of age or older. The marital status categories in this report are as follows:

1. *Under 17* includes all persons aged 0-16 regardless of their marital status.

2. *Married* includes all married persons not separated from their spouses. Persons with common-law marriage are considered as married.
3. *Never married* includes persons who were never married and persons whose only marriage was annulled.
4. *Separated* includes married persons who have a legal separation or who have parted because of other reasons. This does not include persons separated from their spouses because of the circumstances of their employment or service in the Armed Forces; these persons are considered married.
5. *Widowed* and *divorced* include, respectively, all persons who said they were either widowed or legally divorced.

Living arrangement.—The four categories of living arrangements shown in this report are as follows:

1. *Living alone.* Living alone is defined as living in a one-member household.
2. *Living with nonrelatives.* Living with nonrelatives is defined as living in a household with another person or persons none of whom are related to the person by blood, marriage, or adoption.
3. *Living with relatives—married.* This category includes married persons who are living in a household with another person or persons one or more of whom are related to them by blood, marriage, or adoption. Persons with common-law marriages are considered to be married. For purposes of this category, “married” excludes widowed, divorced, or separated. Persons whose only marriage was annulled are counted as “never married.”
4. *Living with relatives—other.* This category includes children living with parents or relatives; it also includes persons who are widowed, divorced, separated, or never married who are living in a household with another person or persons one or more of whom are related to them by blood, marriage, or adoption. Persons whose only marriage was annulled are counted as “never married.” “Separated” refers to married persons who have a legal separation or who have parted because of marital discord.

Usual activity.—All persons in the population are classified according to their usual activity

during the 12-month period prior to the week of interview. The “usual” activity, in case more than one is reported, is the one at which the person spent the most time during the 12-month period. Children under 6 years of age are classified as “preschool.” All persons aged 6-16 years are classified as “school age.”

The categories of usual activity used in this report for persons aged 17 years and over are *usually working, usually going to school, usually keeping house, retired, and other activity.* For several reasons these categories are not comparable with somewhat similarly named categories in official Federal labor force statistics. First, the responses concerning usual activity are accepted without detailed questioning since the objective of the question is not to estimate the numbers of persons in labor force categories but to identify crudely certain population groups that may have differing health problems. Second, the figures represent the usual activity status over the period of an entire year, whereas official labor force statistics relate to a much shorter period, usually 1 week. Third, the minimum age for usually working persons is 17 in the Health Interview Survey, and the official labor force categories include all persons aged 14 or older. Finally, in the definitions of specific categories which follow, certain marginal groups are classified differently to simplify procedures.

1. *Usually working* includes persons 17 years of age or older who are paid employees; self-employed in their own business, profession, or in farming; or unpaid employees in a family business or farm. Work around the house or volunteer or unpaid work such as for a church is not counted as working.
2. *Usually going to school* includes persons 17 years of age or older whose major activity is going to school.
3. *Usually keeping house* includes female persons 17 years of age or older whose major activity is described as “keeping house” and who cannot be classified as “working.”
4. *Retired* includes persons 45 years old and over who consider themselves to be retired. In case of doubt, a person 45 years of age or older is counted as retired if he or she has either voluntarily or involuntarily stopped working, is not looking for work,

and is not described as "keeping house." A retired person may or may not be able to work.

5. *Other activity* includes all persons 17 years of age or older not classified as "working," "retired," or "going to school," and females 17 years of age or older not classified as "keeping house."

Geographic region.—For the purpose of classifying the population by geographic area, the States are grouped into four regions. These regions, which correspond to those used by the U.S. Bureau of the Census, are shown below.

<i>Region</i>	<i>States included</i>
Northeast	Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut, New York, New Jersey, Pennsylvania
North Central . .	Michigan, Ohio, Indiana, Illinois, Wisconsin, Minnesota, Iowa, Missouri, North Dakota, South Dakota, Kansas, Nebraska
South	Delaware, Maryland, District of Columbia, Virginia, West Virginia, North Carolina, South Carolina, Georgia, Florida, Kentucky, Texas, Tennessee, Alabama, Mississippi, Arkansas, Louisiana, Oklahoma
West	Montana, Idaho, Wyoming, Colorado, New Mexico, Arizona, Utah, Nevada, Washington, Alaska, Oregon, California, Hawaii

Place of residence.—The place of residence of a member of the civilian, noninstitutionalized population is classified as inside a standard metropolitan statistical area (SMSA) or outside an SMSA either farm or nonfarm.

