
Vital and Health Statistics

Questionnaires From the National Health Interview Survey, 1980–84

Series 1: Programs and Collection Procedures No. 24

This series report includes the questions used in the National Health Interview Survey from 1980 to 1984. The report contains the basic health and demographic questionnaires and current health topic questionnaires.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Centers for Disease Control
National Center for Health Statistics

Hyattsville, Maryland
March 1990
DHHS Publication No. (PHS) 90-1302

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Suggested citation

Chyba MM, Washington LR. Questionnaires From the National Health Interview Survey, 1980–84. National Center for Health Statistics. Vital Health Stat 1(24). 1990.

Library of Congress Cataloging-in-Publication Data

Chyba, Michele M.

Questionnaires from the National Health Interview Survey, 1980–84.

p. cm. — (Vital and health statistics. Series 1. Programs and collection procedures ; no. 24) (DHHS publication ; no. (PHS) 90–1302)

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Includes bibliographical references.

ISBN 0–8406–0423–8

1. National Health Interview Survey (U.S.) 2. Questionnaires. 3. Public health—United States. 4. Health surveys—United States. I. Washington, Linda R. II. Title. III. Series. IV. Series: DHHS publication ; no. (PHS) 90–1302.

[DNLM: 1. Health Surveys—United States. 2. National Health Interview Survey (U.S.) 3. Questionnaires. 4. United States. W2 N148va no. 24]

RA409.U44 no. 24

[RA 407.3]

362.1'0723 s—dc20

[614.4'2'028]

DNLM/DLC

for Library of Congress

89–600285

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Acknowledgments

The authors are grateful for the assistance and support received in preparing this report. Support was received from Linda Purvin and staff in the Utilization and Expenditure Statistics Branch and from Lidia Velasques of the Scientific and Technical Information Branch. We would also like to acknowledge the technical assistance provided by Susan S. Jack.

Preface

This series report includes the questions used in the National Health Interview Survey (NHIS) from 1980 to 1984. It is the first in a series of reports that describes the questionnaires used in NHIS. The report contains the basic health and demographic questionnaires for the 1980 and 1982 data collection years and the current health topic questionnaires used from 1980 through 1984. The 1980 basic health and demographic questionnaire was revised in 1982. This revised questionnaire has been used each year since 1982.

It should be noted that not every question included in a survey instrument appears on an NHIS public use data tape. The information may be excluded because of National Center for Health Statistics confidentiality provisions, combining of variables as a result of recodes, or factors relating to the data's reliability. Variables may also appear on the public use data tape that were not in the questionnaire. These generated variables are a result of combining data items in the questionnaire.

Three appendixes provide detailed discussions of the survey and estimation procedures and the 1982 redesigns. These features were added to provide the user with a more

indepth knowledge of the procedures and redesign of NHIS from 1980 through 1984. For additional information, a topical index (appendix IV) and a list of references are included.

Current health topic questionnaires are organized according to year, beginning with 1980. A brief introduction precedes each year. Each introduction summarizes the data collection activity in that year and highlights the main differences from the previous years.

This report excludes information on the Targeted Population Study program, initiated by the Division of Health Interview Statistics in 1984. A Targeted Population Study is a survey of persons selected from the sample population of NHIS who are recontacted for the purpose of obtaining additional health-related information.

This report serves as a reference tool and as a mechanism that enables researchers to grasp the focus of NHIS during the period 1980-84. This publication is the first in a series of reports about the questions asked in NHIS. The second report planned in this series will encompass the questionnaires used in the years 1985-89.

Contents

Overview of National Health Interview Survey	1
Background	1
Purpose and scope	1
Content of questionnaires	1
Basic health and demographic questionnaire (formerly core).....	1
Current health topics (formerly supplements).....	2
Survey instruments	4
Basic health and demographic questionnaires (formerly core): 1980, 1982.....	4
1980.....	4
1982.....	33
Changes in the NHIS basic health and demographic (or core) questionnaire, 1980-84.....	59
1981 and 1980 changes.....	59
1982 changes.....	59
1983 changes.....	60
Current health topics (formerly supplements): 1980-84.....	60
1980.....	60
1981.....	72
1982.....	104
1983.....	110
1984.....	129
References	154
 Appendixes	
I. Data collection procedures.....	157
II. 1982 survey revisions.....	158
III. Estimation procedures	171
IV. Topical index to questionnaire items, by year.....	176
 Table	
Current health topics of the National Health Interview Survey, 1980-84.....	3

Symbols

- - - Data not available
 - . . . Category not applicable
 - Quantity zero
 - 0.0 Quantity more than zero but less than 0.05
 - Z Quantity more than zero but less than 500 where numbers are rounded to thousands
 - * Figure does not meet standard of reliability or precision
 - # Figure suppressed to comply with confidentiality requirements
-

Questionnaires From the National Health Interview Survey, 1980-84

by Michele M. Chyba, Division of Health Interview Statistics, and Linda R. Washington, Division of Data Services

Overview of National Health Interview Survey

Background

The National Health Interview Survey (NHIS) is the principal source of information on the health of the civilian non-institutionalized population of the United States. NHIS is one of the major data collection programs of the National Center for Health Statistics. The National Health Survey Act of 1956 provided for a continuing survey and special studies to secure accurate and current statistical information on the amount, distribution, and effects of illness and disability in the United States and the services rendered for or because of such conditions. The survey referred to in the Act, now called the National Health Interview Survey, was initiated in July 1957. Since 1960, the survey has been conducted by the National Center for Health Statistics, which was formed when the National Health Survey and the National Office of Vital Statistics were combined.

Purpose and scope

The objective of the survey is to address major current health issues through the collection and analysis of data on the civilian noninstitutionalized population of the United States. National data on the incidence of acute illness and injuries, the prevalence of chronic conditions and impairments, the extent of disability, the utilization of health care services, and other health-related topics are provided through the survey. A major strength of this survey lies in the ability to display these health factors by many demographic and socioeconomic characteristics.

The NHIS data are obtained through personal interviews with household members. Interviews are conducted each week throughout the year in a probability sample of households. The households selected for interview are a probability sample representative of the civilian noninstitutionalized population of the United States. Data are collected from approximately 50,000 households, including about 135,000 persons in a calendar year. Participation is voluntary, and confidentiality of responses is guaranteed. The annual response rate of NHIS is over 95 percent of the eligible households in the sample. The nonresponse is divided equally between refusals and households in which no eligible respondents could be found at home after repeated calls.

Interviewing is performed by a permanent staff of interviewers employed by the U.S. Bureau of the Census. Data collected over the period of a year form the basis for the development of annual estimates of the health characteristics of the population and for the analysis of trends in those characteristics. Additional information about data collection procedures can be found in appendix I.

The survey covers the civilian noninstitutionalized population of the United States living at the time of the interview. Because of technical and logistical problems, several segments of the population are not included in the sample or in the estimates from the survey. Persons excluded are patients in long-term care facilities, persons on active duty with the Armed Forces (although their dependents are included), and U.S. nationals living in foreign countries. Appendix III describes the estimation procedures for the survey.

The questionnaire consists of two parts: (1) a set of basic health and demographic items and (2) one set or more of questions on current health topics. The basic items constitute approximately 50 percent of the questionnaire and are repeated each year. They provide continuous information on basic health variables. Questions on current health topics facilitate a response to changing needs for data and coverage of a wide variety of issues. This combination yields a unique national health data base.

Content of questionnaires

Basic health and demographic questionnaire (formerly core)

The questionnaire includes the following types of basic health and demographic questions including those revisions made during a redesign in 1982. (Complete details of the changes made in 1982 are in appendix II.)

- Demographic characteristics of household members, including age, sex, race, education, and family income
- Disability days, including restricted-activity and bed-disability days; work- and school-loss days occurring during the 2-week period prior to the week of interview; and bed days during the last 12 months
- Physician visits occurring in the same 2-week period, interval since the last physician visit, and number of visits in the last 12 months

- Acute and chronic conditions responsible for these days and visits
- Long-term limitation of activity resulting from chronic disease or impairment and the chronic conditions associated with the disability
- Short-stay hospitalization data, including the number of hospital episodes during the past year and the number of days for each stay

Data tapes, with findings from the National Health Interview Survey basic health and demographic questionnaire, can be purchased from the National Technical Information Service (703) 487-4650. These files include household, person, condition, hospital episode, and doctor visit records.

Current health topics (formerly supplements)

The current health topics facilitate a response to the need for population-based data on current or emerging health issues

and coverage of a wide variety of topics. Questions on special health topics, shown in the table, change in response to current interest and need for data. In 1980, the current health topics included smoking, special aids, and home care. The topic in 1981 was child health. The 1982 topics were health insurance and preventive care. The 1983 questionnaire contained questions on alcohol, dental care, doctor services, and health insurance. The 1984 current health topic questionnaire was devoted entirely to issues of aging. Current health topics for all 4 years are listed by subject in appendix IV.

Data tapes with findings from the current health topics can be purchased directly from the Division of Health Interview Statistics (301) 436-7087.

Current health topics of the National Health Interview Survey, 1980-84

Year and topic	Persons eligible for sample	Number of persons in sample on public use tape	Respondent rule	Data collection		Source ¹
				Period		
				Weeks	Other	
1980						
Health insurance	All household members	102,629	(²)	348		C
Home care	All household members	102,629	(²)	348		C
Disability	All household members	102,629	(²)	348		C
Special aids	All household members	102,629	(²)	348		C
Corrective lenses	All household members	102,629	(²)	348		C
Hearing aids	All household members	102,629	(²)	348		C
Residential mobility	Selected household members 17 years and over	24,104	(²)	348		C
Medicaid	All household members	102,629	(²)	348		C
Aid to Families With Dependent Children	All household members	102,629	(²)	348		C
Retirement income	All household members	102,629	(²)	348		C
Smoking	Selected household members 17 years and over	11,333	(⁴)		Quarters 3 and 4	S
1981						
Child health	Selected child in household under 18 years	15,416	(⁵)	52		S
1982						
Health insurance	All household members	103,923	(²)	350		C
Preventive care	All household members	103,923	(^{2,6})	350		C
1983						
Doctor services	All household members with doctor visit in last 2 weeks ⁷	20,579	(²)	52		S
Dental care	All household members	105,621	(^{2,8})	52		S
Health insurance	All household members	52,743	(²)		Quarters 3 and 4	S
Alcohol and health practices	Selected household member 18 years and over	22,418	(⁹)	52		S
1984						
Health insurance	All household members	105,290	(²)	52		C
Supplement on aging	Household members 65 years and over and one-half of persons 55-64 years and over	16,148	(¹⁰)	52		S

¹Source: C means core/basic health and demographic questionnaire; S means supplement/current health topics.

²Any "responsible" adult household member 19 years of age and over or any person who was married may have answered the questions for all related household members. Single persons 17 or 18 years of age may have responded for themselves.

³Number of weeks in NHIS sample reduced because of budget constraints.

⁴The question had to be completed by the sample person. A household respondent was accepted as proxy if the sample person were unable to respond because of health.

⁵The preferred respondent was the biological mother if in the household, regardless of the child's age, or the biological father if in the household and the child was 6 years or over. The biological father was the respondent if in the household and the mother was not a household member. If neither available initially or after 2 callbacks, the respondent order was as follows: adoptive, step, or foster parent; legal guardian; primary caretaker; and other Health Interview Survey eligible respondent.

⁶A proxy respondent was not accepted if the sample person was not at home at the time of the initial visit. At least 3 additional callbacks were made before a proxy respondent was accepted.

⁷Includes only those household members who stayed in bed more than half a day because of illness or injury.

⁸Question 2 (Dental care) was a self-response question for all persons 17 years of age and over. A proxy was accepted if the person was under 17 years; if the person was over 17 years, but physically or mentally incapable of responding; or if the person was over 17 years but temporarily absent and not returning during the interview period.

⁹The questions had to be completed by self-response. Proxies were not accepted. Callbacks were made by telephone unless there was no phone or the respondent requested a return visit.

¹⁰The sample persons responded for themselves. Proxies were accepted when sample persons were physically or mentally incapable of responding, whether or not temporarily absent.

NOTE: All interviews on these topics were conducted in person.

Survey instruments

Basic health and demographic questionnaires (formerly core): 1980, 1982

1980

The 1980 National Health Interview Survey (NHIS) sample consisted of approximately 42,000 eligible households, which yielded a probability sample of about 111,000 persons. The fourth quarter of 1980, however, had a sample reduction of 4 weeks of interviewing because of budgetary constraints. During the 48 weeks of interviewing in 1980, the sample was

composed of approximately 39,000 households containing about 103,000 persons. Comparability with previous annual estimates is not affected by the reduced sample because the weighting procedure employed by NHIS adjusts for the missing weeks.

Data collected in 1980 include information on acute illnesses and injuries, disability days, limitations of activity due to chronic conditions, prevalence of selected chronic conditions, respondent-assessed health status, and measures of health care utilization.

In 1980, a large number of the questions relating to the special health topics were included in the core questionnaire.

1980 Questionnaire

O.M.B. No. 68-R1600: Approval Expires March 31, 1981

NOTICE - Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(a) of the Public Health Service Act (42 USC 242m).

FORM HIS-1 (1980)
(9-17-79)

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

U.S. HEALTH INTERVIEW SURVEY

1. Book _____ of _____ books

2. R.O. number _____ 3. Sample _____ 4. Segment type
 Area
 Permit
 Address
 Cen-Sup
 Special Place

5. Control number
 PSU _____ Segment _____ Serial _____

6a. What is your exact address? (Include House No., Apt. No., or other identification and ZIP code)

City _____ State _____ ZIP code _____ County _____

Listing Sheet
 Sheet No. _____
 Line No. _____

18. Noninterview reason

TYPE A

1 Refusal - Describe in a footnote
 2 No one at home - repeated calls
 3 Temporarily absent - Footnote
 4 Other (Specify) _____

Fill Items 1-6a, 7, 8, 10, 12a-c as applicable, 16-19

TYPE B

1 Vacant - nonseasonal
 2 Vacant - seasonal
 3 Usual residence elsewhere
 4 Armed Forces
 5 Other (Specify) _____

Fill Items 1-6a, 7-10, 12a-c as applicable, 16-19

TYPE C

1 Unused line of listing sheet
 2 Demolished
 3 Merged
 4 Outside segment
 5 Built after April 1, 1970
 6 Other (Specify) _____

Fill Items 1-6a, 6c if required, 9c if marked, 16-19. Send Inter-Comm.

b. Is this your mailing address? Same as 6a
 Mark box or specify if different. Include ZIP code.

City _____ State _____ ZIP code _____ County _____

c. Special place name _____ Sample unit number _____ Type code _____

7. YEAR BUILT Ask Do NOT Ask
 When was this structure originally built?
 Before 4-1-70 (Continue interview) After 4-1-70 (Go to 9c, complete if required and end interview)

8. Type of living quarters Housing unit OTHER unit

9. Area segments ONLY

a. Are there any occupied or vacant living quarters besides your own in this building?
 Y (fill Table X) N

b. Are there any occupied or vacant living quarters besides your own on this floor?
 Y (fill Table X) N

c. Is there any other building on this property for people to live in - either occupied or vacant?
 Y (fill Table X) N

d. None

GO TO PROBE PAGE 2

10. Land use RURAL URBAN (13)
 -- Regular units and Special Place units coded 85-88 in 6c, go to 11.
 -- Special Place units not coded 85-88 in 6c, go to 13.

11. Do you own or rent this place? Own Rent Rent for free

12a. Does this place you (own/rent/rent for free) have 10 acres or more? 1 Y (12b) 2 N (12c)
 b. During the past 12 months did sales of crops, livestock, and other farm products from this place amount to \$50 or more? 1 Y (13) 2 N (13)
 c. During the past 12 months did sales of crops, livestock, and other farm products from this place amount to \$250 or more? 1 Y 2 N

13. How many rooms are in this ---? Rooms _____ 14. How many bedrooms are in this ---? Bedrooms _____
 Count the kitchen but not the bathroom. If "None" describe in footnotes.

15. What is the telephone number here? Area code/Number _____ 2 None
 16. Was this interview observed? 1 Y 2 N

17. Interviewer's name _____ Code _____

**BEFORE LEAVING HOUSEHOLD, CHECK THAT ITEM 20 HAS AN ENTRY.
 Determine the best time for callbacks.**

19. Record of calls

Month	Date	Beginning time	Ending time	Completed Mark (X)
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.	
6		a.m. p.m.	a.m. p.m.	

20. List column numbers of persons requiring callbacks for "Longest job" questions.
 None

Column number → _____

21. Record of additional contacts

Month	Date	Beginning time	Ending time	Col. Nos. completed
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.	

FOOTNOTES

SP H

<p>1a. What is the name of the head of this household? - Enter name in first column b. What are the names of all other persons who live here? - List all persons who live here. c. I have listed (Read names). Is there anyone else staying here now, such as friends, relatives, or roomers? <input type="checkbox"/> Yes * <input type="checkbox"/> No d. Have I missed anyone who USUALLY lives here but is now away from home? <input type="checkbox"/> Yes * <input type="checkbox"/> No e. Do any of the people in this household have a home anywhere else? <input type="checkbox"/> Yes * <input type="checkbox"/> No * Apply household membership rules. 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) 2 N</p>	<p>1a. First name 1 AGE _____ Last name _____ RACE 1 W 2 B 3 OT</p>																						
<p>2. How is --- related to --- (Head of household)?</p>	<p>2. Relationship _____ SEX HEAD 1 M 2 F</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>L Ask Condition list _____ Use Flashcard _____ to determine Sample persons; mark SP boxes.</p> <p>C</p> <p>1. Record the number of Bed Days, Doctor Visits, and Hospitalizations</p> <p>2. Record each condition in the person's column, with the question number(s) where it was reported.</p> <p>Reference dates 2-week period _____, _____ 12-month Bed Days and Doctor visit probe _____ Hospital probe _____</p>	<p>C</p> <p>BED DAYS DV HOSP. <input type="checkbox"/> None (NP) <input type="checkbox"/> None (NP) <input type="checkbox"/> None (NP) _____ (NP) _____ (NP) _____ (NP)</p> <table border="1"> <thead> <tr> <th>Q. No.</th> <th>Condition</th> </tr> </thead> <tbody> <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> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Q. No.	Condition																				
Q. No.	Condition																						
<p>If 17+, ask: 4. Is --- now married, widowed, divorced, separated, or never married?</p>	<p>4. <input type="checkbox"/> Under 17 <input type="checkbox"/> Married - spouse present <input type="checkbox"/> Married - spouse absent <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Never married</p>																						
<p>H If related persons 17 years old or over are listed in addition to the respondent, say: We would like to have all adults who are at home take part in the interview. Is your ---, your ---, etc., at home now? If "Yes," ask: Please ask them to join us.</p>	<p>H <input type="checkbox"/> Under 17 <input type="checkbox"/> At home <input type="checkbox"/> Not at home</p>																						
<p>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).</p>																							
<p>5a. During those 2 weeks, did --- stay in bed because of any illness or injury? -----</p>	<p>5a. 00 N } If age: 17+ (6) 6-16 (7) Under 6 (9)</p>																						
<p>b. During that 2-week period, how many days did --- stay in bed all or most of the day?</p>	<p>b. _____ Days</p>																						
<p>6. During those 2 weeks, how many days did illness or injury keep --- from work? (For females): not counting work around the house?</p>	<p>6. _____ WL days (8) 00 <input type="checkbox"/> None (9)</p>																						
<p>7. During those 2 weeks, how many days did illness or injury keep --- from school?</p>	<p>7. _____ SL days 00 <input type="checkbox"/> None (9)</p>																						
<p>If one or more days in 5b, ask 8; otherwise go to 9 8. On how many of these --- days lost from $\left\{ \begin{matrix} \text{work} \\ \text{school} \end{matrix} \right\}$ did --- stay in bed all or most of the day?</p>	<p>8. _____ Days 00 <input type="checkbox"/> None</p>																						
<p>9a. (NOT COUNTING the day(s) $\left\{ \begin{matrix} \text{in bed} \\ \text{lost from work} \\ \text{lost from school} \end{matrix} \right\}$) Were there any (other) days during the past 2 weeks that --- cut down on the things he usually does because of illness or injury? -----</p>	<p>9a. 1 Y 2 N (10)</p>																						
<p>b. (Again, not counting the day(s) $\left\{ \begin{matrix} \text{in bed} \\ \text{lost from work} \\ \text{lost from school} \end{matrix} \right\}$) During that period, how many (other) days did he cut down for as much as a day?</p>	<p>b. _____ Days 00 <input type="checkbox"/> None</p>																						
<p>If one or more days in 5-9, ask 10; otherwise go to next person.</p>																							
<p>10a. What condition caused --- to $\left\{ \begin{matrix} \text{stay in bed} \\ \text{miss work} \\ \text{miss school} \\ \text{cut down} \end{matrix} \right\}$ during the past 2 weeks?</p>	<p>10a. Enter condition in Item C Ask 10b</p>																						
<p>b. Did any other condition cause him to $\left\{ \begin{matrix} \text{stay in bed} \\ \text{miss work} \\ \text{miss school} \\ \text{cut down} \end{matrix} \right\}$ during that period?</p>	<p>b. Y N (NP)</p>																						
<p>c. What condition?</p>	<p>c. Enter condition in Item C (10b)</p>																						

Fill item C, (BED DAYS), from 5b for all persons.

11a. During the past 2 weeks, did anyone in the family, that is you, your --, etc., have any (other) accidents or injuries?	Y	N (12)	
b. Who was this? - Mark "Accident or injury" box in person's column.			11b. <input type="checkbox"/> Accident or injury
c. What was the injury?			Injury
d. Did anyone have any other accidents or injuries during that period?	Y (Reask 11b and c)	N	c.
If "Accident or injury," ask: e. As a result of the accident, did -- see a doctor or did he cut down on the things he usually does?			Y (Enter injury in item C) N
<hr/>			
12a. During the past 2 weeks, did anyone in the family go to the dentist?	Y	N (13)	
b. Who was this? - Mark "Dental visit" box in person's column.			12b. <input type="checkbox"/> Dental visit
c. During the past 2 weeks, did anyone else in the family go to a dentist?	Y (Reask 12b and c)	N	
If "Dental visit," ask: d. During the past 2 weeks, how many times did -- go to a dentist?			d. _____ No. of dental visits (NP)
<hr/>			
Do not ask for children 1 yr. old and under. Mark box or ask: 13. ABOUT how long has it been since -- LAST went to a dentist?			13. <input type="checkbox"/> 2-week dental visit
			<input type="checkbox"/> Past 2 weeks not reported (12) <input type="checkbox"/> 2 weeks-6months <input type="checkbox"/> Over 6-12 months <input type="checkbox"/> 1 year <input type="checkbox"/> 2-4 years <input type="checkbox"/> 5+ years <input type="checkbox"/> Never/age 1 or under
FOOTNOTES			

14. During the past 2 weeks (the 2 weeks outlined in red on that calendar) how many times did -- see a medical doctor? Do not count doctors seen while a patient in a hospital.	14. 00 <input type="checkbox"/> None _____ Number of visits } NP
(Besides those visits)	
15a. 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 (16)
b. Who was this? - Mark "Doctor visit" box in person's column.	15b. <input type="checkbox"/> Doctor visit
c. Anyone else?	Y (Reask 15b and c) N
If "Doctor visit," ask:	
d. How many times did -- visit the doctor during that period?	d. _____ Number of visits (NP)
16a. During that period, did anyone in the family get any medical advice from a doctor over the telephone?	Y N (17)
b. Who was the phone call about? - Mark "Phone call" box in person's column.	16b. <input type="checkbox"/> Phone call
c. Any calls about anyone else?	Y (Reask 16b and c) N
If "Phone call," ask:	
d. How many telephone calls were made to get medical advice about -- ?	d. _____ Number of calls (NP)
Fill item C, (DV), from 14-16 for all persons. Ask 17a for each person with visits in DV box.	
17a. For what condition did -- see or talk to a doctor during the past 2 weeks?	17a. <input type="checkbox"/> Condition (Item C THEN 17d) <input type="checkbox"/> Pregnancy (17e) <input type="checkbox"/> No condition
b. Did -- see or talk to a doctor about any specific condition?	b. Y N (NP)
c. What condition?	c. Enter condition in Item C Ask 17d
d. During that period, did -- see or talk to a doctor about any other condition?	d. Y (17c) N (NP)
e. During the past 2 weeks was -- sick because of her pregnancy?	e. Y N (17d)
f. What was the matter?	f. Enter condition in Item C (17d)
18a. 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.)	18a. 000 <input type="checkbox"/> Only when in hospital 000 <input type="checkbox"/> None _____ Number of visits
b. ABOUT how long has it been since -- LAST saw or talked to a medical doctor? Include doctors seen while a patient in a hospital.	b. 1 <input type="checkbox"/> 2-week DV 2 <input type="checkbox"/> Past 2 weeks not reported (14 and 17) 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

Ages 17+	<p>19a. What was -- doing MOST OF THE PAST 12 MONTHS -- (For males): working or doing something else? If "something else," ask: b. What was -- doing? If 45+ years and was not "working," "keeping house," or "going to school," ask: c. Is -- retired? d. If "retired," ask: Did he retire because of his health?</p>	19. & 20. 1 <input type="checkbox"/> Working (24a) 2 <input type="checkbox"/> Keeping house (24b) 3 <input type="checkbox"/> Retired, health (23) 4 <input type="checkbox"/> Retired, other (23) 5 <input type="checkbox"/> Going to school (26) 6 <input type="checkbox"/> 17+ something else (23) 7 <input type="checkbox"/> 6-16 something else (25)
Ages 6-16	<p>20a. What was -- doing MOST OF THE PAST 12 MONTHS -- going to school or doing something else? If "something else," ask: b. What was -- doing?</p>	
Ages under 6		0 <input type="checkbox"/> 1-5 years (21) 0 <input type="checkbox"/> Under 1 (22)
21a. Is -- able to take part at all in ordinary play with other children?		21a. Y 1 N (28)
b. Is he limited in the kind of play he can do because of his health?		b. 2 Y (28) N
c. Is he limited in the amount of play because of his health?		c. 2 Y (28) N (27)
22a. Is -- limited in any way because of his health?		22a. 1 Y 5 N (NP)
b. In what way is he limited? Record limitation, not condition.		b. _____ (28)
23a. Does -- health now keep him from working?		23a. 1 Y (28) N
b. Is he limited in the kind of work he could do because of his health?		b. 2 Y (28) N
c. Is he limited in the amount of work he could do because of his health?		c. 2 Y (28) N
d. Is he limited in the kind or amount of other activities because of his health?		d. 3 Y (28) N (27)
24a. Does -- NOW have a job?		24a. Y (24c) N
b. In terms of health, is -- NOW able to (work - keep house) at all?		b. Y 1 N (28)
c. Is he limited in the kind of (work - housework) he can do because of his health?		c. 2 Y (28) N
d. Is he limited in the amount of (work - housework) he can do because of his health?		d. 2 Y (28) N
e. Is he limited in the kind or amount of other activities because of his health?		e. 3 Y (28) N (27)
25. In terms of health would -- be able to go to school?		25. Y 1 N (28)
26a. Does (would) -- have to go to a certain type of school because of his health?		26a. 2 Y (28) N
b. Is he (would he be) limited in school attendance because of his health?		b. 2 Y (28) N
c. Is he limited in the kind or amount of other activities because of his health?		c. 3 Y (28) N
27a. Is -- limited in ANY WAY because of a disability or health?		27a. 4 Y 5 N (NP)
b. In what way is he limited? Record limitation, not condition.		b. _____
28a. About how long has he { been limited in -- been unable to -- had to go to a certain type of school? }		28a. 000 <input type="checkbox"/> Less than 1 month 1 _____ Mos. 2 _____ Yrs.
b. What (other) condition causes this limitation? If "old age" only, ask: Is this limitation caused by any specific condition?		b. Enter condition in item C Ask 28c <input type="checkbox"/> Old age only (NP)
c. Is this limitation caused by any other condition?		c. Y (Reask 28b and c) N
Mark box or ask:		<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

29a. Was -- a patient in a hospital at any time since (date) a year ago?	29a.	Y	N (Item C)
b. How many times was -- in a hospital since (date) a year ago?	b.	Times (Item C)	
30a. Was anyone in the family in a nursing home, convalescent home, or similar place since (date) a year ago?		Y	N (31)
b. Who was this? - Circle "Y" in person's column. If "Y," ask:	30b.	Y	
c. During that period, how many times was -- in a nursing home or similar place? Ask for each child 1 year old or under if date of birth is on or after reference date.	c.	Times (Item C)	
31a. Was -- born in a hospital? If "Yes," and no hospitalizations entered in his and/or mother's column, enter "1" in 29b and item C. If "Yes," and a hospitalization is entered for the mother and/or baby, ask 31b for each.	31a.	Y	N (NP)
b. Is this hospitalization included in the number you gave me for --? If "No," correct entries in 29 and item C for mother and/or baby.	b.	Y	N

FOOTNOTES

1	<p>32a. DURING THE PAST 12 MONTHS, did anyone in the family (you, your --, etc.) have -</p> <p>If "Yes," ask 32b 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> <p>Conditions affecting the digestive system.</p> <p>Make no entry in item C for cold, flu, or grippe even if reported in question 32.</p>	A. Gallstones?	I. Any disease of the pancreas?
		B. Any other gallbladder trouble?	J. Ulcer?
		C. Cirrhosis of the liver?	K. Hernia or rupture?
		D. Fatty liver?	L. A disease of the esophagus?
		E. Hepatitis?	M. Gastritis?
		F. Yellow jaundice?	N. FREQUENT indigestion?
		G. Any other liver trouble?	O. Any other stomach trouble?
		H. Diabetes?	P. Enteritis?
2	<p>32a. Does anyone in the family (you, your --, etc.) NOW have -</p> <p>If "Yes," ask 32b and c.</p> <p>b. Who is this? Enter name of condition and letter of line where reported in appropriate person's column in item C.</p> <p>c. Does anyone else have . . . ?</p>	A. Permanent stiffness or any deformity of the foot, leg, fingers, arm or back? (Permanent stiffness - joints will not move at all)	
		B. Paralysis of any kind?	
	<p>32d. DURING THE PAST 12 MONTHS, did anyone in the family (you, your --, etc.) have - If "Yes," ask 32e and f.</p> <p>e. Who was this? Enter name of condition and letter of line where reported in appropriate person's column in item C.</p> <p>f. During the past 12 months, did anyone else have . . . ?</p> <p>Conditions C-N and V are conditions affecting the bone and muscle.</p>	C. Arthritis of any kind or Rheumatism?	I. Trick knee?
		D. Gout?	J. A slipped or ruptured disc?
		E. Lumbago?	K. Curvature of the spine?
		F. Osteomyelitis? (os-tee-oh-my-uh-lite-iss)	L. REPEATED trouble with neck, back, or spine?
		G. A bone cyst or bone spur?	M. Bursitis or Synovitis? (sin-uh-vite-iss)
		H. Any other disease of the bone or cartilage?	N. Any disease of the muscles or tendons?
3	<p>32a. DURING THE PAST 12 MONTHS, did anyone in the family (you, your --, etc.) have -</p> <p>If "Yes," ask 32b 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 disorders
		B. Diabetes?	
		C. Cystic fibrosis?	} Blood disorder
		D. Anemia?	
		E. Epilepsy?	} Conditions affecting the nervous system
		F. Multiple sclerosis?	
		G. Migraine?	

1	<p>32a. DURING THE PAST 12 MONTHS, did anyone in the family have -</p> <p>If "Yes," ask 32b 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> <p>Conditions affecting the digestive system.</p> <p>Make no entry in item C for cold, flu, or grippe even if reported in question 32.</p>	Q. Diverticulitis?	W. Cancer of the stomach, colon or rectum?
		R. Colitis?	X. During the past 12 months, did anyone in the family have any other condition of the digestive system? If "Yes," ask: Who was this? - What was the condition? (Enter in item C)
		S. Spastic colon?	
		T. FREQUENT constipation?	
		U. Any other bowel trouble?	
		V. Any other intestinal trouble?	
2	<p>32d. DURING THE PAST 12 MONTHS, did anyone in the family have -</p> <p>If "Yes," ask 32e and f.</p> <p>e. Who was this? Enter in item C.</p> <p>f. During the past 12 months, did anyone else have . . . ?</p> <p>Conditions O-U and W-Z are conditions affecting the skin.</p>	O. A tumor, cyst or growth of the skin?	U. Dermatitis or any other skin trouble?
		P. Eczema or psoriasis? (so-rye-uh-sis)	V. TROUBLE with fallen arches, flatfeet or clubfoot?
		Q. TROUBLE with dry or itching skin?	W. TROUBLE with ingrown toenails or fingernails?
		R. TROUBLE with acne?	X. TROUBLE with bunions, corns, or calluses?
		S. A skin ulcer?	Y. A disease of the hair or scalp?
		T. Any kind of skin allergy?	Z. Any disease of the lymph or sweat glands?
3	<p>32a. DURING THE PAST 12 MONTHS, did anyone in the family have -</p> <p>If "Yes," ask 32b 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?	Conditions affecting the nervous system
		I. Sciatica?	
		J. Nephritis?	
		K. Kidney stones?	Genito-urinary conditions
		L. Any other kidney trouble?	
		M. Bladder trouble?	
		N. Prostate trouble?	
O. Disease of the uterus or ovary?			
P. Any other female trouble?			

4	<p>32a. Does anyone in the family (you, your --, etc.) NOW have - If "Yes," ask 32b and c.</p> <p>b. Who is this? - Enter name of condition and letter of line where reported in appropriate person's column in item C.</p> <p>c. Does anyone else have . . . ?</p> <p>A-L are conditions affecting { hearing vision speech }</p>	<p>A. Deafness in one or both ears?</p> <p>B. Any other trouble hearing with one or both ears?</p> <p>C. Tinnitus or ringing in the ears?</p> <p>D. Blindness in one or both eyes?</p> <p>E. Cataracts?</p> <p>F. Glaucoma?</p> <p>G. Color blindness?</p>	<p>H. A detached retina or any other condition of the retina?</p> <p>I. Any other trouble seeing with one or both eyes even when wearing glasses?</p> <p>J. A cleft palate or harelip?</p> <p>K. Stammering or stuttering?</p> <p>L. Any other speech defect?</p> <p>M. A missing finger, hand, or arm, toe, foot, or leg?</p> <p>N. A missing (breast), kidney or lung?</p>
5	<p>32a. Has anyone in the family (you, your --, etc.) EVER had - If "Yes," ask 32b 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. Has anyone else ever had. . . ?</p> <p>Conditions affecting the heart and circulatory system.</p>	<p>A. Rheumatic fever?</p> <p>B. Rheumatic heart disease?</p> <p>C. Hardening of the arteries or arteriosclerosis?</p> <p>D. Congenital heart disease?</p> <p>E. Coronary heart disease?</p> <p>F. High blood pressure?</p>	<p>G. Stroke or a cerebrovascular accident?</p> <p>H. Hemorrhage of the brain?</p> <p>I. Angina pectoris?</p> <p>J. Myocardial infarction?</p> <p>K. Any other heart attack?</p>
6	<p>32a. DURING THE PAST 12 MONTHS, did anyone in the family (you, your --, etc.) have - If "Yes," ask 32b 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> <p>Conditions affecting the respiratory system.</p>	<p>A. Bronchitis?</p> <p>B. Bronchiectasis? (brong ke-ek tah-sis)</p> <p>C. Asthma?</p> <p>D. Hay fever?</p> <p>E. Nasal polyp?</p> <p>*If reported in question 32 only, ask:</p> <p>1. How many times did -- have . . . in the past 12 months? - If 2+ enter in item C. If only 1 time, ask:</p> <p>2. How long did it last? - If 1 month or longer, enter in item C. If less than 1 month, do not record.</p> <p>If tonsils or adenoids removed during the past 12 months, enter condition causing removal in item C. Make no entry in item C for cold; flu; red, sore, or strep throat; or "virus" reported in answer to question 32.</p>	<p>F. Sinus trouble?</p> <p>G. Deflected or deviated nasal septum?</p> <p>H. *Tonsillitis or enlargement of the tonsils or adenoids?</p> <p>I. *Laryngitis?</p>

4	<p>32a. Does anyone in the family NOW have – If "Yes," ask 32b and c.</p> <p>b. Who is this? Enter in item C.</p> <p>c. Does anyone else have . . . ? Conditions O–W are impairments. Conditions Y and Z affect the nervous system.</p>	O. Palsy or cerebral palsy?	U. PERMANENT stiffness or any deformity of the back, foot, or leg? (Permanent stiffness – joints will not move at all)
		P. Paralysis of any kind?	V. PERMANENT stiffness or any deformity of the fingers, hand, or arm?
		Q. Curvature of the spine?	W. Mental retardation?
		R. REPEATED trouble with back or spine?	X. Any condition caused by an old accident or injury? If "Yes," ask: What is the condition?
		S. Any TROUBLE with fallen arches or flatfeet?	Y. Epilepsy?
		T. A clubfoot?	Z. REPEATED convulsions, seizures, or blackouts?
5	<p>32a. DURING THE PAST 12 MONTHS, did anyone in the family (you, your --, etc.) have – If "Yes," ask 32b and c.</p> <p>b. Who was this? Enter in item C.</p> <p>c. During the past 12 months did anyone else have . . . ? Conditions affecting the heart and circulatory system.</p>	L. Damaged heart valves?	R. Gangrene?
		M. Tachycardia or rapid heart?	S. Varicose veins?
		N. Heart murmur?	T. Hemorrhoids or piles?
		O. Any other heart trouble?	U. Phlebitis or thrombophlebitis?
		P. Aneurysm?	V. Any other condition affecting blood circulation?
		Q. Any blood clots?	
6	<p>32a. DURING THE PAST 12 MONTHS, did anyone in the family have – If "Yes," ask 32b and c.</p> <p>b. Who was this? Enter in item C.</p> <p>c. During the past 12 months, did anyone else have . . . ? Make no entry in item C for cold; flu; red, sore, or strep throat; or "virus" reported in answer to question 32. Conditions affecting the respiratory system.</p>	J. Tumor, cyst, or growth of the bronchial tube or lung?	O. Tumor, cyst, or growth of the throat, larynx, or trachea?
		K. Emphysema?	P. Any work-related respiratory condition such as dust on the lungs, silicosis or pneu-mo-co-ni-o-sis?
		L. Pleurisy?	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)
		M. Tuberculosis?	
		N. Abscess of the lung?	

33. Compared to other persons ---'s age, would you say that his health is excellent, good, fair, or poor?		33.	1 E 2 G 3 F 4 P
BD	Mark box(es) from item C.	BD	1 <input type="checkbox"/> 1+ Bed Days 2 <input type="checkbox"/> 1+ Hospital Stays 3 <input type="checkbox"/> No Bed Days
34. During the past 12 months (that is since _____ (date) a year ago), ABOUT how many days did illness or injury keep -- in bed all or most of the day? (Include the days in the past 2 weeks.) (Include the days while a patient in a hospital.) (Was it more than 7 days or less than 7 days?) (Was it more than 30 days or less than 30 days?) (Was it more than half the year or less than half the year?)		34.	0 <input type="checkbox"/> None 1 <input type="checkbox"/> 1-7 2 <input type="checkbox"/> 8-30 3 <input type="checkbox"/> 31-180 (1-6 months) 4 <input type="checkbox"/> 181+ (6 months +)
R Q's 4-34	For persons 17 years or over, show who responded for (or was present during the asking of) Questions 4-34. If persons responded for self, show whether entirely or partly. For persons under 17, show who responded for them.	R	1 <input type="checkbox"/> Responded for self-entirely 2 <input type="checkbox"/> Responded for self-partly Person ___ was respondent
FOOTNOTES			

CONDITION 1																																						
1. Person number	Name of condition																																					
2. When did -- last see or talk to a doctor about his . . . ?																																						
<input type="checkbox"/> In interview week (Reask 2) <input type="checkbox"/> Past 2 wks. (Item C) <input type="checkbox"/> 2-4 yrs. <input type="checkbox"/> 2 wks.-6 mos. <input type="checkbox"/> 5+ yrs. <input type="checkbox"/> Over 6-12 mos. <input type="checkbox"/> Never <input type="checkbox"/> DK if Dr. seen <input type="checkbox"/> 1 yr. <input type="checkbox"/> DK when Dr. seen																																						
A1	Examine "Name of condition" entry and mark <input type="checkbox"/> Color blindness (NC) <input type="checkbox"/> On Card C (A2) <input type="checkbox"/> Accident or injury (A2) <input type="checkbox"/> Neither (3a)																																					
	If "Doctor not talked to," transcribe entry from item 1. 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 <input type="checkbox"/> On Card C (A2)																																						
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>Ailment</td> <td>Condition</td> <td>Disorder</td> <td>Rupture</td> <td rowspan="5" style="font-size: 2em; vertical-align: middle;">} Ask c:</td> </tr> <tr> <td>Anemia</td> <td>Cyst</td> <td>Growth</td> <td>Trouble</td> </tr> <tr> <td>Asthma</td> <td>Defect</td> <td>Measles</td> <td>Tumor</td> </tr> <tr> <td>Attack</td> <td>Disease</td> <td>Problem</td> <td>Ulcer</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>		Ailment	Condition	Disorder	Rupture	} Ask c:	Anemia	Cyst	Growth	Trouble	Asthma	Defect	Measles	Tumor	Attack	Disease	Problem	Ulcer																				
Ailment	Condition	Disorder	Rupture	} Ask c:																																		
Anemia	Cyst	Growth	Trouble																																			
Asthma	Defect	Measles	Tumor																																			
Attack	Disease	Problem	Ulcer																																			
c. What kind of . . . is it?																																						
For allergy or stroke, ask:																																						
d. How does the allergy (stroke) affect him?																																						
If in 3a-d there is an impairment or any of the following entries:																																						
<table style="width: 100%; border: none;"> <tr> <td>Abscess</td> <td>Damage</td> <td>Paralysis</td> <td rowspan="12" style="font-size: 2em; vertical-align: middle;">} Ask e:</td> </tr> <tr> <td>Ache (except head or ear)</td> <td>Growth</td> <td>Rupture</td> </tr> <tr> <td>Bleeding</td> <td>Hemorrhage</td> <td>Sore(ness)</td> </tr> <tr> <td>Blood clot</td> <td>Infection</td> <td>Stiff(ness)</td> </tr> <tr> <td>Boil</td> <td>Inflammation</td> <td>Tumor</td> </tr> <tr> <td>Cancer</td> <td>Neuralgia</td> <td>Ulcer</td> </tr> <tr> <td>Cramps (except menstrual)</td> <td>Neuritis</td> <td>Varicose veins</td> </tr> <tr> <td>Cyst</td> <td>Pain</td> <td>Weak(ness)</td> </tr> <tr> <td></td> <td>Palsy</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>		Abscess	Damage	Paralysis	} Ask e:	Ache (except head or ear)	Growth	Rupture	Bleeding	Hemorrhage	Sore(ness)	Blood clot	Infection	Stiff(ness)	Boil	Inflammation	Tumor	Cancer	Neuralgia	Ulcer	Cramps (except menstrual)	Neuritis	Varicose veins	Cyst	Pain	Weak(ness)		Palsy										
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Cramps (except menstrual)	Neuritis	Varicose veins																																				
Cyst	Pain	Weak(ness)																																				
	Palsy																																					
e. What part of the body is affected? _____ Specify _____																																						
Show the following detail:																																						
Head skull, scalp, face																																						
Back/spine/vertebrae upper, middle, lower																																						
Side left or right																																						
Ear inner or outer; left, right, or both																																						
Eye left, right, or both																																						
Arm shoulder, upper, elbow, lower or wrist; left, right, or both																																						
Hand entire hand or fingers only; left, right, or both																																						
Leg hip, upper, knee, lower, or ankle; left, right, or both																																						
Foot entire foot, arch, or toes only; left, right, or both																																						
Except for eyes, ears, or internal organs, ask if there are any of the following entries in 3a-d:																																						
Infection Sore Soreness																																						
f. What part of the (part of body in 3e) is affected by the (infection/sore/soreness) - the skin, muscle, bone, or some other part? Specify _____																																						
Ask if there are any of the following entries in 3a-d:																																						
Tumor Cyst Growth																																						
g. Is this (tumor/cyst/growth) malignant or benign?																																						
<input type="checkbox"/> Malignant <input type="checkbox"/> Benign <input type="checkbox"/> DK																																						
A2	Ask remaining questions as appropriate for the condition entered in: <input type="checkbox"/> Item 1 <input type="checkbox"/> Q. 3b <input type="checkbox"/> Q. 3d <input type="checkbox"/> Q. 3a <input type="checkbox"/> Q. 3c <input type="checkbox"/> Q. 3e																																					
	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 <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 <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) <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 <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. (AA) <input type="checkbox"/> First eye cond. (6+ yrs.) (10) <input type="checkbox"/> First eye cond. (under 6) (AA) <input type="checkbox"/> Not first eye cond. (AA)																																					
	10. Can -- see well enough to read ordinary newspaper print WITH GLASSES with his <table style="display: inline-table; vertical-align: middle;">{<tr><td>left</td></tr><tr><td>right</td></tr></table> eye? . . . 1 Y 2 N eye? . . . 1 Y 2 N	left	right																																			
left																																						
right																																						
FOOTNOTES																																						