1. *Standard metropolitan statistical areas.* The definitions and titles of SMSA's are established by the U.S. Office of Management and

Budget with the advice of the Federal Committee on Standard Metropolitan Statistical Areas. There were 212 SMSA's defined for the 1960 decennial census. The definition of an individual SMSA involves two considerations: first, a city or cities of specified population which constitute the central city and identify the county in which it is located as the central county; second, economic and social relationships with contiguous counties (except in New England) which are metropolitan in character so that the periphery of the specific metropolitan area may be determined. SMSA's are not limited by State boundaries. In New England SMSA's consist of towns and cities, rather than counties. The metropolitan population in this report is based on SMSA's as defined in the 1960 census and does not include any subsequent additions or changes.

2. *Central cities.* Each SMSA must include at least one central city. The complete title of an SMSA identifies the central city or cities. If only one central city is designated, then it must have 50,000 inhabitants or more. The area title may include, in addition to the largest city, up to two city names on the basis and in the order of the following criteria: (1) the additional city has at least 250,000 inhabitants or (2) the additional city has a population of one-third or more of that of the largest city and a minimum population of 25,000. An exception occurs where two cities have contiguous boundaries and constitute, for economic and social purposes, a single community of at least 50,000, the smaller of which must have a population of at least 15,000.

3. *Farm and nonfarm residence.* The population residing outside SMSA's is subdivided into the farm population, which comprises all non-SMSA residents living on farms, and the nonfarm population, which comprises the remaining outside SMSA population. The farm population includes persons living on places of 10 acres or more from which sales of farm products amounted to \$50 or more during the previous 12 months or on places of less than 10 acres from which sales of farm products amounted to \$250 or more during the preceding 12 months. Other persons living outside an SMSA were classified as nonfarm if

their household paid rent for the house but their rent did not include any land used for farming.

Sales of farm products refer to the gross receipts from the sale of field crops, vegetables, fruits, nuts, livestock and livestock products (milk, wool, etc.), poultry and poultry products, and nursery and forest products produced on the place and sold at any time during the preceding 12 months.

Occupation.—A person's occupation may be defined as his principal job or business. For the purposes of this survey, the principal job or business is defined in one of the following ways. If the person worked during the 2-week reference period of the interview, or had a job or business, the question concerning his occupation (or what kind of work he was doing) applies to his job during that period. If the respondent held more than one job, the question is directed to the one at which he spent the most time. For an unemployed person, this question refers to the last full-time civilian job he had. A person who has a job to which he has not yet reported, and has never had a previous job or business, is classified as a "new worker."

Shown below are the occupation classes presented in this report and their code numbers as

<i>Occupation Classification</i>	<i>Census Code</i>
<i>White-collar workers</i>	
Professional, technical, and kindred workers	001-195, N
Managers and administrators, except farm	201-245
Sales workers	260-280
Clerical and kindred workers	301-395, P, Q
<i>Blue-collar workers</i>	
Craftsmen and kindred workers	401-580, R, S
Operatives, except transport	601-696, T
Transport equipment operatives	701-715, U
Laborers, except farm	740-785, V
<i>Farm workers</i>	
Farmers and farm managers	801-802, W
Farm laborers and farm foremen	821-824
<i>Service workers</i>	
Service workers, except private household	901-965, X, Y
Private household workers	980-984, Z
Unknown	990, 995

found in the *Classified Index of Occupations and Industries*, U.S. Bureau of the Census (June 1971).

Industry.—The industry in which a person was reportedly working is classified by the major activity of the establishment in which he worked. The only exceptions, the few establishments classified according to the major activity of the parent organization, are as follows: laboratories, warehouses, repair shops, and storage facilities.

The industry categories presented in this report are shown below with the corresponding codes found in the *Classified Index of Occupations and Industries*, U.S. Bureau of the Census, and the *Standard Industrial Classification Manuals (SIC)*, U.S. Office of Management and Budget, (1967).