AA

1 Missing extremity (A4)
 2 Condition in C2 does not have a letter as source (A4)
 3 Condition in C2 has a letter as source, Doctor seen (11)
 4 Condition in C2 has a letter as source, Doctor not seen (15)

11a. Does -- NOW take any medicine or treatment for his . . . ? 1 Y 2 N (12)

b. Was any of this medicine or treatment recommended by a doctor? 1 Y 2 N

12. Has he ever had surgery for this condition? 1 Y 2 N

13. Was he ever hospitalized for this condition? 1 Y 2 N

14. During the past 12 months, about how many times has -- seen or talked to a doctor about his . . . ? _____ Times (Do not count visits while a patient in a hospital.) 000 None

15a. About how many days during the past 12 months has this condition kept him in bed all or most of the day? _____ Days 000 None

Ask if 17+ years:

b. About how many days during the past 12 months has this condition kept him from work? _____ Days For females: Not counting work around the house? 000 None

16a. How often does his . . . bother him -- all of the time, often, once in a while, or never?
 1 All the time 2 Often 3 Once in a while
 0 Never (16c) 4 Other -- Specify _____

b. When it does bother him, is he bothered a great deal, some, or very little?
 1 Great deal 2 Some 3 Very little
 4 Other -- Specify _____

All the time in 16a OR condition list 4 asked (A4)

c. Does -- still have this condition?
 1 Y (A4) N

d. Is this condition completely cured or is it under control?
 2 Cured 3 Under control (A4)
 4 Other -- Specify _____ (A4)

e. About how long did -- have this condition before it was cured?
 0 Less than one month _____ Months _____ Years

A4 Accident or injury Other (NC)

17a. Did the accident happen during the past 2 years or before that time?
 During the past 2 years Before 2 years (18a)

b. When did the accident happen?
 Last week Over 3-12 months
 Week before 1-2 years
 2 weeks-3 months

18a. 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

19. 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 _____

20. 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

21a. 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

2-WEEKS DOCTOR VISITS PAGE	
1. Earlier, you told me that -- had seen or talked to a doctor during the past 2 weeks.	1. Person number _____
2a. On what (other) dates during that 2-week period did -- visit or talk to a doctor? -----	2a. OR { 7777 <input type="checkbox"/> Last week 8888 <input type="checkbox"/> Week before Month _____ Date _____
b. Were there any other doctor visits for him during that period?	b. 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. 0 <input type="checkbox"/> While inpatient in hospital (Next DV) 1 <input type="checkbox"/> Doctor's office (group practice or doctor's clinic) 2 <input type="checkbox"/> Telephone 3 <input type="checkbox"/> Hospital Outpatient Clinic 4 <input type="checkbox"/> Home 5 <input type="checkbox"/> Hospital Emergency Room 6 <input type="checkbox"/> Company or Industry Clinic 7 <input type="checkbox"/> Other (Specify) _____
4. Was 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? _____
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. (glasses) 5 <input type="checkbox"/> Immunization 6 <input type="checkbox"/> Other _____ } (Next DV)
b. Was this for any specific condition? ----- Mark box or ask:	b. Y (Enter condition in 6a and change to "Diag. or treatment") N (Next DV)
c. For what condition did -- visit (call) the doctor on (date) ?	c. <input type="checkbox"/> Condition reported in 6a _____
FOOTNOTES	
PI	A Condition page is required for the condition in question 6. If there is no Condition page, enter condition in item C and fill a page for it after completing columns for all required doctor visits.

HOSPITAL PAGE		1. Person number _____		
<p>You said that -- was in the hospital (nursing home) during the past year. USE YOUR CALENDAR 2. When did -- enter the hospital (nursing home) (the last time)? Make sure the YEAR is correct</p>		Month	Date	Year 19 ____
<p>3. What is the name and address of this hospital (nursing home)?</p>		<p>3. Name _____</p> <p>Street _____</p> <p>City (or county) _____ State _____</p>		
<p>4. How many nights was -- in the hospital (nursing home)?</p>		4. _____ Nights		
<p>Complete 5 from entries in 2 and 4; if not clear, ask the questions.</p> <p>5a. How many of these -- nights were during the past 12 months?</p>		5a. _____ Nights		
<p>b. How many of these -- nights were during the past 2 weeks?</p>		b. _____ Nights		
<p>c. Was -- still in the hospital (nursing home) last Sunday night for this hospitalization (stay)?</p>		c. Y _____ N _____		
<p>6. For what condition did -- enter the hospital (nursing home) - do you know the medical name? If medical name unknown, enter an adequate description.</p> <p>For delivery ask: } If "NO," ask: } Show CAUSE, KIND, and PART OF BODY in same detail as required for the Condition page.</p> <p>Was this a normal delivery? } What was the matter? }</p> <p>For newborn, ask: } } </p> <p>Was the baby normal at birth? } } </p>		<p>6. <input type="checkbox"/> Normal delivery <input type="checkbox"/> Normal at birth</p> <p>Condition _____</p> <p>Cause <input type="checkbox"/> On Card C <input type="checkbox"/> Acc. or Inj. _____</p> <p>Kind _____</p> <p>Part of body _____</p>		
<p>7a. Were any operations performed on -- during this stay at the hospital (nursing home)?</p>		7a. Y _____ o N (Next Hosp)		
<p>b. What was the name of the operation?</p> <p>If name of operation is not known, describe what was done.</p>		b. _____		
<p>c. Any other operations during this stay?</p>		c. Y (Describe) <u> </u> N _____		
<p>FOOTNOTES</p>				
<p>P2 A Condition page is required if there is an entry of "1" or more nights in 5b. If there is no Condition page, enter condition in item C and fill a page for it after completing columns for all required hospitalizations.</p>				

HEALTH INSURANCE PAGE

Medicare is a Social Security health insurance program for disabled persons and for persons 65 years old and over. People covered by Medicare have a card that looks like this. Show card

1a. Is anyone in this family covered by Medicare? Y N (4) DK

b. Is --- covered? Mark box in person's column.

1b. 1 Cov. 9 DK
2 Not cov.

Ask for each person with "Covered" in 1b.

2a. Is --- covered by that part of Social Security Medicare which pays for hospital bills? Mark box in person's column.

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? Mark box in person's column.

2a. 1 Cov. Hosp. 9 DK
2 No
b. 1 Cov. Med. 9 DK
2 No

Ask for each person with "DK" in 2 and for each person under 65 with "Covered" in 1b.

3. May I please see the Social Security Medicare card(s) for --- (and ---) to determine the (type/dates) of coverage? Transcribe the information from the card or mark the "Card N.A." box.

3. 1 Cov. Hosp. 9 Card N.A.
2 Cov. Med.

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

4a. (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 (4d)

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 4b 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 (5)

e. What is the name of the plan? (Record in Table H.I., reask 4d)

TABLE H.I.

PLAN 1
5a. Was this (name) plan obtained through an employer or union? 1 Y (5c) 2 N 9 DK
b. Was it obtained through some other group? 1 Y 2 N 9 DK

5c. Does this plan pay any part of hospital expenses? 1 Y 2 N 9 DK
d. Does this plan pay any part of doctor's or surgeon's bills for operations? 1 Y 2 N 9 DK

6a. Is --- covered under this (name) plan?
b. During the past 12 months did --- receive medical care which has been or will be paid for by this plan? 1 Y 2 N 9 DK

6a. 1 Cov. 2 Not cov. (NP)
b. 1 Y 2 N 9 DK

PLAN 2
5a. Was this (name) plan obtained through an employer or union? 1 Y (5c) 2 N 9 DK
b. Was it obtained through some other group? 1 Y 2 N 9 DK

5c. Does this plan pay any part of hospital expenses? 1 Y 2 N 9 DK
d. Does this plan pay any part of doctor's or surgeon's bills for operations? 1 Y 2 N 9 DK

6a. Is --- covered under this (name) plan?
b. During the past 12 months did --- receive medical care which has been or will be paid for by this plan? 1 Y 2 N 9 DK

6a. 1 Cov. 2 Not cov. (NP)
b. 1 Y 2 N 9 DK

PLAN 3
5a. Was this (name) plan obtained through an employer or union? 1 Y (5c) 2 N 9 DK
b. Was it obtained through some other group? 1 Y 2 N 9 DK

5c. Does this plan pay any part of hospital expenses? 1 Y 2 N 9 DK
d. Does this plan pay any part of doctor's or surgeon's bills for operations? 1 Y 2 N 9 DK

6a. Is --- covered under this (name) plan?
b. During the past 12 months did --- receive medical care which has been or will be paid for by this plan? 1 Y 2 N 9 DK

6a. 1 Cov. 2 Not cov. (NP)
b. 1 Y 2 N 9 DK

I For each person review 1, 2, 3, and 6 for each plan and determine if "Covered" by either Medicare or insurance, or "Not covered."

I 1 Cov. (NP) 2 Not cov. (NP)

Ask for each person "Not covered,"

Many people do not carry health insurance for various reasons. Hand Card N

Circle all reasons given →

7a. Which of those statements describes why --- is not covered by any health insurance plan? Any other reason?

7a. 1 2 3 4 5 6 7 8 9
(Specify)

Mark box or ask:

b. What is the MAIN reason --- is not covered by any health insurance plan?

b. 00 Only one reason
1 2 3 4 5 6 7 8 9
(Specify)

HOME CARE PAGE

Some people are limited in what they can do because of a physical or mental condition; that is, they cannot do some of the daily activities that other people do.

1a. Because of a disability or health problem, does anyone in the family, (that is you, your --, etc.), receive or need help from another person, or use special equipment in --
 If "Yes," ask 1b and c "doesn't do" Y or N

- (1) Walking, except for using stairs?

- (2) Going outside?

- (3) Using the toilet in the bathroom, including getting to the bathroom?

- (4) Bathing, including sponge baths?

- (5) Dressing?

- (6) Eating?

- (7) Getting in and out of bed or chairs?

Person number	Activity	Doesn't do	If "doesn't do," go to next line. Does -- use any SPECIAL EQUIPMENT in (activity)?	Does -- receive or need the help of ANOTHER PERSON in (activity)?	Does -- need help from another person in (activity) most of the time, some of the time, or once in a while?		
(a)	(b)	(c)	(d)	(e)	(f)		
		<input type="checkbox"/> Doesn't do (Mark H box, THEN 1c)	1 Y 2 N	1 Y 2 N (Next line)	1 <input type="checkbox"/> All/most 2 <input type="checkbox"/> Some 3 <input type="checkbox"/> Once	4 <input type="checkbox"/> Never 8 <input type="checkbox"/> Other - Specify	} Mark H box
		<input type="checkbox"/> Doesn't do (Mark H box, THEN 1c)	1 Y 2 N	1 Y 2 N (Next line)	1 <input type="checkbox"/> All/most 2 <input type="checkbox"/> Some 3 <input type="checkbox"/> Once	4 <input type="checkbox"/> Never 8 <input type="checkbox"/> Other - Specify	
		<input type="checkbox"/> Doesn't do (Mark H box, THEN 1c)	1 Y 2 N	1 Y 2 N (Next line)	1 <input type="checkbox"/> All/most 2 <input type="checkbox"/> Some 3 <input type="checkbox"/> Once	4 <input type="checkbox"/> Never 8 <input type="checkbox"/> Other - Specify	} Mark H box
		<input type="checkbox"/> Doesn't do (Mark H box, THEN 1c)	1 Y 2 N	1 Y 2 N (Next line)	1 <input type="checkbox"/> All/most 2 <input type="checkbox"/> Some 3 <input type="checkbox"/> Once	4 <input type="checkbox"/> Never 8 <input type="checkbox"/> Other - Specify	

b. Who is this?
c. Does anyone else receive or need help or use special equipment in -- ?

2a. BECAUSE OF A DISABILITY OR HEALTH PROBLEM, does anyone in the family receive or need help from another person in --
 If "Yes," ask 2b and c.

b. Who is this?
c. Does anyone else receive or need help in -- ?

- (1) Preparing their own meals?

- (2) Shopping for personal items, such as magazines, toilet items, or medicines?

- (3) Doing routine household chores, not including yard work?

- (4) Handling their own money?

Y N

①

2b. 1 Meals
 2 Shopping
 3 Chores
 4 Handling money

} Mark H box

3a. Because of a disability or health problem does anyone in the family usually stay in bed all or most of the time?

Y N (4)

b. Who is this? Mark box in person's column.

c. Anyone else?

Y (Reask 3b and c) N

3b. 1 Stays in bed (H box THEN 3c)

No H box (NP)

4a. What (other) condition causes -- to (need help in activities in 1 and 2/(or) stay in bed)?

b. Does any other condition cause -- to (need help in activities in 1 and 2/(or) stay in bed)?

c. Which of these conditions would you say is the MAIN condition that causes -- to (need help in activities in 1 and 2/(or) stay in bed)?

b. 1 Y (Reask 4a and b) 2 N

c. Old age only (NP)
 Only one condition

Main condition

HC1 Refer to item C2 to determine if a condition page was completed for the main condition in 4.
 Enter condition number, or mark box.

HC1 _____ (NP)
 Cond. number
 No condition page

5. When did -- first notice his (main condition in 4)?

5. 1 Last week
 2 Week before
 3 Past 2 weeks, DK which
 4 2 weeks - 3 months
 5 Over 3-12 months
 6 More than 12 months ago

HOME CARE PAGE - Continued

<p>6a. Does anyone in the family have a colostomy, a urinary catheter, or any other device to help control bowel movements or urination? Y N (7)</p> <hr/> <p>b. Who is this? Mark "Device" box in person's column.</p> <hr/> <p>c. Anyone else? Y (Reask 6b and c) N</p> <p>If "Device," ask 6d and e</p> <p>d. Which does -- have -- a colostomy, a catheter, or another type of device?</p> <hr/> <p>e. Does -- receive or need help from another person in taking care of his (device in 6d)?</p>	<p>6b. 1 <input type="checkbox"/> Device</p> <hr/> <p>d. 1 <input type="checkbox"/> Colostomy 2 <input type="checkbox"/> Catheter 3 <input type="checkbox"/> Other - Specify <i>✓</i></p> <hr/> <p>e. 1 Y (Mark H box THEN NP) 2 N</p>																																	
<p>7a. (Besides --) Does anyone (else) in the family have any accidents or any trouble controlling their bowel movements or urination? Y N (8)</p> <hr/> <p>b. Who is this? Mark "Trouble controlling" box in person's column.</p> <hr/> <p>c. Anyone else? Y (Reask 7b and c) N</p>	<p>7b. 1 <input type="checkbox"/> Trouble controlling</p>																																	
<p>8a. Does anyone in the family (that is you, your, -- etc.) now use (any of the following special aids) -- If "Yes," ask 8b and c</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"></td> <td style="width:10%; text-align:center">Y</td> <td style="width:10%; text-align:center">N</td> </tr> <tr> <td>(1) An artificial arm?</td> <td style="text-align:center">(1)</td> <td style="text-align:center"><input type="checkbox"/></td> </tr> <tr> <td>(2) An artificial leg?</td> <td style="text-align:center">(2)</td> <td style="text-align:center"><input type="checkbox"/></td> </tr> <tr> <td>(3) A brace of any kind? (If "Yes," ask: On what part of the body is the brace worn?)</td> <td style="text-align:center">(3)</td> <td style="text-align:center"><input type="checkbox"/></td> </tr> <tr> <td>(4) Crutches?</td> <td style="text-align:center">(4)</td> <td style="text-align:center"><input type="checkbox"/></td> </tr> <tr> <td>(5) A cane or walking stick?</td> <td style="text-align:center">(5)</td> <td style="text-align:center"><input type="checkbox"/></td> </tr> <tr> <td>(6) Special shoes?</td> <td style="text-align:center">(6)</td> <td style="text-align:center"><input type="checkbox"/></td> </tr> <tr> <td>(7) A wheel chair?</td> <td style="text-align:center">(7)</td> <td style="text-align:center"><input type="checkbox"/></td> </tr> <tr> <td>(8) A walker?</td> <td style="text-align:center">(8)</td> <td style="text-align:center"><input type="checkbox"/></td> </tr> <tr> <td>(9) A guide dog?</td> <td style="text-align:center">(9)</td> <td style="text-align:center"><input type="checkbox"/></td> </tr> <tr> <td>(10) Any other kind of aid for getting around?</td> <td style="text-align:center">(10)</td> <td style="text-align:center"><input type="checkbox"/></td> </tr> </table> <p>b. Who is this? Mark box in person's column.</p> <p>c. Anyone else?</p>		Y	N	(1) An artificial arm?	(1)	<input type="checkbox"/>	(2) An artificial leg?	(2)	<input type="checkbox"/>	(3) A brace of any kind? (If "Yes," ask: On what part of the body is the brace worn?)	(3)	<input type="checkbox"/>	(4) Crutches?	(4)	<input type="checkbox"/>	(5) A cane or walking stick?	(5)	<input type="checkbox"/>	(6) Special shoes?	(6)	<input type="checkbox"/>	(7) A wheel chair?	(7)	<input type="checkbox"/>	(8) A walker?	(8)	<input type="checkbox"/>	(9) A guide dog?	(9)	<input type="checkbox"/>	(10) Any other kind of aid for getting around?	(10)	<input type="checkbox"/>	<p>8b. 1 <input type="checkbox"/> Artificial arm 2 <input type="checkbox"/> Artificial leg 3 <input type="checkbox"/> Brace - Part of body <i>✓</i></p> <hr/> <p>4 <input type="checkbox"/> Crutches 5 <input type="checkbox"/> Cane or walking stick 6 <input type="checkbox"/> Special shoes 7 <input type="checkbox"/> Wheel chair 8 <input type="checkbox"/> Walker 9 <input type="checkbox"/> Guide dog 10 <input type="checkbox"/> Other - Specify <i>✓</i></p>
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<p>10a. Does anyone in the family receive help here at home with -- If "Yes," ask 10b and c</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"></td> <td style="width:10%; text-align:center">Y</td> <td style="width:10%; text-align:center">N</td> </tr> <tr> <td>b. Who is this? Mark box in person's column</td> <td></td> <td></td> </tr> <tr> <td>(1) Receiving injections or shots?</td> <td style="text-align:center">(1)</td> <td style="text-align:center"><input type="checkbox"/></td> </tr> <tr> <td>(2) Physical therapy?</td> <td style="text-align:center">(2)</td> <td style="text-align:center"><input type="checkbox"/></td> </tr> <tr> <td>(3) Changing bandages?</td> <td style="text-align:center">(3)</td> <td style="text-align:center"><input type="checkbox"/></td> </tr> <tr> <td>(8) Any other nursing or medical treatments?</td> <td style="text-align:center">(8)</td> <td style="text-align:center"><input type="checkbox"/></td> </tr> </table> <p>c. Anyone else?</p>		Y	N	b. Who is this? Mark box in person's column			(1) Receiving injections or shots?	(1)	<input type="checkbox"/>	(2) Physical therapy?	(2)	<input type="checkbox"/>	(3) Changing bandages?	(3)	<input type="checkbox"/>	(8) Any other nursing or medical treatments?	(8)	<input type="checkbox"/>	<p>10b. 1 <input type="checkbox"/> Injections 2 <input type="checkbox"/> Physical therapy 3 <input type="checkbox"/> Bandages 8 <input type="checkbox"/> Other - Specify <i>✓</i></p>															
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HOME CARE PAGE – Continued

11a. During the past 12 months, (that is since (date) a year ago) has anyone in the family received MEALS that were prepared outside the home and brought in on a fairly regular basis? Y N (12)

b. Who received the meals? Mark "Meals" box in person's column.

11b. 1 Meals

c. Anyone else? Y (Reask 11b and c) N

If "Meals" in 11b, ask 11d-e

d. Does -- NOW regularly receive meals that are prepared outside the home and brought in?

d. 1 Y 2 N (NP)

e. What agency, organization or program provides these meals for --?

e. _____

12a. During the past 12 months, has anyone in the family received any care at home from a nurse? Exclude related HH members. Y N (IHCP)

b. Who received the care? Mark "Nurse" box in person's column.