<i>Industry Classification</i>	<i>Census Code</i>	<i>SIC Code</i>
Agriculture	017-019, A	01, 07 (except 0713)
Forestry and fisheries	027-028	08, 09
Mining	047-057	10-14
Construction	067-077, B	15-17
Manufacturing	107-398, C	19-39, 0713
Transportation and public utilities	407-479, D	40-49
Wholesale and retail trade	507-698, E, F, G	50-59
Finance, insurance, and real estate	707-718	60-67
Services and miscellaneous	727-897, H, J, K	70-89
Public administration	907-937, L, M	91-94
Unknown	996-999	99

In labor force.—All persons 17 years and over who worked at or had a job or business or were looking for work or on layoff from work during the 2-week period prior to the week of interview are in the labor force. The labor force consists of persons currently employed and currently unemployed. Definitions of these categories, similar to those used by the Current Population Survey, are as follows:

1. **Currently employed.** Persons 17 years of age and over who reported that at any time during the 2-week period covered by the interview they either worked at or had a job or business are currently employed. Current employment includes paid work as an employee of someone else; self-employment in business, farming, or professional practice, and unpaid work in a family business or far...

Freelance workers are considered currently employed if they had a definite arrangement with one employer or more to work for pay according to a weekly or monthly schedule; those without a definite employment schedule are counted as employed, unemployed, or not in the labor force depending upon their activity during the 2-week period covered by the interview. Persons temporarily absent from a job or business because of illness, vacation, strike, or bad weather are considered employed.

Excluded from the currently employed population are (1) persons receiving revenue from an enterprise but not participating in its operation, (2) persons doing housework or charity work for which they receive no pay, (3) seasonal workers during the portion of the year they were not working, and (4) persons not working even though they had a job or business but who were on layoff or looking for work.

2. *Currently unemployed.* Persons 17 years and over who during the 2-week period prior to interview did not work or had no job or business but were looking for work and those who had a job but were on layoff or looking for work are considered currently unemployed.

The number of currently employed and currently unemployed persons estimated from the Health Interview Survey (HIS) will differ from the estimates prepared from the Current Population Survey (CPS) of the U.S. Bureau of the Census. This occurs because of sampling variability and the following primary conceptual differences: (1) HIS estimates are for persons 17 years of age and over, while CPS estimates are for persons 16 years of age and over; (2) HIS uses a 2-week reference period, while CPS uses a 1-week reference period; and (3) HIS is a continuing survey with separate samples taken weekly, while CPS is a monthly sample taken for the survey week that includes the 12th of the month.

Not in labor force.—Persons not in the labor force are all persons under 17 years of age and other persons who did not at any time during the 2-week period covered by the interview have

a job or business, were not looking for work, and were not on layoff from a job. In general, persons excluded from the labor force are youths under 17, retired persons, physically handicapped persons unable to work, and housewives or charity workers who receive no pay. Also excluded are persons receiving revenue from but not participating in a business and seasonal or freelance workers not looking for work.

Class of worker.—Persons in the labor force are classified according to class of worker as follows:

1. *Private paid workers* are persons working for a private employer for wages, salary, or commissions. This includes compensation by tips; piece rates or pay in kind; and wages or salary from settlement houses, churches, unions, and other nonprofit organizations.
2. *Federal Government workers* are persons who work for any branch of the Federal Government including employees of Government-owned bus lines and utilities, civilian employees of the Armed Forces, and persons elected to Federal offices.
3. *Other government workers* are persons who work for any branch of government other than the Federal Government, e.g., State, city, or county. Included in this group are civilian employees of the National Guard, persons elected to paid offices, employees of international organizations such as the United Nations, and employees of foreign governments.
4. *Self-employed workers* are persons working for profit or fees in their own business, farm, shop, or office. "Own business" includes persons who have their own tools or equipment and provide services on a contract, subcontract, or job basis. Officers of corporations are not classified as owning their own business, even though they do own all or part of the corporation stock; such persons are considered as "private paid." A person who operates a farm for himself, regardless of whether he owns or rents the land, is considered self-employed.
5. *Other class of worker* includes (1) persons working without pay on a farm or in a

business operated by a relative, (2) persons who have never worked in the past but have a job or business which will begin in the near future, (3) persons who have not worked in the past but are presently looking for work, and (4) persons for whom no information as to class of worker is available.

Quarter.—The quarters used by the Health Interview Survey are actually 13-week periods rather than 3 calendar months. Since each 13-week period begins on a Monday and ends on a Sunday, the actual dates of the beginning and end of each 13-week period may overlap into another calendar quarter.



APPENDIX IV

CHECKLISTS FOR SELECTED CHRONIC CONDITIONS: 1968-73

CONDITIONS OF THE DIGESTIVE SYSTEM: 1968

<p>Now I'm going to read a list of conditions:</p> <p>16a. During the past 12 months, has anyone in the family (you, your --, etc.) had any of the following conditions --</p> <p style="margin-left: 20px;">If "Yes," ask b and c</p> <p style="margin-left: 40px;">b. Who was this?</p> <p style="margin-left: 40px;">c. During the past 12 months has anyone else had . . . ?</p> <p style="margin-left: 40px;">(Enter name of condition and letter of line where reported in appropriate persons column(s) in Item C.)</p>																		
										Yes	No							
										A. Gallstones?								
										B. Any other gallbladder trouble?								
										C. Hemorrhoids or piles?								
										D. Cirrhosis of the liver?								
										E. Fatty liver?								
										F. Hepatitis?								
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?													

CONDITIONS OF THE BONES, JOINTS, MUSCLES, AND SKIN: 1969

<p>17. Now I'm going to read a list of conditions. Does anyone in the family (you, your—, etc.) HAVE any of these conditions...</p> <p>Missing fingers, hand or arm—toes, foot or leg?</p> <p>Permanent stiffness or any deformity of the foot, leg, fingers, arm or back?</p> <p>Paralysis of any kind?</p> <p>If "Yes" ask:</p> <p style="padding-left: 20px;">Who is this?</p> <p style="padding-left: 20px;">Does anyone else have...?</p>	<p style="text-align: center;">A-1</p> <p>17. DURING THE PAST 12 MONTHS did anyone in the family have...</p> <p>Arthritis of any kind or Rheumatism?</p> <p>Gout?</p> <p>Lumbago?</p> <p>Osteomyelitis? (os'-tee-oh-my'-uh-lit'-iss)</p> <p>A bone cyst or bone spur?</p> <p>Any other disease of the bone or cartilage?</p> <p>Trick knee?</p> <p>A slipped or ruptured disc?</p> <p>Curvature of the spine?</p> <p>Repeated trouble with neck, back or spine?</p> <p>Bursitis or synovitis? (sif'-uh-vit'-iss)</p> <p>Any disease of the muscles or tendons?</p> <p>If "Yes," ask</p> <p style="padding-left: 20px;">Who was this?</p> <p style="padding-left: 20px;">During the past 12 months, did anyone else have...</p>	<p style="text-align: center;">A-2</p> <p>17. DURING THE PAST 12 MONTHS, did anyone in the family have...</p> <p>A tumor, cyst or growth of the skin?</p> <p>Eczema or psoriasis? (so-rye'-uh-sis)</p> <p>Trouble with dry or itching skin?</p> <p>Trouble with acne?</p> <p>A skin ulcer?</p> <p>Any kind of skin allergy?</p> <p>Dermatitis or any other skin trouble?</p> <p>Trouble with fallen arches, flatfeet or clubfoot?</p> <p>Trouble with ingrown toenails or fingernails?</p> <p>Trouble with bunions, corns or calluses?</p> <p>A disease of the hair or scalp?</p> <p>Any disease of the lymph or sweat glands?</p> <p>If "Yes," ask</p> <p style="padding-left: 20px;">Who was this?</p> <p style="padding-left: 20px;">During the past 12 months, did anyone else have...</p>
---	--	--