12b. 1 Nurse

c. Anyone else? Y (Reask 12b and c) N

FOOTNOTES

Complete for each person with H box		INDIVIDUAL HOME CARE PAGE		1.	Person number _____
2a. Earlier you said that --- receives or needs the help of another person. Who helps ---? (Is --- helped by anyone who lives here, by any other friends or relatives, a nurse, or any other health care professionals who come into the home, or is --- helped by someone else?)		2a.		1	<input type="checkbox"/> Related HH members
				2	<input type="checkbox"/> Nurse
				3	<input type="checkbox"/> Other health worker - Specify _____
				4	<input type="checkbox"/> Other relatives or friends
				8	<input type="checkbox"/> Other - Specify _____
b. Does anyone else help ---?		b.		Y	(Reask 2a and b)
				N	
If "Nurse" in 2a, ask:		3a.		_____ Days per week	
3a. On the average, how many days per week does the nurse visit ---?		3a.		_____ Days per week	
b. When the nurse visits, how many hours per day does he or she usually spend helping ---?		b.		00	<input type="checkbox"/> Less than 1 hour _____ Hours
c. Does anyone in the family, that is you, your ---, etc. pay any part of the cost for the nurse?		c.		1	Y _____ 2 N _____
d. Does any government agency or program help pay for the nurse?		d.		1	Y _____ 2 N (3f) _____
e. What agency or program helps pay?		e.		1	<input type="checkbox"/> Medicaid <input type="checkbox"/> Other - Specify _____
				2	<input type="checkbox"/> Medicare
				3	<input type="checkbox"/> Health insurance _____
f. During the past 2 weeks, how many times was --- visited by the nurse?		f.		_____ Number of times	
If "Other health worker" in 2a, ask:		4a.		_____ Days per week	
4a. On the average, how many days per week does the (other health worker) visit ---?		4a.		_____ Days per week	
b. When the (other health worker) visits, how many hours per day does he or she usually spend helping ---?		b.		00	<input type="checkbox"/> Less than 1 hour _____ Hours
c. Does anyone in the family, that is you, your ---, etc. pay any part of the cost for the (other health worker)?		c.		1	Y _____ 2 N _____
d. Does any government agency or program help pay for the (other health worker)?		d.		1	Y _____ 2 N (4f) _____
e. What agency or program helps pay?		e.		1	<input type="checkbox"/> Medicaid <input type="checkbox"/> Other - Specify _____
				2	<input type="checkbox"/> Medicare
				3	<input type="checkbox"/> Health insurance _____
f. During the past 2 weeks, how many times was --- visited by the (other health worker)?		f.		_____ Number of times	
HC2		HC2	1	<input type="checkbox"/> Under 17 (NP)	2 <input type="checkbox"/> 17+
5a. Does --- receive or need help from others in using public transportation, such as buses, trains, subways, or planes?		5a.		1	Y (6) _____ 2 N _____ 4 <input type="checkbox"/> Doesn't use (5c)
b. Does --- use public transportation?		b.		1	Y (6) _____ 2 N _____
c. If --- had to use public transportation, would --- need the help of other persons?		c.		1	Y _____ 2 N _____
6a. Does --- drive a car?		6a.		1	Y (7) _____ 2 N _____
b. Does --- not drive a car because of a disability or health problem or because of some other reason?		b.		1	<input type="checkbox"/> Age <input type="checkbox"/> Disability <input type="checkbox"/> Other
7a. Does --- use the telephone without the help of another person?		7a.		1	Y (8) _____ 2 N _____
b. Would --- be able to use the telephone in an emergency?		b.		1	Y _____ 2 N _____
8a. During the 2 weeks outlined in red on the calendar, did --- have any visits from a friend, relative or neighbor?		8a.		1	Y _____ 2 N (8c) _____
b. How many times during that period was --- visited by friends, relatives or neighbors? (Was it 3 or more times or less than 3 times?) (Was it 12 or more times or less than 12 times?)		b.		1	<input type="checkbox"/> 1-3 times <input type="checkbox"/> 3 13+ times
				2	<input type="checkbox"/> 4-12 times
c. During these 2 weeks, did --- go out to visit a friend, relative or neighbor?		c.		1	Y _____ 2 N (9) _____
d. How many times during that period did --- go out to visit friends, relatives or neighbors? (Was it 3 or more times or less than 3 times?) (Was it 12 or more times or less than 12 times?)		d.		1	<input type="checkbox"/> 1-3 times <input type="checkbox"/> 3 13+ times
				2	<input type="checkbox"/> 4-12 times
9. During the past 12 months, did --- go on a vacation?		9.		1	Y _____ 2 N _____
10. Because of a disability or health problem, how often must someone be here with ---, most of the time, some of the time, once in a while or never?		10.		1	<input type="checkbox"/> Most/All <input type="checkbox"/> Never
				2	<input type="checkbox"/> Some <input type="checkbox"/> Other - Specify _____
				3	<input type="checkbox"/> Once

RESIDENTIAL MOBILITY PAGE		
RM1		RM1 1 <input type="checkbox"/> H box, 17+ (1) 2 <input type="checkbox"/> SP, 17 + (1) 3 <input type="checkbox"/> Other (NP)
Complete 1a and b from household composition items, if not clear, ask: 1a. Is --- related to all persons now living in this household?		1a. 1 Y 2 N (2)
b. Is --- now living with ---'s: (1) Brother or sister? (3) Father or mother? (5) (Husband/wife)? (7) Son or daughter? MARK ALL THAT APPLY		b. 1 <input type="checkbox"/> Brother/sister 3 <input type="checkbox"/> Parent 5 <input type="checkbox"/> Spouse 7 <input type="checkbox"/> Son/daughter 0 <input type="checkbox"/> None of the above
2. How long has --- lived at this address? Enter number, then mark box If "3" years, ask: Was it less than 3 years or more than 3 years?		2. _____ Number $\left\{ \begin{array}{l} 1 \text{ Days} \\ 2 \text{ Weeks} \\ 3 \text{ Months} \\ 4 \text{ Years} \end{array} \right.$
RM2		RM2 1 <input type="checkbox"/> 3+ years in 2 (RM3) 2 <input type="checkbox"/> Less than 3 years in 2
3. Including the time -- moved here, how many times has -- moved in the past 3 years, that is, since (12-month date), 1977?		3. _____ Number
4a. What was ---'s address, including county on (12-month date), 1977?		4a. County _____ State _____ Enter only county and State
b. About how many miles is that address from here?		b. <input type="checkbox"/> Initial DK - PROBE _____ Miles
c. How many people was -- living with at that time, not counting ---?		c. 00 <input type="checkbox"/> Lived alone (5) _____ Number
d. Were any of these people related to ---?		d. 1 Y 2 N (5)
e. Was --- living with ---'s: (1) Brother or sister? (3) Father or mother? (5) (Husband/wife)? (7) Son or daughter? MARK ALL THAT APPLY		e. 1 <input type="checkbox"/> Brother/sister 3 <input type="checkbox"/> Parent 5 <input type="checkbox"/> Spouse 7 <input type="checkbox"/> Son/daughter 0 <input type="checkbox"/> None of the above
5a. What is the (other) reason -- moved HERE? Was it because -- changed jobs, because -- retired, because of ---'s health, or was it for some other reason?		5a. 1 <input type="checkbox"/> Job-self 2 <input type="checkbox"/> Retired-self 3 <input type="checkbox"/> Health-self 4 <input type="checkbox"/> Job-other person 5 <input type="checkbox"/> Retired-other person 6 <input type="checkbox"/> Health-other person 8 <input type="checkbox"/> Other - Specify \nearrow _____
b. Any other reason? Mark box or ask:		b. Y (Reask 5a and b) N <input type="checkbox"/> Only one reason
c. What is the MAIN reason -- moved?		c. _____
RM3 Q's 1-5	For persons 17 years or over, show who responded for (or was present during the asking of) Questions 1-5. If persons responded for self, show whether entirely or partly.	RM3 1 <input type="checkbox"/> Responded for self-entirely 2 <input type="checkbox"/> Responded for self-partly Person _____ was respondent

<p>Mark box or ask:</p> <p>1a. About how tall is --- without shoes?</p> <p>-----</p> <p>b. About how much does --- weigh without shoes?</p>	<p>1a.</p> <p>_____ Feet _____ Inches</p> <p>b.</p> <p>_____ Pounds</p>	<p><input type="checkbox"/> Under 17 (NP)</p>
<p>Mark box or ask:</p> <p>2a. What is the highest grade or year --- attended in school?</p> <p>-----</p> <p>b. Did --- finish the --- grade (year)?</p>	<p>2a.</p> <p><input type="checkbox"/> None (3)</p> <p>Elem: 1 2 3 4 5 6 7 8</p> <p>High: 9 10 11 12</p> <p>College: 1 2 3 4 5 6+</p> <p>b.</p> <p>1 Y 2 N</p>	<p><input type="checkbox"/> Under 17 (NP)</p>
<p>3a. Did --- EVER serve on active duty in the Armed Forces of the United States?</p> <p>-----</p> <p>b. When did --- serve?</p> <p>Circle code in descending order of priority. Thus, if person served in Vietnam and in Korea, circle VN.</p> <p>Vietnam Era (Aug. '64-April '75) VN Korean War (June '50-Jan. '55) KW World War II (Sept. '40-July '47) WWII World War I (April '17-Nov. '18) WWI Post Vietnam (May '75 to present) PVN Other Service (all other periods) OS</p> <p>-----</p> <p>c. Was --- EVER an active member of a National Guard or military reserve unit?</p> <p>-----</p> <p>d. Was ALL of ---'s active duty service related to National Guard or military reserve training?</p>	<p>3a.</p> <p>1 Y 2 N (NP) 9 DK (NP)</p> <p>b.</p> <p>1 VN 5 PVN 2 KW 6 OS 3 WWII 9 DK 4 WWI</p> <p>c.</p> <p>1 Y 2 N (NP) 9 DK (NP)</p> <p>d.</p> <p>1 Y 2 N 9 DK</p>	
<p>Hand Card R - Mark box or ask:</p> <p>4a. Please give me the number of the group or groups which describes ---'s racial background.</p> <p>Circle all that apply.</p> <p>1 - Aleut, Eskimo or American Indian 2 - Asian or Pacific Islander 3 - Black 4 - White 5 - Another group not listed - Please specify</p> <p>-----</p> <p>If multiple entries ask:</p> <p>b. Which of those groups, that is, (entries in 4a) would you say BEST describes ---'s racial background?</p>	<p>4a.</p> <p>1 2 3 4 5 - Specify \mathcal{P}</p> <p>-----</p> <p>-----</p> <p>b.</p> <p>1 2 3 4 5 - Specify \mathcal{P}</p> <p>-----</p>	<p><input type="checkbox"/> Under 17 (NP)</p>
<p>Hand Card O - Mark box or ask:</p> <p>5a. Are any of those groups ---'s national origin or ancestry? (Where did ---'s ancestors come from?)</p> <p>-----</p> <p>b. Please give me the number of the group.</p> <p>Circle all that apply.</p> <p>1 - Puerto Rican 4 - Mexicano 7 - Other Latin American 2 - Cuban 5 - Mexican-American 8 - Other Spanish 3 - Mexican 6 - Chicano</p>	<p>5a.</p> <p>1 Y 2 N (NP)</p> <p>b.</p> <p>1 2 3 4 5 6 7 8</p>	<p><input type="checkbox"/> Under 17 (NP)</p>

Mark box or ask: 6a. Did -- work at any time last week or the week before -- not counting work around the house?		<input type="checkbox"/> Under 17 (NP) 1 Y (7) 2 N
b. Even though -- did not work during these 2 weeks, does -- have a job or business?		1 Y 2 N
c. Was -- looking for work or on layoff from a job?		1 Y 2 N (7)
d. Which -- looking for work or on layoff from a job?		1 <input type="checkbox"/> Looking 3 <input type="checkbox"/> Both 2 <input type="checkbox"/> Layoff
Mark for all persons. If "N" in 6a and in 6b, then question 7 applies to person's LAST job either full-time or part-time. Include military jobs.	7a. For whom did -- (last) work? Name of company, business, organization, or other employer	7a. <input type="checkbox"/> Never worked (NP) Employer
	b. What kind of business or industry is this? For example, TV and radio manufacturing, retail shoe store, State Labor Dept., farm	b. Industry
	c. What kind of work was -- doing? For example, electrical engineer, stock clerk, typist, farmer	c. Occupation
	d. What were --'s most important activities or duties? For example, types, keeps account books, files, sells cars, operates printing press, finishes concrete	d. Duties
	Complete from entries in 7a-d; if not clear, ask: e. Was -- an employee of PRIVATE company, business, or individual for wages, salary, or commission? P -- a FEDERAL government employee? F -- a STATE government employee? S -- a LOCAL government employee? L -- self-employed in OWN business, professional practice, or farm? If not farm, ask: Is the business incorporated? Yes I No (or farm) SE -- working WITHOUT PAY in family business or farm? WP	e. Class of worker 1 <input type="checkbox"/> P 5 <input type="checkbox"/> I 2 <input type="checkbox"/> F 6 <input type="checkbox"/> SE 3 <input type="checkbox"/> S 7 <input type="checkbox"/> WP 4 <input type="checkbox"/> L
W1 Mark appropriate box.	W1 1 <input type="checkbox"/> Under 17 or Nev. W. (NP) 2 <input type="checkbox"/> Callback required (NP) 3 <input type="checkbox"/> Person is available	
(Earlier I was told that you (last) worked as a (occupation in 7c) for (employer in 7a).) 8a. How long (did/have) you ever work(ed) as a (occupation in 7c) for (employer in 7a)?		8a. _____ { 2 <input type="checkbox"/> Weeks Number 3 <input type="checkbox"/> Months 4 <input type="checkbox"/> Years
b. Have you ever had a job, that is, a specific kind of work for one employer, at which you worked for more than (time in 8a)? Include military jobs.		b. 1 Y 2 N (NP)
9a. Of all the jobs you have ever had, including military jobs, I'd like to know about the one at which you worked longest. For whom did you work? Name of company, business, organization, or other employer		9a. Employer
b. What kind of business or industry was this? For example, TV and radio manufacturing, retail shoe store, State Labor Dept., farm		b. Industry
c. What kind of work were you doing? For example, electrical engineer, stock clerk, typist, farmer		c. Occupation
d. What were your most important activities or duties? For example, types, keeps account books, files, sells cars, operates printing press, finishes concrete		d. Duties
Complete from entries in 9a-d; if not clear, ask: e. Were you an employee of PRIVATE company, business, or individual for wages, salary, or commission? P -- a FEDERAL government employee? F -- a STATE government employee? S -- a LOCAL government employee? L -- self-employed in OWN business, professional practice, or farm? If not farm, ask: Is the business incorporated? Yes I No (or farm) SE -- working WITHOUT PAY in family business or farm? WP		e. Class of worker 1 <input type="checkbox"/> P 5 <input type="checkbox"/> I 2 <input type="checkbox"/> F 6 <input type="checkbox"/> SE 3 <input type="checkbox"/> S 7 <input type="checkbox"/> WP 4 <input type="checkbox"/> L
f. How long (did/have) you ever work(ed) as a (occupation in 9c) for (employer in 9a)?		f. <input type="checkbox"/> Less than 1 year _____ Years

<p>10a. There is a national program called Medicaid which pays for health care for persons in need. (In this State it is also called _____.) During the past 12 months, has anyone in this family received health care which has been or will be paid for by Medicaid (or _____)?</p> <p>b. Who was this? Mark "Medicaid" box in person's column.</p> <p>c. Anyone else?</p>	<p>Y N (11)</p> <p>Y (Reask 10b and c) N</p>	<p>10b. 1 <input type="checkbox"/> Medicaid</p>
<p>11a. Does anyone in the family now have a Medicaid (or _____) card which looks like this? Show Medicaid card.</p> <p>b. Who is this? Mark "Card" box in person's column.</p> <p>c. Anyone else?</p>	<p>Y N (12)</p> <p>Y (Reask 11b and c) N</p>	<p>11b. 1 <input type="checkbox"/> Card</p>
<p>If "Card," ask:</p> <p>d. May I please see ---'s (and ---) card(s)? Mark appropriate box(es) in person's column.</p>		<p>d. <input type="checkbox"/> Medicaid card seen 1 <input type="checkbox"/> Current 2 <input type="checkbox"/> Expired 3 <input type="checkbox"/> No card seen 4 <input type="checkbox"/> Other card seen</p> <p>(Specify)</p>
<p>Hand Card I.</p> <p>12. Which of those 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>12. 00 <input type="checkbox"/> A 06 <input type="checkbox"/> G 01 <input type="checkbox"/> B 07 <input type="checkbox"/> H 02 <input type="checkbox"/> C 08 <input type="checkbox"/> I 03 <input type="checkbox"/> D 09 <input type="checkbox"/> J 04 <input type="checkbox"/> E 10 <input type="checkbox"/> K 05 <input type="checkbox"/> F</p>
<p>13a. Which (other) family members received some income during the past 12 months? Mark "Income" box in person's column.</p> <p>b. Did any other family members receive any income during the past 12 months?</p>	<p>Y (Reask 13a and b) N</p>	<p>13a. <input type="checkbox"/> Income</p>
<p>If only one person with "Income" box marked, go to 15. If 2 or more persons with "Income" box marked, ask 14 for each.</p> <p>14. Which of those income groups represents ---'s income for the past 12 months?</p>		<p>14. 00 <input type="checkbox"/> A 06 <input type="checkbox"/> G 01 <input type="checkbox"/> B 07 <input type="checkbox"/> H 02 <input type="checkbox"/> C 08 <input type="checkbox"/> I 03 <input type="checkbox"/> D 09 <input type="checkbox"/> J 04 <input type="checkbox"/> E 10 <input type="checkbox"/> K 05 <input type="checkbox"/> F</p>
<p>15a. Does anyone in this family receive assistance through the "Aid to Families with Dependent Children" Program, sometimes called "AFDC" or "ADC"?</p> <p>b. Which (other) family members are included in the AFDC assistance payment? Mark "AFDC" box in person's column.</p> <p>c. Are any other family members included in this program?</p>	<p>Y N (16)</p> <p>Y (Reask 15b and c) N</p>	<p>15b. 1 <input type="checkbox"/> AFDC</p>

<p>16a. Does anyone in the family receive the "Supplemental Security Income" or "SSI" gold-colored check? Y N (17)</p> <p>b. Who receives this check? Mark "SSI" box in person's column.</p> <p>c. Anyone else? Y (Reask 16b and c) N</p>	<p>16b. 1 <input type="checkbox"/> SSI</p>															
<p>17a. Does anyone in the family receive any (other) income from Social Security? Y N (19)</p> <p>b. Who is this? Mark "Social Security" box in person's column.</p> <p>c. Anyone else? Y (Reask 17b and c) N</p>	<p>17b. 1 <input type="checkbox"/> Social Security</p>															
<p>People may receive Social Security benefits because of their own work experience or because they are dependents or survivors of someone who qualified, based on work experience. Ask for each person with "Social Security" marked in 17b:</p> <p>18. Does (person in 17b) receive Social Security payments because of ---'s own work experience or because --- is a dependent or survivor of someone who worked?</p>	<p>18. 1 <input type="checkbox"/> Work experience 2 <input type="checkbox"/> Dependent or survivor</p>															
<p>19a. Including retirement payments received because of disability, does anyone in the family, (that is you, your ---, etc.) receive any income from -</p> <p>If "Yes," ask 19b and c</p> <table border="0"> <tr> <td></td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> </tr> <tr> <td>(1) Railroad retirement?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>(2) Pension as a military retiree?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>(3) Government employee pension? (Federal, State, or local government)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>(4) Private employer or union pension?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p>b. Who is this? Mark box in person's column.</p> <p>c. Anyone else?</p>		Y	N	(1) Railroad retirement?	<input type="checkbox"/>	<input type="checkbox"/>	(2) Pension as a military retiree?	<input type="checkbox"/>	<input type="checkbox"/>	(3) Government employee pension? (Federal, State, or local government)	<input type="checkbox"/>	<input type="checkbox"/>	(4) Private employer or union pension?	<input type="checkbox"/>	<input type="checkbox"/>	<p>19b. 1 <input type="checkbox"/> Railroad 2 <input type="checkbox"/> Military 3 <input type="checkbox"/> Government employee 4 <input type="checkbox"/> Private or union</p>
	Y	N														
(1) Railroad retirement?	<input type="checkbox"/>	<input type="checkbox"/>														
(2) Pension as a military retiree?	<input type="checkbox"/>	<input type="checkbox"/>														
(3) Government employee pension? (Federal, State, or local government)	<input type="checkbox"/>	<input type="checkbox"/>														
(4) Private employer or union pension?	<input type="checkbox"/>	<input type="checkbox"/>														
<p>For each income reported in 19b, ask:</p> <p>20. Does --- receive the (entry in 19b) because of ---'s own work experience or because --- is a dependent or survivor of someone who worked?</p>	<p>20.</p> <table border="1"> <thead> <tr> <th></th> <th>OWN</th> <th>SURV</th> </tr> </thead> <tbody> <tr> <td>RR</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Military</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Gov't</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Private</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		OWN	SURV	RR	<input type="checkbox"/>	<input type="checkbox"/>	Military	<input type="checkbox"/>	<input type="checkbox"/>	Gov't	<input type="checkbox"/>	<input type="checkbox"/>	Private	<input type="checkbox"/>	<input type="checkbox"/>
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Gov't	<input type="checkbox"/>	<input type="checkbox"/>														
Private	<input type="checkbox"/>	<input type="checkbox"/>														
<p>FOOTNOTES</p>																

E	If this questionnaire is for an EXTRA unit, enter Control Number of original sample unit →				If in AREA SEGMENT, also enter for FIRST unit listed on property →		LISTING SHEET			
	Sheet number		Line number							
TABLE X – LIVING QUARTERS DETERMINATIONS AT LISTED ADDRESS										
Line No.	LOCATION OF UNIT		If outside Area Segment boundary, mark box below, STOP and – ● Go to next line of Table X, if additional quarters determined. OR ● Go to Household page, item 9, or Probe page, question 1 (as applicable).	Are these (Specify location) quarters for more than one group of people? If "Yes," fill one line for each group.	USE OR CHARACTERISTICS				CLASSIFICATION	
	(1)	(2)			(3)	(4)	(5)	(6)		(7)
	<p>Where are these quarters located? Enter exact description or location, e.g., basement; 2nd floor, rear</p> <p>After entering description or location:</p> <ul style="list-style-type: none"> ● In Area Segment, go to (3) ● In other type of Segments, <ul style="list-style-type: none"> – If living quarters are not within the same specific sample address (and structure, if Permit Segment) – STOP TABLE X – Otherwise, go to (3) 		<ul style="list-style-type: none"> ● If listed, enter sheet and line number, STOP Table X, and continue interview for original sample unit. ● If unlisted, <ul style="list-style-type: none"> – And Area Segment, go to (4). – And another type of Segment, go to (5) 			<p>Do the occupants of these (Specify location) quarters live and eat with any other group of people?</p>	<p>Do these quarters in (Specify location) have:</p>	<p>Direct access from the outside or through a common hall?</p>	<p>Complete kitchen facilities for this unit only?</p>	<p>N – Not a separate unit – Add occupants to this questionnaire. (Complete a separate questionnaire for each unrelated person or family group.)</p> <hr/> <p>HU OT) Separate unit – interview on a separate questionnaire.</p>
1		S ___ L ___	<input type="checkbox"/> Outside segment boundary	Yes No	Yes – Go to (9) and circle N No	Yes No	Yes No	Yes No	N HU OT	
2		S ___ L ___	<input type="checkbox"/> Outside segment boundary	Yes No	Yes – Go to (9) and circle N No	Yes No	Yes No	Yes No	N HU OT	
3		S ___ L ___	<input type="checkbox"/> Outside segment boundary	Yes No	Yes – Go to (9) and circle N No	Yes No	Yes No	Yes No	N HU OT	
NOTE: Be sure to continue interview for original sample unit.										
FOOTNOTES										

CARD C

Conditions reported for which questions 3a-3e need not be asked:

Acne	Hemorrhoids or piles (any kind)
Appendicitis	Hernia (any type)
Arteriosclerosis	Kidney stones
Arthritis (any kind)	Laryngitis
Athlete's foot	Migraine (any kind)
Bronchitis (any kind)	Mumps
Bunions	Normal delivery
Bursitis	Phlebitis (Thrombophlebitis)
Calluses	Pneumonia
Chickenpox	Pregnancy
Cold	Sciatica
Corns	Sinus (any kind)
Croup	Strep (Streptococcus) throat
Diabetes (any type)	Tonsillitis
Epilepsy (any kind)	Ulcer (duodenal, stomach, peptic or gastric only)
Gallstones	Vasectomy
Goiter	Warts
Hardening of the arteries	Whooping cough
Hay fever	

CARD I

Under \$1,000 (including loss)	Group A
\$ 1,000 - \$ 1,999	Group B
\$ 2,000 - \$ 2,999	Group C
\$ 3,000 - \$ 3,999	Group D
\$ 4,000 - \$ 4,999	Group E
\$ 5,000 - \$ 5,999	Group F
\$ 6,000 - \$ 6,999	Group G
\$ 7,000 - \$ 9,999	Group H
\$10,000 - \$14,999	Group I
\$15,000 - \$24,999	Group J
\$25,000 and over	Group K

CARD E2

Show detail in question 3e, Condition page and/or question 6, Hospital page for these IMPAIRMENTS.