<p>Exclude persons who have arthritis or other "arthritis" conditions.</p> <p>17. (Besides —) During the past 12 months, did anyone (else) in the family have any of the following...</p> <p>AA. Any stiffness in the joints when first getting out of bed in the morning?*</p> <p>BB. Pain in the joints when they are moved?*</p> <p>CC. Swelling in any of the joints, except in the ankles or feet?*</p> <p>DD. Any pain or soreness in the joints when they are touched or pressed on?*</p> <p>*If "Yes," ask: What was the cause of this?</p> <p>Record letters and cause in item C-2.</p> <hr/> <p>Interviewer information:</p> <p style="padding-left: 20px;">Other "arthritis" conditions</p> <ol style="list-style-type: none"> 1. Lupus (erythematosus) 2. Scleroderma 3. Dermatomyositis 4. Polyarteritis 5. Periarteritis 6. Psoriatic arthritis 7. Rheumatism 8. Gout 	<p style="text-align: center;">B</p> <p>Conditions reported for which questions 3a-3e need not be asked.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> Acne Appendicitis Arteriosclerosis Athlete's foot Bronchitis (any kind) Bursitis Chickenpox Cold Corns, calluses, bunions or warts Croup Diabetes Epilepsy Gallstones Golter Hardening of the arteries Hay fever Hemorrhoids or piles Hernia (all types) </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> High blood pressure Hypertension Kidney stones Laryngitis Migraine headache Mumps Phlebitis (Thrombophlebitis) Pneumonia Pregnancy Sciatica Sinus trouble (Sinusitis) Strep (Streptococcus) throat Tonsillitis Ulcer (duodenal, stomach, peptic or gastric only) Whooping cough </td> </tr> </table>	<ul style="list-style-type: none"> Acne Appendicitis Arteriosclerosis Athlete's foot Bronchitis (any kind) Bursitis Chickenpox Cold Corns, calluses, bunions or warts Croup Diabetes Epilepsy Gallstones Golter Hardening of the arteries Hay fever Hemorrhoids or piles Hernia (all types) 	<ul style="list-style-type: none"> High blood pressure Hypertension Kidney stones Laryngitis Migraine headache Mumps Phlebitis (Thrombophlebitis) Pneumonia Pregnancy Sciatica Sinus trouble (Sinusitis) Strep (Streptococcus) throat Tonsillitis Ulcer (duodenal, stomach, peptic or gastric only) Whooping cough
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CONDITIONS OF THE RESPIRATORY SYSTEM: 1970

16a. Now I'm going to read a list of conditions;			During the past 12 months, did anyone in the family (you, your --, etc.) have any of these conditions --			A. Bronchitis?		Y	N
If "Yes," ask b and c			b. Who was this ? -- Enter name of condition and letter of line where reported in appropriate persons column(s) in item C.			B. Bronchiectasis?		Y	N
c. During the past 12 months did anyone else have . . . ?			Do not circle "Y" and make no entry in item C for cold; flu; red, sore, or strep throat; or "virus" reported in answer to question 16.			C. Asthma?		Y	N
						D. Hay fever?		Y	N
						E. Nasal polyp?		Y	N
Do not circle "Y" and make no entry in item C for cold; flu; red, sore, or strep throat; or "virus" reported in answer to question 16.									
			During the past 12 months did anyone in the family have . . . ? If "Yes," ask b and c						
F. Sinus trouble?	Y	N	J. Tumor, cyst, or growth of the bronchial tube or lung?	Y	N	O. Tumor, cyst, or growth of the throat, larynx, or trachea?	Y	N	
G. Deflected or deviated nasal septum?	Y	N	K. Emphysema?	Y	N	P. Any work-related respiratory condition such as dust on the lungs, silicosis or pneumoconiosis?	Y	N	
H. *Tonsillitis or enlargement of the tonsils or adenoids?	Y	N	L. Pleurisy?	Y	N	Q. During the past 12 months did anyone in the family have any other respiratory, lung, or pulmonary condition? If "Yes," ask: Who was this? -- What was the condition? (Enter in item C)	Y	N	
I. *Laryngitis?	Y	N	M. Tuberculosis?	Y	N				
			N. Abscess of the lung?	Y	N				
*If reported in question 16 only, ask: 1. How many times did -- have . . . in the past 12 months? -- If 2+, enter in item C. If only 1 time, ask: 2. How long did it last? -- If 1 month or longer, enter in item C. If less than 1 month, do not record. If tonsils or adenoids removed during the past 12 months, enter in item C. Do not circle "Y" and make no entry in item C for cold; flu; red, sore, or strep throat; or "virus" reported in answer to question 16.									