- Deafness
- Trouble hearing
- Other ear condition
- Blindness
- Trouble seeing
- Other eye condition
- Missing hand - all or part
- Missing arm - all or part
- Missing foot - all or part
- Missing leg - all or part
- Trouble, stiffness or any deformity of - foot, leg, fingers, arm, or back

CARD N

1. Care received through Medicaid or Welfare.
2. Unemployed, or reasons related to unemployment.
3. Can't obtain insurance because of poor health, illness, or age.
4. Too expensive, can't afford health insurance.
5. Dissatisfied with previous insurance.
6. Don't believe in insurance.
7. Have been healthy, not much sickness in the family, haven't needed health insurance.
8. Military dependent, (CHAMPUS), veterans' benefits.
9. Some other reason - Specify

CARD O

- | | |
|-----------------|-------------------------|
| 1. Puerto Rican | 5. Mexican-American |
| 2. Cuban | 6. Chicano |
| 3. Mexican | 7. Other Latin American |
| 4. Mexicano | 8. Other Spanish |

CARD R

1. Aleut, Eskimo or American Indian
2. Asian or Pacific Islander
3. Black
4. White
5. Another group not listed – Specify

The questionnaire and data preparation procedures of the survey were revised extensively in 1982. In some cases the revisions have changed the basic concepts. In other cases the concepts are measured in a different way. The primary goals of the revision were to solve problems that had been noted over the years in administering the earlier version of the questionnaire and to take into account areas of new interest related to the health and health care delivery system of the Nation. Changing the core questionnaire required a change in interviewing procedures as well as revisions of the coding and editing procedures associated with the earlier version of the questionnaire.

In some cases concepts were redefined, and in others the same definition of a concept was retained, but the nature of the questions asked or the procedure followed to measure that concept was changed. Both differences can involve substantial changes in the estimates associated with the concepts. It was decided that potential improvement in the quality of the information outweighed the disadvantage of a loss of continuity that would, in some cases, make 1982 and future estimates incompatible with estimates derived from the earlier version of the questionnaire. The following paragraphs contain examples of some of the revisions. Appendix II includes a more detailed examination of the implications of the changes summarized in this section. Appendix II also includes a discussion of the steps taken to evaluate the differences between estimates derived from the earlier and the present forms of the questionnaire.

The 1982 version includes many more questions concerning each of the doctor visits, and some questions were expanded to include more detail or to make explicit what was only implicit in the 1981 version. For instance, visits to psychiatrists and other medical specialists were meant to be reported by the respondent in the 1981 version, but this was not made explicit, as it is in the 1982 version. The most extensive change involved adding a section to gather information on minor surgery performed without an overnight hospital stay and incorporating this topic into the doctor visit section of the questionnaire.

The questions relating to restriction of activity were struc-

tured in an entirely new manner and were asked later in the interview. The question wording was not extensively changed, except that "more than half a day" of restriction is specified as the minimum amount of time constituting a day of activity restriction.

The questions relating to hospitalization underwent only slight changes. The condition for which a person was admitted to the hospital, however, is no longer included in the final data file.

A relatively extensive set of questions is asked about each condition reported in the survey, primarily to facilitate medical coding. The main changes involved expanding the amount of detail obtained for each condition and the addition and deletion of a few questions. In addition, the procedure for obtaining the number of restricted-activity days associated with each condition was significantly modified.

Although an instruction to respondents was added at the beginning of the chronic conditions section in 1982, there were no substantial changes in the lists of chronic conditions read to the respondent. The instruction was included to determine whether any family member had any of the conditions contained on the list.

This summary of major changes focuses on differences that are readily apparent when comparing the 1982 and 1981 versions of the questionnaire. However, it should be noted that changing a single word in a question or merely adding an emphasis where none existed before may have a dramatic effect on the estimate.

Differences in estimates can result from some apparently minor change not even mentioned here. Therefore, the data user wishing to compare the 1982 estimates with estimates for earlier years should consider all changes in any way related to the measure being considered. The Division of Health Interview Statistics should be contacted regarding changes in the interview, coding, and editing procedures.

In 1982, 2 weeks of data collection were omitted because of budget restrictions. The results from the 50 weeks of data collection were weighted to compensate for the missing weeks of data. The sample was composed of approximately 40,000 households including about 104,000 people living at the time of the interview.

1982 Questionnaire

O.M.B. No. 0937-0021: Approval Expires June 30, 1983

NOTICE - Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 306(d) of the Public Health Service Act (42 USC 242m).

FORM HIS-1 (1982)
(4-8-82)

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

NATIONAL HEALTH INTERVIEW SURVEY

1- Book _____ of _____ books

2- R.O. number

3- Sample

4- Segment type
 Area
 Permit
 Address
 Can-Sup
 Special Place

5- Control number
 PSU Segment Serial

6a. What is your exact address? (Include House No., Apt. No., or other identification, county and ZIP code)

City _____ State _____ County _____ ZIP code _____

6b. Is this your mailing address? (Mark box or specify if different. Include county and ZIP code.) Same as 6a

City _____ State _____ County _____ ZIP code _____

6c. Special place name _____ Sample unit number _____ Type code _____

LISTING SHEET

Sheet No. _____

Line No. _____

14. Noninterview reason

TYPE A

01 Refusal - Describe in footnotes
 02 No one at home - repeated calls
 03 Temporarily absent - Footnote
 04 Other (Specify) _____

TYPE B

05 Vacant - nonseasonal
 06 Vacant - seasonal
 07 Occupied entirely by persons with URE
 08 Occupied entirely by Armed Forces members
 09 Unfit or to be demolished
 10 Under construction, not ready
 11 Converted to temporary business or storage
 12 Unoccupied tent site or trailer site
 13 Permit granted, construction not started
 14 Other (Specify) _____

TYPE C

15 Unused line of listing sheet
 16 Demolished
 17 House or trailer moved
 18 Outside segment
 19 Converted to permanent business or storage
 20 Merged
 21 Condemned
 22 Built after April 1, 1970
 23 Other (Specify) _____

AREA SEGMENTS ONLY

7. YEAR BUILT

Ask
 Do not ask

When was this structure originally built?
 Before 4-1-70 (Continue interview)
 After 4-1-70 (Complete Item 6c when required; end interview)

8. COVERAGE QUESTIONS

Ask items that are marked
 Do not ask

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

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

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

15. Record of calls

Month	Date	Beginning time	Ending time	Completed Mark (X)
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.	
6		a.m. p.m.	a.m. p.m.	

16. List column numbers of persons requiring callbacks for "Preventive Care" questions.

None

Column number →							
-----------------	--	--	--	--	--	--	--

9a. LAND USE

1 URBAN (10)
 2 RURAL
 - Reg. units and SP. PL. units coded 85-88 in 6c - Ask Item 9b
 - SP. PL. units not coded 85-88 in 6c - Mark "No" in Item 9b without asking

b. During the past 12 months did sales of crops, livestock, and other farm products from this place amount to \$1,000 or more?
 1 Yes } (10)
 2 No }

17. Record of additional contacts

Month	Date	Beginning time	Ending time	Completed Col. No.
1		P T	a.m. p.m.	a.m. p.m.
2		P T	a.m. p.m.	a.m. p.m.
3		P T	a.m. p.m.	a.m. p.m.
4		P T	a.m. p.m.	a.m. p.m.

10. CLASSIFICATION OF LIVING QUARTERS - Mark by observation

a. LOCATION of unit
 Unit is:
 In a Special Place - Refer to Table D in Part C of manual; then complete 10d or e
 NOT in a Special Place (10b)

b. Access
 Direct (10d)
 Through another unit (10c)

c. Complete kitchen facilities
 For this unit only (10d)
 Also used by another household
 None

Not a separate HU; combine with unit through which access is gained. (Apply merged unit procedures if additional living quarters space was listed separately.)

d. HOUSING unit (Mark one, THEN page 2)

01 House, apartment, flat
 02 HU in nontransient hotel, motel, etc.
 03 HU-permanent in transient hotel, motel, etc.
 04 HU in rooming house
 05 Mobile home or trailer with no permanent room added
 06 Mobile home or trailer with one or more permanent rooms added
 07 HU not specified above - Describe in footnotes

e. OTHER unit (Mark one)

08 Quarters not HU in rooming or boarding house
 09 Unit not permanent in transient hotel, motel, etc.
 10 Unoccupied tent site or trailer site
 11 OTHER unit not specified above - Describe in footnotes

GO TO HOUSEHOLD COMPOSITION PAGE

11. What is the telephone number here? Area code/number _____

None

12. Was this interview observed?
 1 Yes 2 No

13. Interviewer's name _____ Code _____

A. HOUSEHOLD COMPOSITION PAGE		1																										
<p>1a. What are the names of all persons living or staying here? Start with the name of the person or one of the persons who owns or rents this home. Enter name in REFERENCE PERSON column.</p> <p>b. What are the names of all other persons living or staying here? Enter names in columns.</p> <p>c. I have listed (read names). Have I missed: - any babies or small children? - any lodgers, boarders, or persons you employ who live here? - anyone who USUALLY lives here but is now away from home traveling or in a hospital? - anyone else staying here?</p> <p>d. Do all of the persons you have named usually live here? <input type="checkbox"/> Yes (2) <input type="checkbox"/> No (APPLY HOUSEHOLD MEMBERSHIP RULES. Delete nonhousehold members by an "X" from 1-C2 and enter reason.)</p> <p>Probe if necessary: Does -- usually live somewhere else?</p> <p>Ask for all persons beginning with column 2:</p>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">1. First name</td> <td style="width: 30%;">Age</td> </tr> <tr> <td>Last name</td> <td>Sex 1 <input type="checkbox"/> M 2 <input type="checkbox"/> F</td> </tr> <tr> <td colspan="2">2. Relationship REFERENCE PERSON</td> </tr> <tr> <td colspan="2">3. Date of birth Month Date Year</td> </tr> <tr> <td colspan="2">C1</td> </tr> <tr> <td>HOSP. 00 <input type="checkbox"/> None</td> <td>WORK 1 <input type="checkbox"/> Wa <input type="checkbox"/> Yes 2 <input type="checkbox"/> Wb <input type="checkbox"/> No</td> </tr> <tr> <td>RD <input type="checkbox"/> Yes</td> <td>2-WK. DV 00 <input type="checkbox"/> None</td> </tr> <tr> <td colspan="2">Number</td> </tr> <tr> <td colspan="2">C2</td> </tr> <tr> <td>LA</td> <td>RA DV INJ CLTR HS ICOND</td> </tr> <tr> <td>LA</td> <td>RA DV INJ CLTR HS ICOND</td> </tr> <tr> <td>LA</td> <td>RA DV INJ CLTR HS ICOND</td> </tr> <tr> <td>LA</td> <td>RA DV INJ CLTR HS ICOND</td> </tr> </table>	1. First name	Age	Last name	Sex 1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	2. Relationship REFERENCE PERSON		3. Date of birth Month Date Year		C1		HOSP. 00 <input type="checkbox"/> None	WORK 1 <input type="checkbox"/> Wa <input type="checkbox"/> Yes 2 <input type="checkbox"/> Wb <input type="checkbox"/> No	RD <input type="checkbox"/> Yes	2-WK. DV 00 <input type="checkbox"/> None	Number		C2		LA	RA DV INJ CLTR HS ICOND	LA	RA DV INJ CLTR HS ICOND	LA	RA DV INJ CLTR HS ICOND	LA	RA DV INJ CLTR HS ICOND
1. First name	Age																											
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2. Relationship REFERENCE PERSON																												
3. Date of birth Month Date Year																												
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HOSP. 00 <input type="checkbox"/> None	WORK 1 <input type="checkbox"/> Wa <input type="checkbox"/> Yes 2 <input type="checkbox"/> Wb <input type="checkbox"/> No																											
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Number																												
C2																												
LA	RA DV INJ CLTR HS ICOND																											
LA	RA DV INJ CLTR HS ICOND																											
LA	RA DV INJ CLTR HS ICOND																											
LA	RA DV INJ CLTR HS ICOND																											
REFERENCE PERIODS																												
A1	2-WEEK PERIOD																											
	12-MONTH DATE																											
	13-MONTH HOSPITAL DATE																											
A2	ASK CONDITION LIST _____																											
A3	Refer to ages of all related HH members.	A3																										
		<input type="checkbox"/> All persons 65 and over (5) <input type="checkbox"/> Other (4)																										
<p>4a. Are any of the persons in this family now on full-time active duty with the Armed Forces of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No (5)</p> <p>b. Who is this? Delete column number(s) _____ by an "X" from 1 - C2.</p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 4b and c) <input type="checkbox"/> No</p> <p>Ask for each person in Armed Forces: d. Where does -- usually live and sleep, here or somewhere else? Mark box in person's column.</p> <p>If related persons 17 and over are listed in addition to the respondent and are not present, say: 5. We would like to have all adult family members who are at home take part in the interview. Are (names of persons 17 and over) at home now? If "Yes," ask: Could they join us? (Allow time)</p> <p>Read to respondent(s): This survey is being conducted to collect information on the nation's health. I will ask about hospitalizations, disability, visits to doctors, illness in the family, and other health related items.</p>		<p>4d. <input type="checkbox"/> Living at home <input type="checkbox"/> Not living at home</p>																										
HOSPITAL PROBE																												
<p>6a. Since (13-month hospital date) a year ago, was -- a patient in a hospital OVERNIGHT?</p> <p>b. How many different times did -- stay in any hospital overnight or longer since (13-month hospital date) a year ago?</p>		<p>6a. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (Mark "HOSP." box, THEN NP)</p> <p>b. } (Make entry in "HOSP." box, THEN NP) Number of times</p>																										
<p>Ask for each child under one: 7a. Was -- born in a hospital?</p> <p>Ask for mother and child: b. Have you included this hospitalization in the number you gave me for --?</p>		<p>7a. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (NP)</p> <p>b. <input type="checkbox"/> Yes (NP) <input type="checkbox"/> No (Correct 6 and "HOSP." box)</p>																										
FOOTNOTES																												

B. LIMITATION OF ACTIVITIES PAGE

B1	Refer to age.	B1 1 <input type="checkbox"/> 18-70 (1) 2 <input type="checkbox"/> Other (NP)
1.	What was --- doing MOST OF THE PAST 12 MONTHS; working at a job or business, keeping house, going to school, or something else? Priority if 2 or more activities reported: (1) Spent the most time doing; (2) Considers the most important.	1. 1 <input type="checkbox"/> Working (2) 2 <input type="checkbox"/> Keeping house (3) 3 <input type="checkbox"/> Going to school (5) 4 <input type="checkbox"/> Something else (5)
2a.	Does any impairment or health problem NOW keep --- from working at a job or business?	2a. 1 <input type="checkbox"/> Yes (7) <input type="checkbox"/> No
b.	Is --- limited in the kind OR amount of work --- can do because of any impairment or health problem?	b. 2 <input type="checkbox"/> Yes (7) 3 <input type="checkbox"/> No (6)
3a.	Does any impairment or health problem NOW keep --- from doing any housework at all?	3a. 4 <input type="checkbox"/> Yes (4) <input type="checkbox"/> No
b.	Is --- limited in the kind OR amount of housework --- can do because of any impairment or health problem?	b. 5 <input type="checkbox"/> Yes (4) 6 <input type="checkbox"/> No (5)
4a.	What (other) condition causes this? Ask if injury or operation: When did [the (injury) occur?/--have the operation?] Ask if operation over 3 months ago: For what condition did --- have the operation? If pregnancy/delivery or 0-3 months injury or operation -- Reask question 3 where limitation reported, saying: Except for --- (condition), ...? OR reask 4b/c. b. Besides (condition) is there any other condition that causes this limitation? c. Is this limitation caused by any (other) specific condition? Mark box if only one condition. d. Which of these conditions would you say is the MAIN cause of this limitation?	4a. (Enter condition in C2, THEN 4b) 1 <input type="checkbox"/> Old age (Mark "Old age" box, THEN 4c) b. <input type="checkbox"/> Yes (Reask 4a and b) <input type="checkbox"/> No (4d) c. <input type="checkbox"/> Yes (Reask 4a and b) <input type="checkbox"/> No d. <input type="checkbox"/> Only 1 condition Main cause _____
5a.	Does any impairment or health problem keep --- from working at a job or business?	5a. 1 <input type="checkbox"/> Yes (7) <input type="checkbox"/> No
b.	Is --- limited in the kind OR amount of work --- could do because of any impairment or health problem?	b. 2 <input type="checkbox"/> Yes (7) 3 <input type="checkbox"/> No
B2	Refer to questions 3a and 3b.	B2 1 <input type="checkbox"/> "Yes" in 3a or 3b (NP) 2 <input type="checkbox"/> Other (B)
6a.	Is --- limited in ANY WAY in any activities because of an impairment or health problem?	6a. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (NP)
b.	In what way is --- limited? Record limitation, not condition.	b. _____ Limitation
7a.	What (other) condition causes this? Ask if injury or operation: When did [the (injury) occur?/--have the operation?] Ask if operation over 3 months ago: For what condition did --- have the operation? If pregnancy/delivery or 0-3 months injury or operation -- Reask question 2, 5, or 6 where limitation reported, saying: Except for --- (condition), ...? OR reask 7b/c. b. Besides (condition) is there any other condition that causes this limitation? c. Is this limitation caused by any (other) specific condition? Mark box if only one condition. d. Which of these conditions would you say is the MAIN cause of this limitation?	7a. (Enter condition in C2, THEN 7b) 1 <input type="checkbox"/> Old age (Mark "Old age" box, THEN 7c) b. <input type="checkbox"/> Yes (Reask 7a and b) <input type="checkbox"/> No (7d) c. <input type="checkbox"/> Yes (Reask 7a and b) <input type="checkbox"/> No d. <input type="checkbox"/> Only 1 condition Main cause _____

FORM HIS-1 (1992) (4-9-92)

B. LIMITATION OF ACTIVITIES PAGE, Continued			
B3	Refer to age.	B3	<input type="checkbox"/> Under 5 (10) <input type="checkbox"/> 60-71 (14) <input type="checkbox"/> 5-17 (11) <input type="checkbox"/> 71 and over (8) <input type="checkbox"/> 18-59 (B4)
8. What was -- doing MOST OF THE PAST 12 MONTHS; working at a job or business, keeping house, going to school, or something else? <i>Priority if 2 or more activities reported: (1) Spent the most time doing; (2) Considers the most important.</i>		8.	<input type="checkbox"/> Working <input type="checkbox"/> Keeping house <input type="checkbox"/> Going to school <input type="checkbox"/> Something else
9a. Because of any impairment or health problem, does -- need the help of other persons with -- personal care needs, such as eating, bathing, dressing, or getting around this home?		9a.	1 <input type="checkbox"/> Yes (13) <input type="checkbox"/> No
b. Because of any impairment or health problem, does -- need the help of other persons in handling -- routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?		b.	2 <input type="checkbox"/> Yes (13) 3 <input type="checkbox"/> No (12)
10a. Is -- able to take part AT ALL in the usual kinds of play activities done by most children -- age?		10a.	<input type="checkbox"/> Yes 0 <input type="checkbox"/> No (13)
b. Is -- limited in the kind OR amount of play activities -- can do because of any impairment or health problem?		b.	1 <input type="checkbox"/> Yes (13) 2 <input type="checkbox"/> No (12)
11a. Does any impairment or health problem NOW keep -- from attending school?		11a.	1 <input type="checkbox"/> Yes (13) <input type="checkbox"/> No
b. Does -- attend a special school or special classes because of any impairment or health problem?		b.	2 <input type="checkbox"/> Yes (13) <input type="checkbox"/> No
c. Does -- need to attend a special school or special classes because of any impairment or health problem?		c.	3 <input type="checkbox"/> Yes (13) <input type="checkbox"/> No
d. Is -- limited in school attendance because of -- health?		d.	4 <input type="checkbox"/> Yes (13) 5 <input type="checkbox"/> No
12a. Is -- limited in ANY WAY in any activities because of an impairment or health problem?		12a.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (NP)
b. In what way is -- limited? Record limitation, not condition.		b.	_____ Limitation
13a. What (other) condition causes this? <i>Ask if injury or operation: When did [she (injury) occur?/--have the operation?] Ask if operation over 3 months ago: For what condition did -- have the operation? If pregnancy/delivery or 0-3 months injury or operation -- Read question where limitation reported, saying: Except for -- (condition), . . . ? OR read 13b/c.</i>		13a.	(Enter condition in C2, THEN 13b) 1 <input type="checkbox"/> Old age (Mark "Old age" box, THEN 13c)
b. Besides (condition) is there any other condition that causes this limitation?		b.	<input type="checkbox"/> Yes (Reask 13a and b) <input type="checkbox"/> No (13d)
c. Is this limitation caused by any (other) specific condition?		c.	<input type="checkbox"/> Yes (Reask 13a and b) <input type="checkbox"/> No
d. Which of these conditions would you say is the MAIN cause of this limitation? <i>Mark box if only one condition.</i>		d.	<input type="checkbox"/> Only 1 condition _____ Main cause
B4	Refer to "Age," "Old age," and "LA" boxes. Mark first appropriate box.	B4	<input type="checkbox"/> 5-59 and "Old age" box marked (14) <input type="checkbox"/> 5-59 and entry in "LA" box (14) <input type="checkbox"/> Other (NP)
14a. Because of any impairment or health problem, does -- need the help of other persons with -- personal care needs, such as eating, bathing, dressing, or getting around this home? <i>Ask if age 18 and over.</i>		14a.	1 <input type="checkbox"/> Yes (NP) <input type="checkbox"/> No
b. Because of any impairment or health problem, does -- need the help of other persons in handling -- routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?		b.	2 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No