IMPAIRMENTS: 1971

36a. Does anyone in the family (you, your ---, etc.) NOW have -- If "Yes," ask b and c				A. Deafness in one or both ears?		Y	N	
b. Who is this? -- Enter name of condition and letter of line where reported in appropriate person's column(s) in item C.				B. Any other trouble hearing with one or both ears?		Y	N	
c. Does anyone else have . . . ?				C. Tinnitus or ringing in the ears?		Y	N	
				D. Blindness in one or both eyes?		Y	N	
				E. Cataracts?		Y	N	
				F. Glaucoma?		Y	N	
Does anyone in the family NOW have . . . ? If "Yes," ask b and c								
G. Color blindness?	Y	N	M. A missing finger, hand, or arm, toe, foot, or leg?	Y	N	S. Any TROUBLE with fallen arches or flatfeet?	Y	N
H. A detached retina or any other condition of the retina?	Y	N	N. A missing (breast), kidney, or lung?	Y	N	T. A clubfoot?	Y	N
I. Any other trouble seeing with one or both eyes even when wearing glasses?	Y	N	O. Palsy or cerebral palsy?	Y	N	U. Permanent stiffness or any deformity of the back, foot, or leg?	Y	N
J. A cleft palate or harelip?	Y	N	P. Paralysis of any kind?	Y	N	V. Permanent stiffness or any deformity of the fingers, hand, or arm?	Y	N
K. Stammering or stuttering?	Y	N	Q. Curvature of the spine?	Y	N	W. Mental retardation?	Y	N
L. Any other speech defect?	Y	N	R. REPEATED trouble with back or spine?	Y	N	X. Any condition caused by an old accident or injury? If "Yes," ask: What is the condition?	Y	N

CONDITIONS OF THE CARDIOVASCULAR SYSTEM: 1972

<p>38a. Has anyone in the family (you, your --, etc.) EVER had -- If "Yes," ask b and c.</p> <p>b. Who was this? Enter name of condition and letter of line where reported in appropriate person's column(s) in item C.</p> <p>c. Has anyone else ever had . . . ?</p>	A. Rheumatic fever?	
	B. Rheumatic heart disease?	
	C. Hardening of the arteries or arteriosclerosis?	
	D. Congenital heart disease?	
	E. Coronary heart disease?	
	F. High blood pressure?	
	G. Stroke or a cerebrovascular accident?	
	H. Hemorrhage of the brain?	
	I. Angina pectoris?	
	J. Myocardial infarction?	
	K. Any other heart attack?	
<p>39a. DURING THE PAST 12 MONTHS, did anyone in the family (you, your --, etc.) have -- If "Yes," ask b and c</p> <p>b. Who was this? Enter name of condition and letter of line where reported in appropriate person's column(s) in item C.</p> <p>c. During the past 12 months did anyone else have . . . ?</p>	L. Damaged heart valves?	
	M. Tachycardia or rapid heart?	
	N. Heart murmur?	
	O. Any other heart trouble?	
	P. Aneurysm	
	Q. Any blood clots?	
	R. Gangrene?	
	S. Varicose veins?	
	T. Hemorrhoids or piles?	
U. Phlebitis or thrombophlebitis?		
V. Any other condition affecting blood circulation?		

CONDITIONS AFFECTING THE NERVOUS SYSTEM, GLANDULAR DISORDERS, AND CONDITIONS OF THE GENITOURINARY SYSTEM: 1973

<p>31a. DURING THE PAST 12 MONTHS, did anyone in the family (you, your ---, etc.) have --</p> <p>If "Yes," ask b and c</p> <p>b. Who was this? Enter name of condition and letter of line where reported in appropriate person's column in item C.</p> <p>c. During the past 12 months, did anyone else have . . . ?</p>	A. Goiter or other thyroid trouble?		} Glandular disorder
	B. Diabetes?		
	C. Cystic fibrosis?		
	D. Anemia?		
	E. Epilepsy?		
	F. Multiple sclerosis?		
	G. Migraine?		

<p>31a. DURING THE PAST 12 MONTHS, did anyone in the family have --</p> <p>If "Yes," ask b and c</p> <p>b. Who was this? Enter in item C</p> <p>c. During the past 12 months, did anyone else have . . . ?</p>	H. Neuralgia or neuritis		} Condition affecting the nervous system } Genito-urinary condition
	I. Sciatica?		
	J. Nephritis?		
	K. Kidney stones?		
	L. Any other kidney trouble?		
	M. Bladder trouble?		
	N. Prostate trouble?		
	O. Disease of the uterus or ovary?		
P. Any other female trouble?			



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