FORM H18-1 (10-82) (4-4-82)

D. RESTRICTED ACTIVITY PAGE PERSON 1		D2
Hand calendar. (The next questions refer to the 2 weeks outlined in red on that calendar, beginning Monday, (date) and ending this past Sunday (date).)		Refer to 2b and 3b. <input type="checkbox"/> No days in 2b or 3b (6) <input type="checkbox"/> 1 or more days in 2b or 3b (5)
D1	Refer to age. <input type="checkbox"/> Under 5 (4) <input type="checkbox"/> 5-17 (3) <input type="checkbox"/> 18 and over (1)	5. On how many of the (number in 2b or 3b) days missed from [work/school] did -- stay in bed more than half of the day because of illness or injury? oo <input type="checkbox"/> None _____ No. of days
1a. DURING THOSE 2 WEEKS, did -- work at any time at a job or business, not counting work around the house? (Include unpaid work in the family [farm/business].) 1 <input type="checkbox"/> Yes (Mark "Wa" box, THEN 2) 2 <input type="checkbox"/> No		Refer to 2b, 3b, and 4b. 6a. (Not counting the day(s) [missed from work missed from school (and) in bed]), Was there any (OTHER) time during those 2 weeks that -- cut down on the things -- usually does because of illness or injury? <input type="checkbox"/> Yes oo <input type="checkbox"/> No (D3)
b. Even though -- did not work during those 2 weeks, did -- have a job or business? 1 <input type="checkbox"/> Yes (Mark "Wb" box, THEN 2) 2 <input type="checkbox"/> No (4)		b. (Again, not counting the day(s) [missed from work missed from school (and) in bed]), During that period, how many (OTHER) days did -- cut down for more than half of the day because of illness or injury? oo <input type="checkbox"/> None _____ No. of cut-down days
2a. During those 2 weeks, did -- miss any time from a job or business because of illness or injury? <input type="checkbox"/> Yes oo <input type="checkbox"/> No (4)		D3 Refer to 2-6. <input type="checkbox"/> No days in 2-6 (Mark "No" in RD, THEN NP) <input type="checkbox"/> 1 or more days in 2-6 (Mark "Yes" in RD, THEN 7)
b. During that 2-week period, how many days did -- miss more than half of the day from -- job or business because of illness or injury? oo <input type="checkbox"/> None (4) _____ No. of work-loss days (4)		Refer to 2b, 3b, 4b, and 6b. 7a. What (other) condition caused -- to [miss work miss school (or) stay in bed (or) cut down] during those 2 weeks? (Enter condition in C2, THEN 7b)
3a. During those 2 weeks, did -- miss any time from school because of illness or injury? <input type="checkbox"/> Yes oo <input type="checkbox"/> No (4)		b. Did any other condition cause -- to [miss work miss school (or) stay in bed (or) cut down] during that period? 1 <input type="checkbox"/> Yes (Reask 7a and b) 2 <input type="checkbox"/> No
b. During that 2-week period, how many days did -- miss more than half of the day from school because of illness or injury? oo <input type="checkbox"/> None _____ No. of school-loss days		FOOTNOTES
4a. During those 2 weeks, did -- stay in bed because of illness or injury? <input type="checkbox"/> Yes oo <input type="checkbox"/> No (6)		
b. During that 2-week period, how many days did -- stay in bed more than half of the day because of illness or injury? oo <input type="checkbox"/> None (6) _____ No. of bed days		

FORM HD-1 (1987) (4-9-82)

E. 2-WEEK DOCTOR VISITS PROBE PAGE			
Read to respondent(s): These next questions are about health care received during the 2 weeks outlined in red on that calendar.			
E1	Refer to age.	E1	<input type="checkbox"/> Under 14 (1b) <input type="checkbox"/> 14 and over (1a)
1a. During these 2 weeks, how many times did -- see or talk to a medical doctor? (Include all types of doctors, such as dermatologists, psychiatrists, and ophthalmologists, as well as general practitioners and osteopaths.) (Do not count times while an overnight patient in a hospital.)		1a. and b.	00 <input type="checkbox"/> None [] } (NP) Number of times
b. During these 2 weeks, how many times did anyone see or talk to a medical doctor about ---? (Do not count times while an overnight patient in a hospital.)			
2a. (Besides the time(s) you just told me about) During those 2 weeks, did anyone in the family receive health care at home or go to a doctor's office, clinic, hospital or some other place? Include care from a nurse or anyone working with or for a medical doctor. Do not count times while an overnight patient in a hospital. <input type="checkbox"/> Yes <input type="checkbox"/> No (3a)			
b. Who received this care? Mark "DR Visit" box in person's column.		2b.	<input type="checkbox"/> DR Visit
c. Anyone else? <input type="checkbox"/> Yes (Reask 2b and c) <input type="checkbox"/> No			
Ask for each person with "DR Visit" in 2b: d. How many times did -- receive this care during that period?		d.	[] Number of times
3a. (Besides the time(s) you already told me about) During those 2 weeks, did anyone in the family get any medical advice, prescriptions or test results over the PHONE from a doctor, nurse, or anyone working with or for a medical doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No (E2)			
b. Who was the phone call about? Mark "Phone call" box in person's column.		3b.	<input type="checkbox"/> Phone call
c. Were there any calls about anyone else? <input type="checkbox"/> Yes (Reask 3b and c) <input type="checkbox"/> No			
Ask for each person with "Phone call" in 3b: d. How many telephone calls were made about ---?		d.	[] Number of calls
E2	Add numbers in 1, 2d, and 3d for each person. Record total number of visits and calls in "2-WK. DV" box in item C1.		
FOOTNOTES			

FORM HIS-1 (1982) (4-6-82)

F. 2-WEEK DOCTOR VISITS PAGE		DR VISIT 1	
Refer to CI, "2-WK. DV" box.		Person number _____	
F1	Refer to age.	F1	<input type="checkbox"/> Under 14 (1b) <input type="checkbox"/> 14 and over (1a)
1a.	On what (other) date(s) during those 2 weeks did -- see or talk to a medical doctor, nurse, or doctor's assistant?	1a.	Month _____ Date _____ OR <input type="checkbox"/> 7777 <input type="checkbox"/> Last week
b.	On what (other) date(s) during those 2 weeks did anyone see or talk to a medical doctor, nurse, or doctor's assistant about --?	b.	<input type="checkbox"/> 8888 <input type="checkbox"/> Week before
c.	Ask after last DR visit column for this person: Were there any other visits or calls for -- during that period? Make necessary correction to 2-Wk. DV box in CI.	c.	<input type="checkbox"/> Yes (Reask 1a or b and c) <input type="checkbox"/> No (Ask 2-5 for each visit)
2.	Where did -- receive health care on (date in 1), at a doctor's office, clinic, hospital, some other place, or was this a telephone call? If doctor's office: Was this office in a hospital? If hospital: Was it the outpatient clinic or the emergency room? If clinic: Was it a hospital outpatient clinic, a company clinic, a public health clinic, or some other kind of clinic? If lab: Was this lab in a hospital? What was done during this visit? (Footnote)	2.	<input type="checkbox"/> Telephone Not in hospital: Hospital <input type="checkbox"/> 02 Home <input type="checkbox"/> 08 O.P. clinic <input type="checkbox"/> 03 Doctor's office <input type="checkbox"/> 09 Emergency room <input type="checkbox"/> 04 Co. or ind. clinic <input type="checkbox"/> 10 Doctor's office <input type="checkbox"/> 05 Other clinic <input type="checkbox"/> 11 Lab <input type="checkbox"/> 06 Lab <input type="checkbox"/> 12 Overnight patient <input type="checkbox"/> 07 Other (Specify) <input type="checkbox"/> 98 Other (Specify)
3a.	Ask 3b if under 14. Did -- actually talk to a medical doctor?	3a.	<input type="checkbox"/> 1 Yes (31)
b.	Did anyone actually talk to a medical doctor about --?	b.	<input type="checkbox"/> 2 No (3c)
c.	What type of medical person or assistant was talked to?	c.	<input type="checkbox"/> 8 DK if M.D. (3c)
d.	Does the (entry in 3c) work with or for ONE doctor or MORE than one doctor?	d.	<input type="checkbox"/> 9 DK who was seen (31)
e.	For this [visit/call] what kind of doctor was the (entry in 3c) working with or for - a general practitioner or a specialist?	e.	_____ <input type="checkbox"/> 99 DK
f.	Is that doctor a general practitioner or a specialist?	f.	Type _____
g.	What kind of specialist?	g.	<input type="checkbox"/> 1 One (31) <input type="checkbox"/> 3 None (4) <input type="checkbox"/> 2 More <input type="checkbox"/> 9 DK
4a.	Ask 4b if under 14. For what condition did -- see or talk to the [doctor/entry in 3c] on (date in 1)? Mark first appropriate box.	4a.	<input type="checkbox"/> 1 GP (4) <input type="checkbox"/> 2 Specialist (3g) <input type="checkbox"/> 9 DK (4)
b.	For what condition did anyone see or talk to the [doctor/entry in 3c] about -- on (date in 1)? Mark first appropriate box.	b.	<input type="checkbox"/> 1 Condition (Item C2, THEN 4g) <input type="checkbox"/> 2 Pregnancy (4e) <input type="checkbox"/> 3 Test(s) or examination (4c) <input type="checkbox"/> 8 Other (Specify) _____ (4g)
c.	Was a condition found as a result of the [test(s)/examination]?	c.	<input type="checkbox"/> 4 Yes (4h) <input type="checkbox"/> No
d.	Was this [test/examination] because of a specific condition -- had?	d.	<input type="checkbox"/> 4h Yes (4h) <input type="checkbox"/> No (4g)
e.	During the past 2 weeks was -- sick because of -- pregnancy?	e.	<input type="checkbox"/> 4g Yes <input type="checkbox"/> No (4g)
f.	What was the matter?	f.	Condition _____ (Item C2, THEN 4g)
g.	During this [visit/call] was the [doctor/entry in 3c] talked to about any (other) condition?	g.	<input type="checkbox"/> 5 Yes <input type="checkbox"/> No (5)
h.	What was the condition?	h.	Pregnancy (4e) Condition _____ (Item C2, THEN 4g)
5a.	Mark box if "Telephone" in 2. Did -- have any kind of surgery or operation during this visit, including bone settings and stitches?	5a.	<input type="checkbox"/> 0 Telephone in 2 (Next DR visit) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No (Next DR visit)
b.	What was the name of the surgery or operation? If name of operation not known, describe what was done.	b.	(1) _____ (2) _____
c.	Was there any other surgery or operation during this visit?	c.	<input type="checkbox"/> Yes (Reask 5b and c) <input type="checkbox"/> No

FORM HIR-1 (1982) (4-6-82)

G. HEALTH INDICATOR PAGE

<p>1a. During the 2-week period outlined in red on that calendar, has anyone in the family had an injury from an accident or other cause that you have not yet told me about?</p> <p align="center"><input type="checkbox"/> Yes <input type="checkbox"/> No (2)</p>		
<p>b. Who was this? Mark "Injury" box in person's column.</p>	1b.	<input type="checkbox"/> Injury
<p>c. What was -- injury? Enter injury(ies) in person's column.</p>	c.	_____ Injury _____
<p>d. Did anyone have any other injuries during that period?</p> <p align="center"><input type="checkbox"/> Yes (Reask 1b, c, and d) <input type="checkbox"/> No</p>		
<p>Ask for each injury in 1c:</p> <p>e. As a result of the (injury in 1c) did [---/anyone] see or talk to a medical doctor or assistant (about ---) or did --- cut down on --- usual activities for more than half of a day?</p>	e.	<input type="checkbox"/> Yes (Enter injury in C2, THEN 1e for next injury) <input type="checkbox"/> No (1e for next injury)
<p>2. During the past 12 months, (that is, since (12-month date) a year ago) ABOUT how many days did illness or injury keep --- in bed more than half of the day? (Include days while an overnight patient in a hospital.)</p>	2.	000 <input type="checkbox"/> None _____ No. of days
<p>3a. During the past 12 months, ABOUT how many times did [---/anyone] see or talk to a medical doctor or assistant (about ---)? (Do not count doctors seen while an overnight patient in a hospital.) (Include the (number in 2-WK DV box) visit(s) you already told me about.)</p>	3a.	000 <input type="checkbox"/> None (3b) 000 <input type="checkbox"/> Only when overnight patient in hospital } (NP) _____ No. of visits
<p>b. About how long has it been since [---/anyone] last saw or talked to a medical doctor or assistant (about ---)? Include doctors seen while a patient in a hospital.</p>	b.	1 <input type="checkbox"/> Interview week (Reask 3b) 2 <input type="checkbox"/> Less than 1 yr. (Reask 3a) 3 <input type="checkbox"/> 1 yr., less than 2 yrs. 4 <input type="checkbox"/> 2 yrs., less than 5 yrs. 5 <input type="checkbox"/> 5 yrs. or more 0 <input type="checkbox"/> Never
<p>4. Would you say -- health in general is excellent, very good, good, fair, or poor?</p>	4.	1 <input type="checkbox"/> Excellent 4 <input type="checkbox"/> Fair 2 <input type="checkbox"/> Very good 5 <input type="checkbox"/> Poor 3 <input type="checkbox"/> Good
<p><i>Mark box if under 18.</i></p> <p>5a. About how tall is --- without shoes?</p>	5a.	<input type="checkbox"/> Under 18 (NP) _____ Feet _____ Inches
<p>b. About how much does --- weigh without shoes?</p>	b.	_____ Pounds
<p>FOOTNOTES</p>		

H. CONDITION LISTS 1 AND 2

Read to respondent(s) and ask list specified in A2:

Now I am going to read a list of medical conditions. Tell me if anyone in the family has any of these conditions, even if you have mentioned them before.

<p>1</p> <p>1a. Does anyone in the family <i>{read names}</i> NOW have – If "Yes," ask 1b and c. b. Who is this? c. Does anyone else NOW have – Enter condition and letter in appropriate person's column.</p> <p>A. PERMANENT stiffness or any deformity of the foot, leg, fingers, arm, or back? (Permanent stiffness – joints will not move at all.)</p> <p>B. Paralysis of any kind?</p> <p>1d. DURING THE PAST 12 MONTHS, did anyone in the family have – If "Yes," ask 1e and f. e. Who was this? DURING THE PAST 12 MONTHS, did anyone else have – Enter condition and letter in appropriate person's column. Conditions C–N and V are conditions affecting the bone and muscle. Conditions O–U and W–Z are conditions affecting the skin.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">C. Arthritis of any kind or Rheumatism?</td> <td style="width: 50%;">Reask 1d P. Eczema or Psoriasis? (ek' sa-ma) or (so-rye-uh-sis)</td> </tr> <tr> <td>D. Gout?</td> <td>Q. TROUBLE with dry or itching skin?</td> </tr> <tr> <td>E. Lumbago?</td> <td>R. TROUBLE with acne?</td> </tr> <tr> <td>F. Osteomyelitis? (os-tee-oh-my-uh-lye'tis)</td> <td>S. A skin ulcer?</td> </tr> <tr> <td>G. A bone cyst or bone spur?</td> <td>T. Any kind of skin allergy?</td> </tr> <tr> <td>H. Any other disease of the bone or cartilage?</td> <td>U. Dermatitis or any other skin trouble?</td> </tr> <tr> <td>I. A trick knee?</td> <td>V. TROUBLE with fallen arches, flatfeet, or clubfeet?</td> </tr> <tr> <td>J. A slipped or ruptured disc?</td> <td>W. TROUBLE with ingrown toenails or fingernails?</td> </tr> <tr> <td>K. Curvature of the spine?</td> <td>X. TROUBLE with bunions, corns, or calluses?</td> </tr> <tr> <td>L. REPEATED trouble with neck, back, or spine?</td> <td>Y. Any disease of the hair or scalp?</td> </tr> <tr> <td>M. Bursitis or Synovitis? (sin-ovye'tis)</td> <td>Z. Any disease of the lymph or sweat glands?</td> </tr> <tr> <td>N. 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A tumor, cyst, or growth of the skin?		<p>2</p> <p>2a. Does anyone in the family <i>{read names}</i> NOW have – If "Yes," ask 2b and c. b. Who is this? c. Does anyone else NOW have – Enter condition and letter in appropriate person's column.</p> <p>A–L are conditions affecting Hearing Vision Speech</p> <p>Conditions O–W are impairments. Conditions Y and Z affect the nervous system.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">A. Deafness in one or both ears?</td> <td style="width: 50%;">Reask 2a O. Palsy or Cerebral palsy? (sar'a-bral)</td> </tr> <tr> <td>B. Any other trouble hearing with one or both ears?</td> <td>P. Paralysis of any kind?</td> </tr> <tr> <td>C. Tinnitus or ringing in the ears?</td> <td>Q. Curvature of the spine?</td> </tr> <tr> <td>D. Blindness in one or both eyes?</td> <td>R. REPEATED trouble with back or spine?</td> </tr> <tr> <td>E. Cataracts?</td> <td>S. 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A missing finger, hand, or arm; toe, foot, or leg?</td> <td></td> </tr> <tr> <td>N. A missing (breast), kidney, or lung?</td> <td></td> </tr> </table>	A. Deafness in one or both ears?	Reask 2a O. Palsy or Cerebral palsy? (sar'a-bral)	B. Any other trouble hearing with one or both ears?	P. Paralysis of any kind?	C. Tinnitus or ringing in the ears?	Q. Curvature of the spine?	D. Blindness in one or both eyes?	R. REPEATED trouble with back or spine?	E. Cataracts?	S. Any TROUBLE with fallen arches or flatfeet?	F. Glaucoma?	T. A clubfoot?	G. Color blindness?	U. PERMANENT stiffness or any deformity of the foot, leg, or back? (Permanent stiffness – joints will not move at all.)	H. A detached retina or any other condition of the retina?	V. PERMANENT stiffness or any deformity of the fingers, hand, or arm?	I. Any other trouble seeing with one or both eyes EVEN when wearing glasses?	W. Mental retardation?	J. A cleft palate or Harelip?	X. 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FORM HIS-1 (1982) (4-6-82)

H. CONDITION LISTS 3 AND 4

Read to respondent(s) and ask list specified in A2:

Now I am going to read a list of medical conditions. Tell me if anyone in the family has had any of these conditions, even if you have mentioned them before.

3

3a. DURING THE PAST 12 MONTHS, did anyone in the family (read names) have -
If "Yes," ask 3b and c.
b. Who was this?
c. DURING THE PAST 12 MONTHS, did anyone else have -
Enter condition and letter in appropriate person's column.
Make no entry in item C2 for cold; flu; red, sore, or strep throat; or "virus" even if reported in this list.
Conditions affecting the digestive system.

A. Gallstones?	Reask 3a N. Any other stomach trouble?
B. Any other gallbladder trouble?	O. Enteritis?
C. Cirrhosis of the liver?	P. Diverticulitis? (Dye-ver-tic-yoo-lye'tis)
D. Fatty liver?	Q. Colitis?
E. Hepatitis?	R. A spastic colon?
F. Yellow jaundice?	S. FREQUENT constipation?
G. Any other liver trouble?	T. Any other bowel trouble?
H. Any disease of the pancreas?	U. Any other intestinal trouble?
I. An ulcer?	V. Cancer of the stomach, colon, or rectum?
J. A hernia or rupture?	W. During the past 12 months, did anyone (else) in the family have any other condition of the digestive system? If "Yes," ask: Who was this? - What was the condition? Enter in item C2. THEN reask W.
K. Any disease of the esophagus?	
L. Gastritis?	
M. FREQUENT indigestion?	

4

4a. DURING THE PAST 12 MONTHS, did anyone in the family (read names) have -
If "Yes," ask 4b and c.
b. Who was this?
c. DURING THE PAST 12 MONTHS, did anyone else have -
Enter condition and letter in appropriate person's column.

A. A goiter or other thyroid trouble?	} Glandular disorders
B. Diabetes?	
C. Cystic fibrosis?	
D. Anemia?	} Blood disorder
E. Epilepsy?	
F. Multiple sclerosis?	} Condition affecting the nervous system
G. Migraine?	
H. Neuralgia or Neuritis?	
I. Sciatica? (si-at i-kuh)	
J. Nephritis?	
K. Kidney stones?	} Genito-urinary conditions
L. Any other kidney trouble?	
M. Bladder trouble?	
N. Prostate trouble?	
O. Any disease of the uterus or ovary?	
P. Any other female trouble?	
Q. Cancer of any kind?	

H. CONDITION LISTS 5 AND 6

Read to respondent(s) and ask list specified in A2.

Now I am going to read a list of medical conditions. Tell me if anyone in the family has had any of these conditions, even if you have mentioned them before.

5	<p>5a. Has anyone in the family (<u>read names</u>) EVER had - If "Yes," ask 5b and c.</p> <p>b. Who was this?</p> <p>c. Has anyone else EVER had - Enter condition and letter in appropriate person's column. Conditions affecting the heart and circulatory system.</p>		6	<p>6a. DURING THE PAST 12 MONTHS, did anyone in the family (<u>read names</u>) have - If "Yes," ask 6b and c.</p> <p>b. Who was this?</p> <p>c. DURING THE PAST 12 MONTHS, did anyone else have - Enter condition and letter in appropriate person's column. Make no entry in item C2 for cold, flu, red, sore, or strep throat; or "virus" even if reported in this list. Conditions affecting the respiratory system.</p>	
	A. Rheumatic fever?	G. A stroke or a Cerebrovascular accident? (ser'a-bro vas ku-lar)		A. Bronchitis?	Reask 6a. K. Emphysema?
	B. Rheumatic heart disease?	H. A hemorrhage of the brain?		B. Bronchiectasis? (brong ke-ek tah-sis)	L. Pleurisy?
	C. Hardening of the arteries or Arteriosclerosis?	I. Angine pectoris? (pek'te-ris)		C. Asthma?	M. Tuberculosis?
	D. Congenital heart disease?	J. A myocardial infarction?		D. Hay fever?	N. An abscess of the lung?
	E. Coronary heart disease?	K. Any other heart attack?		E. A nasal polyp?	O. A tumor, cyst, or growth of the throat, larynx, or trachea?
	F. Hypertension, sometimes called High blood pressure?			F. Sinus trouble?	P. Any work-related respiratory condition such as dust on the lungs, silicosis or pneu-mo-co-ni-o-sis?
	<p>5d. DURING THE PAST 12 MONTHS, did anyone in the family have - If "Yes," ask 5e and f.</p> <p>e. Who was this?</p> <p>f. DURING THE PAST 12 MONTHS, did anyone else have - Enter condition and letter in appropriate person's column. Conditions affecting the heart and circulatory system.</p>			G. A deflected or deviated nasal septum?	Q. During the past 12 months did anyone (else) in the family have any other respiratory, lung, or pulmonary condition? If "Yes," ask: Who was this? What was the condition? Enter in item C2, THEN reask Q.
	L. Damaged heart valves?	R. Gangrene?		H. *Tonsillitis or enlargement of the tonsils or adenoids?	
	M. Tachycardia or Rapid heart?	S. Varicose veins?		I. *Laryngitis?	
N. A heart murmur?	T. Hemorrhoids or Piles?	J. A tumor, cyst, or growth of the bronchial tube or lung?			
O. Any other heart trouble?	U. Phlebitis or Thrombophlebitis?	<p>*If reported in this list only, ask:</p> <p>1. How many times did --- have (condition) in the past 12 months? If 2 or more times, enter condition in item C2. If only 1 time, ask:</p> <p>2. How long did it last? If 1 month or longer, enter in item C2. If less than 1 month, do not record. If tonsils or adenoids were removed during past 12 months, enter the condition causing removal in item C2.</p>			
P. An aneurysm? (an yoo-ri-um)	V. Any other condition affecting blood circulation?				
Q. Any blood clots?					

FORM HIB-1 (10-62) (4-9-62)

J. HOSPITAL PAGE		HOSPITAL STAY 1		
1. Refer to C1, "HOSP." box.		1. Person number _____		
2. You said earlier that -- was a patient in the hospital since (13-month hospital date) a year ago. On what date did -- enter the hospital ((the last time/the time before that))? Record each entry date in a separate Hospital Stay column.		Month	Date	Year 19 ____
3. How many nights was -- in the hospital?		3. 0000 <input type="checkbox"/> None (Next HS) ____ Nights		
4. For what condition did -- enter the hospital? • For delivery ask: Was this a normal delivery? If "No," ask: What was the matter? • For newborn ask: Was the baby normal at birth? If "No," ask: What was the matter? • For initial "No condition" ask: Why did -- enter the hospital? • For tests, ask: What were the results of the tests? If no results, ask: Why were the tests performed?		4. 1 <input type="checkbox"/> Normal delivery } (5) 2 <input type="checkbox"/> Normal at birth } 3 <input type="checkbox"/> No condition } <input type="checkbox"/> Condition } _____		
J1	Refer to questions 2, 3, and 2-week reference period.	J1 <input type="checkbox"/> At least one night in 2-week reference period (Enter condition in C2, THEN 5) <input type="checkbox"/> No nights in 2-week reference period (5)		
5a. Did -- have any kind of surgery or operation during this stay in the hospital, including bone settings and stitches?		5a. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (6)		
b. What was the name of the surgery or operation? If name of operation not known, describe what was done.		b. (1) _____ (2) _____ (3) _____		
c. Was there any other surgery or operation during this stay?		c. <input type="checkbox"/> Yes (Reask 5b and c) <input type="checkbox"/> No		
6. What is the name and address of this hospital?		6. Name _____ Number and street _____ City or County State		
FOOTNOTES				

FORM HIS-1 (1952) (4-6-52)

CONDITION 1

Person No. _____

1. Name of condition _____

Mark "2-wk. ref. pd." box without asking if "DV" or "HS" in C2 as source.

2. When did [---/anyone] last see or talk to a doctor or assistant about --- (condition)?

Interview week (Reask 2) 2 yrs., less than 5 yrs.
 2-wk. ref. pd. 5 yrs. or more
 Over 2 weeks, less than 6 mos. Dr. seen, DK when
 6 mos., less than 1 yr. DK if Dr. seen } (3b)
 1 yr., less than 2 yrs. Dr. never seen

3a. (Earlier you told me about --- (condition)) Did the doctor or assistant call the (condition) by a more technical or specific name?

Yes No DK

Ask 3b if "Yes" in 3a, otherwise transcribe condition name from item 1 without asking:

b. What did he or she call it? _____
Specify

Color Blindness (NC) Cancer (3a) Old age (NC)
 Normal pregnancy } (5) Old age (NC) Other (3c)
normal delivery, Other (3c)
vasectomy

c. What was the cause of --- (condition in 3b)? (Specify)

Mark box if accident or injury. Accident/injury (5)

d. Did the (condition in 3b) result from an accident or injury?

Yes (5) No

Ask 3e if the condition name in 3b includes any of the following words:

Allment	Cancer	Disease	Problem
Anemia	Condition	Disorder	Rupture
Asthma	Cyst	Growth	Trouble
Attack	Defect	Measles	Tumor
Bed			Ulcer

e. What kind of (condition in 3b) is it? _____
Specify

Ask 3f only if allergy or stroke in 3b-e:

f. How does the [allergy/stroke] NOW affect ---? (Specify)

For Stroke, fill remainder of this condition page for the first present effect. Enter in item C2 and complete a separate condition page for each additional present effect.

Ask 3g if there is an impairment (refer to Card CP2) or any of the following entries in 3b-f:

Abscess	Damage	Palsy
Ache (except head or ear)	Growth	Paralysis
Bleeding (except menstrual)	Hemorrhage	Rupture
Blood clot	Infection	Sore(ness)
Bail	Inflammation	Stiff(ness)
Cancer	Neuralgia	Tumor
Cramps (except menstrual)	Neuritis	Ulcer
Cyst	Pain	Venous veins
		Weak(ness)

g. What part of the body is affected? _____
Specify

Show the following detail:

- Head skull, scalp, face
- Back/spine/vertebrae upper, middle, lower
- Side left or right
- Ear inner or outer; left, right, or both
- Eye left, right, or both
- Arm shoulder, upper, elbow, lower or wrist; left, right, or both
- Hand entire hand or fingers only; left, right, or both
- Leg hip, upper, knee, lower, or ankle; left, right, or both
- Foot entire foot, arch, or toes only; left, right, or both

Except for eyes, ears, or internal organs, ask 3h if there are any of the following entries in 3b-f:

Infection	Sore	Soreness
-----------	------	----------

h. What part of the (part of body in 3b-g) is affected by the [infection/sore/soreness] - The skin, muscle, bone, or some other part?

Specify _____

Ask if there are any of the following entries in 3b-f:

Tumor	Cyst	Growth
-------	------	--------

4. Is this [tumor/cyst/growth] malignant or benign?

- Malignant Benign DK

5. a. When was --- (condition in 3b/3f) first noticed?

2-wk. ref. pd.
 Over 2 weeks to 3 months
 Over 3 months to 1 year
 Over 1 year to 5 years
 Over 5 years

b. When did --- (name of injury in 3b)?

Ask probes as necessary:

(Was it on or since (first date of 2-week ref. period) or was it before that date?)

(Was it less than 3 months or more than 3 months ago?)

(Was it less than 1 year or more than 1 year ago?)

(Was it less than 5 years or more than 5 years ago?)

K1	Refer to RD and C2. <input type="checkbox"/> "Yes" in "RD" box AND more than 1 condition in C2 (8) <input type="checkbox"/> Other (K2)
	6a. During the 2 weeks outlined in red on that calendar, did -- (condition) cease -- to cut down on the things -- usually does? <input type="checkbox"/> Yes <input type="checkbox"/> No (K2)
	b. During that period, how many days did -- cut down for more than half of the day? oo <input type="checkbox"/> None (K2) _____ Days
	7. During these 2 weeks, how many days did -- stay in bed for more than half of the day because of this condition? oo <input type="checkbox"/> None _____ Days
	Ask if "Wa/Wb" box marked in C1: 8. During these 2 weeks, how many days did -- miss more than half of the day from -- job or business because of this condition? oo <input type="checkbox"/> None _____ Days
	Ask if age 5-17: 9. During these 2 weeks, how many days did -- miss more than half of the day from school because of this condition? oo <input type="checkbox"/> None _____ Days
K2	<input type="checkbox"/> Condition has "CL LTR" in C2 as source (10) <input type="checkbox"/> Condition does not have "CL LTR" in C2 as source (K4)
	10. About how many days since (12-month date) a year ago, has this condition kept -- in bed more than half of the day? (include days while an overnight patient in a hospital.) oo <input type="checkbox"/> None _____ Days
	11. Was -- ever hospitalized for -- (condition in 3b)? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
K3	<input type="checkbox"/> Missing extremity or organ (K4) <input type="checkbox"/> Other (12)
	12a. Does -- still have this condition? 1 <input type="checkbox"/> Yes (K4) <input type="checkbox"/> No
	b. Is this condition completely cured or is it under control? 2 <input type="checkbox"/> Cured 3 <input type="checkbox"/> Under control (K4) _____ (K4) 4 <input type="checkbox"/> Other (Specify) _____
	c. About how long did -- have this condition before it was cured? <input type="checkbox"/> Less than 1 month OR Number { <input type="checkbox"/> Months <input type="checkbox"/> Years
	d. Was this condition present at any time during the past 12 months? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
K4	<input type="checkbox"/> Not an accident/injury (NC) <input type="checkbox"/> First accident/injury for this person (14) <input type="checkbox"/> Other (12)

13. Is this (condition in 3b) the result of the same accident you already told me about? <input type="checkbox"/> Yes (Record condition page number where accident questions first completed.) → Page No. (NC) <input type="checkbox"/> No	14. 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) _____																
Mark box if under 18. <input type="checkbox"/> Under 18 (16) 15a. Was -- under 18 when the accident happened? 1 <input type="checkbox"/> Yes (18) <input type="checkbox"/> No	b. Was -- in the Armed Forces when the accident happened? 2 <input type="checkbox"/> Yes (18) <input type="checkbox"/> No																
c. Was -- at work at -- job or business when the accident happened? 3 <input type="checkbox"/> Yes 4 <input type="checkbox"/> No	16a. Was a car, truck, bus, or other motor vehicle involved in the accident in any way? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (17)																
b. Was more than one vehicle involved? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	c. Was [it/either one] moving at the time? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No																
17a. At the time of the accident what part of the body was hurt? What kind of injury was it? Anything else? <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Part(s) of body*</th> <th style="width: 50%;">Kind of injury</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Part(s) of body*	Kind of injury							Ask if box 3, 4, or 5 marked in Q-5: b. What part of the body is affected now? How is -- (part of body) affected? Is -- affected in any other way? <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Part(s) of body*</th> <th style="width: 50%;">Present effects**</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Part(s) of body*	Present effects**						
Part(s) of body*	Kind of injury																
Part(s) of body*	Present effects**																
* Enter part of body in same detail as for 3g. ** If multiple present effects, enter in C2 each one that is not the same as 3b or C2 and complete a separate condition page for it.																	

L. DEMOGRAPHIC BACKGROUND PAGE		L1	
L1	Refer to age.		<input type="checkbox"/> Under 5 (NP) <input type="checkbox"/> 5-17 (2) <input type="checkbox"/> 18 and over (1)
1a. Did -- EVER serve on active duty in the Armed Forces of the United States?		1a.	1 <input type="checkbox"/> Yes (Mark "AF" box, THEN 1b) 2 <input type="checkbox"/> No (2)
b. When did -- serve? <i>Mark box in descending order of priority. Thus, if person served in Vietnam and in Korea, mark VN.</i>		b.	1 <input type="checkbox"/> VN 5 <input type="checkbox"/> PVN 2 <input type="checkbox"/> KW 6 <input type="checkbox"/> OS 3 <input type="checkbox"/> WWII 7 <input type="checkbox"/> OK 4 <input type="checkbox"/> WWI Other Service (all other periods) OS
c. Was -- EVER an active member of a National Guard or military reserve unit?		c.	<input type="checkbox"/> Yes 2 <input type="checkbox"/> No (2) 7 <input type="checkbox"/> OK (2)
d. Was ALL of -- active duty service related to National Guard or military reserve training?		d.	1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No 5 <input type="checkbox"/> DK
2a. What is the highest grade or year of regular school -- has ever attended?		2a.	00 <input type="checkbox"/> Never attended or kindergarten (NP) Elem: 1 2 3 4 5 6 7 8 High: 9 10 11 12 College: 1 2 3 4 5 6+
b. Did -- finish the (number in 2a) [grade/year]?		b.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
3a. [What is the number of the group or groups which represents -- race?] <i>Hand Card R. Ask first alternative for first person; ask second alternative for other persons.</i> <i>What is -- race?</i> Circle all that apply 1 - Aleut, Eskimo, or American Indian 4 - White 2 - Asian or Pacific Islander 5 - Another group not listed - Specify 3 - Black		3a.	1 2 3 4 5 _____ Specify
b. Which of these groups; that is, (entries in 3a) would you say BEST represents -- race? <i>Ask if multiple entries:</i>		b.	1 2 3 4 5 _____ Specify
c. Mark observed race of respondent(s) only.		c.	1 <input type="checkbox"/> W 2 <input type="checkbox"/> B 3 <input type="checkbox"/> O
4a. Are any of these groups -- national origin or ancestry? (Where did -- ancestors come from?) b. Please give me the number of the group. Circle all that apply 1 - Puerto Rican 5 - Chicano 2 - Cuban 6 - Other Latin American 3 - Mexican/Mexicano 7 - Other Spanish 4 - Mexican American		4a.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (NP)
		b.	1 2 3 4 5 6 7

FORM MIS-1 (1982) 14-6-82

L. DEMOGRAPHIC BACKGROUND PAGE, Continued

L2	Refer to "Age" and "Wa/Wb" boxes in C1.	L2 0 <input type="checkbox"/> Under 1g (NP) 1 <input type="checkbox"/> Wa box marked (6a) 2 <input type="checkbox"/> Wb box marked (5a) 3 <input type="checkbox"/> Neither box marked (5b)												
<p>5a. Earlier you said that -- has a job or business but did not work last week or the week before. Was -- looking for work or on layoff from a job during these 2 weeks?</p> <p>b. Earlier you said that -- didn't have a job or business last week or the week before. Was -- looking for work or on layoff from a job during these 2 weeks?</p> <p>c. Which, looking for work or on layoff from a job?</p>		<p>5a. 1 <input type="checkbox"/> Yes (5c) 2 <input type="checkbox"/> No (6b)</p> <p>b. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (NP)</p> <p>c. 1 <input type="checkbox"/> Looking (6c) 3 <input type="checkbox"/> Both (6b) 2 <input type="checkbox"/> Layoff (6b)</p>												
<p>6a. Earlier you said that -- worked last week or the week before. Ask 6b.</p> <p>b. For whom did -- work? Enter name of company, business, organization, or other employer.</p> <p>c. For whom did -- work at -- last full-time civilian job or business lasting 2 consecutive weeks or more? Enter name of company, business, organization, or other employer.</p> <p>d. What kind of business or industry is this? For example, TV and radio manufacturing, retail shoe store, State Labor Department, farm.</p> <p>e. What kind of work was -- doing? For example, electrical engineer, stock clerk, typist, farmer.</p> <p>f. What were -- most important activities or duties at that job? For example, types, keeps account books, files, sells cars, operates printing press, finishes concrete.</p> <p>Complete from entries in 6b-f. If not clear, ask: :</p> <p>g. Was --</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">An employee of a PRIVATE company, business or individual for wages, salary, or commission? P</td> <td style="width: 50%;">Self-employed in OWN business, professional practice, or farm?</td> </tr> <tr> <td>A FEDERAL government employee? F</td> <td>If not farm, ask: Is the business incorporated?</td> </tr> <tr> <td>A STATE government employee? S</td> <td>Yes I</td> </tr> <tr> <td>A LOCAL government employee? L</td> <td>No (or farm) SE</td> </tr> <tr> <td></td> <td>Working WITHOUT PAY in family business or farm? WP</td> </tr> <tr> <td></td> <td>- NEVER WORKED or never worked at a full-time civilian job lasting 2 weeks or more NEV</td> </tr> </table>		An employee of a PRIVATE company, business or individual for wages, salary, or commission? P	Self-employed in OWN business, professional practice, or farm?	A FEDERAL government employee? F	If not farm, ask: Is the business incorporated?	A STATE government employee? S	Yes I	A LOCAL government employee? L	No (or farm) SE		Working WITHOUT PAY in family business or farm? WP		- NEVER WORKED or never worked at a full-time civilian job lasting 2 weeks or more NEV	<p>6b. and c. Employer</p> <p>d. Industry</p> <p>e. Occupation</p> <p>f. Duties</p> <p>Class of worker</p> <p>h. 1 <input type="checkbox"/> P 5 <input type="checkbox"/> I 2 <input type="checkbox"/> F 6 <input type="checkbox"/> SE 3 <input type="checkbox"/> S 7 <input type="checkbox"/> WP 4 <input type="checkbox"/> L 8 <input type="checkbox"/> NEV</p>
An employee of a PRIVATE company, business or individual for wages, salary, or commission? P	Self-employed in OWN business, professional practice, or farm?													
A FEDERAL government employee? F	If not farm, ask: Is the business incorporated?													
A STATE government employee? S	Yes I													
A LOCAL government employee? L	No (or farm) SE													
	Working WITHOUT PAY in family business or farm? WP													
	- NEVER WORKED or never worked at a full-time civilian job lasting 2 weeks or more NEV													
FOOTNOTES														

FORM N18-1 (1982) 14-4-82

L. DEMOGRAPHIC BACKGROUND PAGE, Continued			
<p>Mark box if under 14. If "Married" refer to household composition and mark accordingly.</p> <p>7. Is -- new married, widowed, divorced, separated, or has -- never been married?</p>		7.	<p>0 <input type="checkbox"/> Under 14</p> <p>1 <input type="checkbox"/> Married -- spouse in HH</p> <p>2 <input type="checkbox"/> Married -- spouse not in HH</p> <p>3 <input type="checkbox"/> Widowed</p> <p>4 <input type="checkbox"/> Divorced</p> <p>5 <input type="checkbox"/> Separated</p> <p>6 <input type="checkbox"/> Never married</p>
<p>8a. Was the total combined FAMILY income during the past 12 months -- that is, yours, (read names, including Armed Forces members living at home) more or less than \$20,000? Include money from jobs, social security, retirement income, unemployment payments, public assistance, and so forth. Also include income from interest, dividends, net income from business, farm, or rent, and any other money income received.</p> <p>Read if necessary: Income is important in analyzing the health information we collect. For example, this information helps us to learn whether persons in one income group use certain types of medical care services or have certain conditions more or less often than those in another group.</p> <p>-----</p> <p>Read parenthetical phrase if Armed Forces member living at home or if necessary.</p> <p>b. Of these income groups, which letter best represents the total combined FAMILY income during the past 12 months (that is, yours, (read names, including Armed Forces members living at home)? Include wages, salaries, and the other items we just talked about.</p> <p>Read if necessary: Income is important in analyzing the health information we collect. For example, this information helps us to learn whether persons in one income group use certain types of medical care services or have certain conditions more or less often than those in another group.</p>		8a.	<p>1 <input type="checkbox"/> \$20,000 or more (Hand Card I)</p> <p>2 <input type="checkbox"/> Less than \$20,000 (Hand Card J)</p>
		b.	<p>00 <input type="checkbox"/> A 10 <input type="checkbox"/> K 20 <input type="checkbox"/> U</p> <p>01 <input type="checkbox"/> B 11 <input type="checkbox"/> L 21 <input type="checkbox"/> V</p> <p>02 <input type="checkbox"/> C 12 <input type="checkbox"/> M 22 <input type="checkbox"/> W</p> <p>03 <input type="checkbox"/> D 13 <input type="checkbox"/> N 23 <input type="checkbox"/> X</p> <p>04 <input type="checkbox"/> E 14 <input type="checkbox"/> O 24 <input type="checkbox"/> Y</p> <p>05 <input type="checkbox"/> F 15 <input type="checkbox"/> P 25 <input type="checkbox"/> Z</p> <p>06 <input type="checkbox"/> G 16 <input type="checkbox"/> Q 26 <input type="checkbox"/> ZZ</p> <p>07 <input type="checkbox"/> H 17 <input type="checkbox"/> R</p> <p>08 <input type="checkbox"/> I 18 <input type="checkbox"/> S</p> <p>09 <input type="checkbox"/> J 19 <input type="checkbox"/> T</p>
R	a. Mark first appropriate box.	Ra.	<p>0 <input type="checkbox"/> Under 17</p> <p>1 <input type="checkbox"/> Present for all questions</p> <p>2 <input type="checkbox"/> Present for some questions</p> <p>3 <input type="checkbox"/> Not present</p>
	b. Enter person number of respondent.	b.	<p>Person number(s) of respondent(s)</p>
<p>FOOTNOTES</p>			

FORM HIS-1 (X) (1982) (4-0-82)

H. HEALTH INSURANCE PAGE			
Read to respondent(s): Medicare is a Social Security health insurance program for disabled persons and for persons 65 years old and over. People covered by Medicare have a card that looks like this. Show card.			
1a. Is anyone in this family, that is (read names), now covered by Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No (4) <input type="checkbox"/> DK			
b. Is -- now covered? Mark box in person's column.		1b.	1 <input type="checkbox"/> Cov. 2 <input type="checkbox"/> Not cov. 9 <input type="checkbox"/> DK
Ask for each person with "Covered" in 1b			
2a. Is -- now covered by the part of Social Security Medicare which pays for hospital bills? Mark box in person's column.		2a.	1 <input type="checkbox"/> Yes 9 <input type="checkbox"/> DK 2 <input type="checkbox"/> No
b. Is -- now covered by that part of Medicare which pays for doctor's bills? This is the Medicare plan for which -- or some agency must pay a certain amount each month. Mark box in person's column.		b.	1 <input type="checkbox"/> Yes 9 <input type="checkbox"/> DK 2 <input type="checkbox"/> No
Ask for each person with "DK" in 2a and/or b:			
3. 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 N.A." box.		3.	1 <input type="checkbox"/> Hospital 2 <input type="checkbox"/> Medical 3 <input type="checkbox"/> Card N.A.
We are interested in all kinds of health insurance plans except those which pay only for accidents.			
4a. (Not counting Medicare) Is anyone in the family now covered by a health insurance plan which pays any part of a hospital, doctor's or surgeon's bill? <input type="checkbox"/> Yes <input type="checkbox"/> No (M1)			
b. What is the name of the plan? Record in Table H.I.			
c. Is anyone in the family now covered by any other health insurance plan which pays any part of a hospital, doctor's or surgeon's bill? <input type="checkbox"/> Yes (Reask 4b and c) <input type="checkbox"/> No (5)			
TABLE H.I.			
PLAN 1		6a. Does this plan pay any part of hospital expenses? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	7. Is -- covered under this (name) plan? Mark box in person's column.
5a. Was this (name) plan obtained through an employer or union? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (6) 9 <input type="checkbox"/> DK (6)		b. Does this plan pay any part of doctor's or surgeon's bills for operations? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	7. 1 <input type="checkbox"/> Covered (NP) 2 <input type="checkbox"/> Not covered (NP)
b. Is it now carried through an employer or union? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK			
PLAN 2		6a. Does this plan pay any part of hospital expenses? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	7. Is -- covered under this (name) plan? Mark box in person's column.
5a. Was this (name) plan obtained through an employer or union? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (6) 9 <input type="checkbox"/> DK (6)		b. Does this plan pay any part of doctor's or surgeon's bills for operations? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	7. 1 <input type="checkbox"/> Covered (NP) 2 <input type="checkbox"/> Not covered (NP)
b. Is it now carried through an employer or union? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK			
PLAN 3		6a. Does this plan pay any part of hospital expenses? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	7. Is -- covered under this (name) plan? Mark box in person's column.
5a. Was this (name) plan obtained through an employer or union? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (6) 9 <input type="checkbox"/> DK (6)		b. Does this plan pay any part of doctor's or surgeon's bills for operations? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	7. 1 <input type="checkbox"/> Covered (NP) 2 <input type="checkbox"/> Not covered (NP)
b. Is it now carried through an employer or union? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK			
M1	Review 1 and 7 for each person and determine if "Covered" by either Medicare and/or insurance, or "Not Covered."	M1	1 <input type="checkbox"/> Covered (NP) 2 <input type="checkbox"/> Not covered under 65 (NP) 3 <input type="checkbox"/> Not covered 65 and over (NP)
Ask for each person "Not Covered" in M1. If "Not covered 65 and over," include "or Medicare." Many people do not carry health insurance for various reasons. Hand Card N.			
8a. Which of these statements describes why -- is not covered by any health insurance (or Medicare)? Any other reason? Circle all reasons given.		8a.	1 2 3 4 5 6 7 8 Specify
Mark box if only one reason. If "Not covered 65 and over," in M1, include "or Medicare." b. What is the MAIN reason -- is not covered by any health insurance (or Medicare)?		b.	00 <input type="checkbox"/> Only one reason 1 2 3 4 5 6 7 8 Specify

FORM HHS-1 (11-82) (4-8-82)

M. HEALTH INSURANCE PAGE, Continued			
9a. Does anyone in this family now receive assistance through the "Aid to Families with Dependent Children" Program, sometimes called "AFDC" or "ADC"? <input type="checkbox"/> Yes <input type="checkbox"/> No (10) <input type="checkbox"/> DK (10)			
b. Which (other) family members are included in the AFDC assistance payment? <i>Mark "AFDC" box in person's column.</i>		9b.	1 <input type="checkbox"/> AFDC
c. Are any other family members included in this program? <input type="checkbox"/> Yes (Reask 9b and c) <input type="checkbox"/> No			
10a. Does anyone in this family now receive the "Supplemental Security Income" or "SSI" gold-colored check? <input type="checkbox"/> Yes <input type="checkbox"/> No (11) <input type="checkbox"/> DK (11)			
b. Who (else) receives this check? Mark "SSI" box in person's column.		10b.	1 <input type="checkbox"/> SSI
c. Anyone else? <input type="checkbox"/> Yes (Reask 10b and c) <input type="checkbox"/> No			
11a. There is a national program called Medicaid which pays for health care for persons in need. (In this State it is also called (name)). During the past 12 months, has anyone in this family received health care which has been or will be paid for by Medicaid (or (name))? <input type="checkbox"/> Yes <input type="checkbox"/> No (12) <input type="checkbox"/> DK (12)			
b. Who was this? Mark "Medicaid" box in person's column.		11b.	1 <input type="checkbox"/> Medicaid
c. Anyone else? <input type="checkbox"/> Yes (Reask 11b and c) <input type="checkbox"/> No			
12a. Does anyone in the family now have a Medicaid (or (name)) card which looks like this? Show Medicaid card. <input type="checkbox"/> Yes <input type="checkbox"/> No (13) <input type="checkbox"/> DK (13)			
b. Who is this? Mark "Card" box in person's column.		12b.	1 <input type="checkbox"/> Card
c. Anyone else? <input type="checkbox"/> Yes (Reask 12b and c) <input type="checkbox"/> No			
d. May I please see -- (and --) card(s)? <i>Mark appropriate box(es) in person's column.</i>		12d.	<input type="checkbox"/> Medicaid card seen 1 <input type="checkbox"/> Current 2 <input type="checkbox"/> Expired 3 <input type="checkbox"/> No card seen 4 <input type="checkbox"/> Other card seen Specify _____
13a. Is anyone in the family now covered by any other public assistance program that pays for health care? <input type="checkbox"/> Yes <input type="checkbox"/> No (Next page) <input type="checkbox"/> DK (Next page)			
b. Who is this? Mark "Other PA" box in person's column.		13b.	1 <input type="checkbox"/> Other PA
c. Anyone else? <input type="checkbox"/> Yes (Reask 13b and c) <input type="checkbox"/> No			

FORM HIS-1 (1982) (4-8-82)

M. HEALTH INSURANCE PAGE, Continued			
14a. Does anyone in the family now receive military retirement payments from any branch of the Armed Forces or a pension from the Veterans Administration? Do not include VA disability compensation. <input type="checkbox"/> Yes <input type="checkbox"/> No (15) <input type="checkbox"/> DK (15)			
b. Who is this? Mark "Mil. ret./VA pen." box in person's column.		14b.	1 <input type="checkbox"/> Mil. ret./VA pen.
c. Anyone else? <input type="checkbox"/> Yes (Reask 14b and c) <input type="checkbox"/> No			
d. Which does -- receive -- the Armed Forces retirement, the VA pension or both? <small>Ask for each person with "Mil. ret./VA pen." in 14b:</small>		d.	1 <input type="checkbox"/> Armed Forces 2 <input type="checkbox"/> VA 3 <input type="checkbox"/> Both
15a. Is anyone in the family now covered by CHAMP-VA, which is medical insurance for dependents or survivors of disabled veterans? <input type="checkbox"/> Yes <input type="checkbox"/> No (16) <input type="checkbox"/> DK (16)			
b. Who is this? Mark "CHAMP-VA" box in person's column.		15b.	1 <input type="checkbox"/> CHAMP-VA
c. Anyone else? <input type="checkbox"/> Yes (Reask 15a and b) <input type="checkbox"/> No			
16a. Is anyone in the family now covered by any other program that provides health care for military dependents or survivors of military persons? <input type="checkbox"/> Yes <input type="checkbox"/> No (M2) <input type="checkbox"/> DK (M2)			
b. Who is this? Mark "Health Care" box in person's column.		16b.	1 <input type="checkbox"/> Health Care
c. Anyone else? <input type="checkbox"/> Yes (Reask 16a and b) <input type="checkbox"/> No			
M2	Refer to "AF" box above person's column.	M2	1 <input type="checkbox"/> AF box marked (17) 2 <input type="checkbox"/> Other (NP)
17a. Does -- have a disability related to -- service in the Armed Forces of the United States?		17a.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (NP)
b. Does -- now receive compensation for this disability from the Veterans Administration?		b.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
FOOTNOTES			

FORM HIS-1 (1982) (4-9-82)

N. PREVENTIVE CARE PAGE

N1	Refer to age.	N1	<input type="checkbox"/> 17-39, available (3) <input type="checkbox"/> 40 and over, available (1) <input type="checkbox"/> 17 and over, callback required (NP) <input type="checkbox"/> Other (NP)
	1. About how long has it been since you had an electrocardiogram, or EKG, which involves placing wires on the chest and arms?	1.	<input type="checkbox"/> Never <input type="checkbox"/> Less than 1 year _____ Years
	2. About how long has it been since you had a test for glaucoma, sometimes referred to as an eye pressure test?	2.	<input type="checkbox"/> Never <input type="checkbox"/> Less than 1 year _____ Years
	3. About how long has it been since you had a chest x-ray?	3.	<input type="checkbox"/> Never <input type="checkbox"/> Less than 1 year _____ Years
	4. About how long has it been since you had your blood pressure taken?	4.	<input type="checkbox"/> Never <input type="checkbox"/> Less than 1 year _____ Years
	5a. Have you EVER been told by a doctor that you had high blood pressure?	5a.	<input type="checkbox"/> Yes (B) <input type="checkbox"/> No
	b. Have you EVER been told by a doctor that you had hypertension?	b.	<input type="checkbox"/> Yes <input type="checkbox"/> No (N2)
	6. Are you NOW taking any medicine prescribed by a doctor for your [high blood pressure/hypertension]?	6.	<input type="checkbox"/> Yes (N2) <input type="checkbox"/> No
	7a. Do you still have [high blood pressure/hypertension]?	7a.	<input type="checkbox"/> Yes (N2) <input type="checkbox"/> No <input type="checkbox"/> DK
	b. Is this condition completely cured or is it under control?	b.	<input type="checkbox"/> Cured <input type="checkbox"/> Under control
N2	Refer to sex.	N2	<input type="checkbox"/> Female (B) <input type="checkbox"/> Male (10)
	8. About how long has it been since you had a Pap smear test?	8.	<input type="checkbox"/> Never <input type="checkbox"/> Less than 1 year _____ Years
	9. About how long has it been since you had a breast examination by a medical doctor or assistant?	9.	<input type="checkbox"/> Never <input type="checkbox"/> Less than 1 year _____ Years
	10a. Do you have eyeglasses or contact lenses?	10a.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. About how long has it been since you had your eyes examined to see if you needed glasses (or new glasses)? Read if age 17: Include any eye exams given in school.	b.	<input type="checkbox"/> Never <input type="checkbox"/> Less than 1 year _____ Years
RS1		RS1	Pers. No. of Resp. { <input type="checkbox"/> Self Resp. <input type="checkbox"/> Proxy (Reason) }

FORM HIS-1 (1982) (4-9-82)

N. PREVENTIVE CARE PAGE, Continued

N3	Refer to age.	N3	<input type="checkbox"/> Under 3 (12) <input type="checkbox"/> 3-16 (11) <input type="checkbox"/> Other (NP)
11a. Does -- have eyeglasses or contact lenses? <hr/> b. About how long has it been since -- had -- eyes examined to see if -- needed glasses (or new glasses)? <i>Read if age 5-16: Include any eye exams given in school.</i>		11a.	<input type="checkbox"/> Yes <input type="checkbox"/> No <hr/> b. <input type="checkbox"/> Never <input type="checkbox"/> Less than 1 year _____ Years
12a. During the past 12 months, (that is, since (12 month date) a year ago) was -- taken to a doctor for a ROUTINE physical examination, that is, not for a particular illness but for a general checkup? <i>Read if age 5-16: Include routine physical examinations given in school.</i> b. About how long has it been since -- was taken to a doctor for a routine physical examination or general checkup? <i>Read if age 5-16: Include routine physical examinations given in school.</i>		12a.	<input type="checkbox"/> Yes (13) <input type="checkbox"/> No <hr/> b. <input type="checkbox"/> Never _____ Years
13. About how old was -- when -- FIRST went to a dentist?		13.	<input type="checkbox"/> Never _____ Years old
RS2			RS2 _____ Pers. No. of Resp.

FOOTNOTES

E	If this questionnaire is for an EXTRA unit, enter Control Number of original sample unit →	If in AREA SEGMENT, also enter for FIRST unit listed on property →	LISTING SHEET					
			Sheet number	Line number				
TABLE X – LIVING QUARTERS DETERMINATIONS AT LISTED ADDRESS								
ADDRESS OF ADDITIONAL LIVING QUARTERS	LOCATION OF UNIT	SEPARATENESS AND FACILITIES			CLASSIFICATION	AREA SEGMENTS	ADDRESS, CEN-SUP AND SPECIAL PLACE SEGMENTS	PERMIT SEGMENTS
Enter basic address and unit address, if any OR description of location (1)	Is this a unit in a special place? (2)	Do the occupants (or intended occupants) of (address in col. (1)) live and eat separately from all other persons on the property? (3)	Does (address in col. (1)) have direct access from the outside or through a common hall? (4)	Does (address in col. (1)) have complete kitchen facilities for that unit only? (5)	N – Not a separate unit – Include on this questionnaire. HU OT Separate unit – Do not include on this questionnaire. Complete the appropriate segment type column for interviewing instructions. (6)	Is this unit – • unlisted AND • within the segment boundaries? (7)	Is this unit – • unlisted AND • within the specific address (basic plus unit, if any) of the original sample unit? (8)	Is this unit – • unlisted AND • within the specific address (basic plus unit, if any) of the original sample unit AND • within the same structure as the original sample unit? (9) (9)
	<input type="checkbox"/> Yes – Skip to col. (6) and mark according to Table D in Part C of manual <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No – Skip to col. (6) and mark N	<input type="checkbox"/> Yes – Skip to col. (6) and mark HU <input type="checkbox"/> No	<input type="checkbox"/> Yes – Mark HU in col. (6) <input type="checkbox"/> No – Mark N in col. (6)	<input type="checkbox"/> N – Stop Table X <input type="checkbox"/> HU – Fill col. (7), (8), or (9), as appropriate <input type="checkbox"/> OT – Fill col. (7), (8), or (9), as appropriate	<input type="checkbox"/> Yes – Interview as an EXTRA unit <input type="checkbox"/> No – Do not interview	<input type="checkbox"/> Yes – Interview as an EXTRA unit <input type="checkbox"/> No – Do not interview	<input type="checkbox"/> Yes – Interview as an EXTRA unit <input type="checkbox"/> No – Do not interview
	<input type="checkbox"/> Yes – Skip to col. (6) and mark according to Table D in Part C of manual <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No – Skip to col. (6) and mark N	<input type="checkbox"/> Yes – Skip to col. (6) and mark HU <input type="checkbox"/> No	<input type="checkbox"/> Yes – Mark HU in col. (6) <input type="checkbox"/> No – Mark N in col. (6)	<input type="checkbox"/> N – Stop Table X <input type="checkbox"/> HU – Fill col. (7), (8), or (9), as appropriate <input type="checkbox"/> OT – Fill col. (7), (8), or (9), as appropriate	<input type="checkbox"/> Yes – Interview as an EXTRA unit <input type="checkbox"/> No – Do not interview	<input type="checkbox"/> Yes – Interview as an EXTRA unit <input type="checkbox"/> No – Do not interview	<input type="checkbox"/> Yes – Interview as an EXTRA unit <input type="checkbox"/> No – Do not interview
	<input type="checkbox"/> Yes – Skip to col. (6) and mark according to Table D in Part C of manual <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No – Skip to col. (6) and mark N	<input type="checkbox"/> Yes – Skip to col. (6) and mark HU <input type="checkbox"/> No	<input type="checkbox"/> Yes – Mark HU in col. (6) <input type="checkbox"/> No – Mark N in col. (6)	<input type="checkbox"/> N – Stop Table X <input type="checkbox"/> HU – Fill col. (7), (8), or (9), as appropriate <input type="checkbox"/> OT – Fill col. (7), (8), or (9), as appropriate	<input type="checkbox"/> Yes – Interview as an EXTRA unit <input type="checkbox"/> No – Do not interview	<input type="checkbox"/> Yes – Interview as an EXTRA unit <input type="checkbox"/> No – Do not interview	<input type="checkbox"/> Yes – Interview as an EXTRA unit <input type="checkbox"/> No – Do not interview
NOTE: Be sure to continue interview for original unit after completing Table X for all lines.								
FOOTNOTES								

CARD R

- 1. Aleut, Eskimo, or American Indian
- 2. Asian or Pacific Islander
- 3. Black
- 4. White

CARD O

- 1. Puerto Rican
- 2. Cuban
- 3. Mexican/Mexicano
- 4. Mexican American
- 5. Chicano
- 6. Other Latin American
- 7. Other Spanish



CARD I

- U 20,000 – 24,999
- V 25,000 – 29,999
- W 30,000 – 34,999
- X 35,000 – 39,999
- Y 40,000 – 44,999
- Z 45,000 – 49,999
- ZZ..... 50,000 and over

CARD J

- A Less than 1,000 (including loss)
- B 1,000 – 1,999
- C 2,000 – 2,999
- D 3,000 – 3,999
- E 4,000 – 4,999
- F 5,000 – 5,999
- G 6,000 – 6,999
- H 7,000 – 7,999
- I 8,000 – 8,999
- J 9,000 – 9,999
- K 10,000 – 10,999
- L 11,000 – 11,999
- M 12,000 – 12,999
- N..... 13,000 – 13,999
- O 14,000 – 14,999
- P 15,000 – 15,999
- Q 16,000 – 16,999
- R 17,000 – 17,999
- S 18,000 – 18,999
- T 19,000 – 19,999

MEDICARE

Health  Insurance	
SOCIAL SECURITY ACT	
NAME OF BENEFICIARY JOHN Q. PUBLIC	
CLAIM NUMBER 000-00-0000-A	SEX MALE
IS ENTITLED TO	EFFECTIVE DATE
HOSPITAL INSURANCE	7-1-66
MEDICAL INSURANCE	7-1-66
SIGN HERE 	

CARD N

1. Unemployed, or reasons related to unemployment
2. Can't obtain insurance because of poor health, illness, or age
3. Too expensive, can't afford health insurance
4. Dissatisfied with previous insurance
5. Don't believe in insurance
6. Have been healthy, not much sickness in the family, haven't needed health insurance
7. Covered by some other health plan
8. Some other reason — *Specify*

Changes in the NHIS basic health and demographic (or core) questionnaire, 1980–84

Except for the 1982 redesign, the basic health and demographic questionnaire (formerly the core questionnaire) has not changed drastically from year to year. The questionnaire has, for the most part, remained the same during the periods 1980–81 and 1982–84. This section describes the changes in the core or basic health and demographic questionnaire from 1980 through 1984.

It should be mentioned that each year a public use data tape is produced following the completion of data collection. Changes in variables can occur from year to year on the public use data tape as a result of computer editing and processing that are not a result of changes in the questionnaire. For example, the 1984 and 1983 questionnaires did not change with respect to the question on reason for hospital stay. However, the coding for the question on the public use data tape did change from 1983 to 1984. The coding change involved combining responses on reasons for entering the hospital and surgical procedures. This change enables the user to identify hospitalizations for deliveries. For additional changes, the reader should consult the public use tape documentation for the particular year of interest.

1981 and 1980 changes

- An individual's race was determined by asking the respondent to select a category listed on a card. In previous years race was determined by interviewer observation.

1982 changes

In 1982 the questionnaire was redesigned; major changes were initiated.

Person questions

- Instead of having relationships and demographic variables such as education and age defined for a "head of household," beginning in 1982 they are defined for a "reference person," who is usually the person who owns or rents the home.
- The age group of children assumed to be attending school has been increased to include those 5–17 years of age.
- Years of education is now included for all persons 5 years of age and over.
- Family income is available in much greater detail, but individual income is no longer obtained.
- Self-assessed health status has an additional category, "very good."

Limitation of activity questions

- The limitation of activity variable was changed to classify all individuals based on the ability to perform activities that are usual for their age group.
- An additional limitation of activity classification based on ability to work was included for all persons of working age (18–70 years of age).
- The specific age ranges for the limitation groups were changed. The age categories more closely correspond to those commonly associated with the preschool, school-age, working, and retired populations.

- The phrases used in the limitation of activity questions—"because of health" and "because of disability or health"—were changed to "because of any impairment or health problems."
- Because of increased availability of specialized instructions and special classes for some children with learning or other disability, the activity limitation questions for the school-age population now include specific reference to the use of and need for these programs.
- The limitation of activity question set now appears near the beginning of the interview.
- The previous variable "usual activity" has become "major activity" and is coded only for those 18 years and over. "Retired" has been eliminated as a category, and "keeping house" is no longer restricted to females.
- A new variable of limitation status measured by "ability to work" has been added. "Duration of limitation" of activity has been eliminated.

Days of disability questions

- Each person initially was asked about disability days and the condition(s) that caused them. Persons who reported no disability days in the 2-week period or who reported 1 day or more of disability but only one condition were not asked the disability day questions again. The 2-week disability day questions, however, were asked again later in the interview for every reported condition for persons who initially reported 1 day or more and also reported two conditions or more during the interview.
- The questions about work-loss days were asked only for currently employed persons.
- The description of the period of time constituting a work-loss or school-loss day, a bed day, or a cut-down day was clarified and made consistent for all types of disability days.
- The age groups used for the questions about work-loss and school-loss days were changed to 18 years and over and 5–17 years, respectively.
- The placement, format, and order of the disability day questions also were changed.

Condition questions

- Codes are no longer restricted to acute injuries and certain impairments caused by injury. Any disease that the respondent felt was caused by an injury (arthritis, for example) now has a code.
- No conditions voluntarily reported during the interview were recorded.
- Several chronic condition variables originating on the checklists were deleted. They concerned 12-month work-loss days: medicine, surgery, or treatment, and a count of 12-month doctor visits. Also deleted was information concerning how the chronic condition bothered the respondent. Added to the list was "cancer of any kind."

Physician contact questions

- The category of medical practitioners providing care has been expanded to include the doctor responsible for providing care, whether he or she was actually seen; the

medical assistant seen when no doctor was seen; and, for all types of practitioners, the medical provider actually seen, with preference given to the physician rather than an assistant if both were seen.

- Emphasis was added to site of visit (for example, home, doctor's office, or clinic).
- Probe questions about telephone calls to doctors for advice were expanded to include calls to nurses and others for prescriptions or test results.

Hospitalization questions

- The operation variable is different from the former "surgically treated" variable. Except for hospitalizations in the past 2 weeks, a detailed description of the condition for which the person entered the hospital was not recorded. The item is used to identify deliveries.
- Probe questions about stays in nursing or convalescent homes were dropped.
- The hospital probe question was moved to the beginning of the interview.
- The term "overnight" was added to keep respondents from reporting outpatient hospital visits.

Information about the effects of questionnaire changes and data processing changes in 1982 can be found in the *Vital and Health Statistics* report, Series 10, No. 150 (1). Data processing changes for each year also are discussed in the NHIS public use data tape documentation for the survey year of interest. Additional discussion of the 1982 questionnaire revision is available in Series 1, No. 18, in the *Vital and Health Statistics* series (2).

1983 changes

- The age range for limitation in ability to work was changed from 18–70 years to 19–69 years.

Current health topics (formerly supplements): 1980–84

1980

In 1980, a large number of the questions relating to the special health topics were included in the core questionnaire. These special topics are not labeled "supplements" and, consequently, are not separate booklets administered after the core questionnaire, as was the case in later years. An exception to this is the smoking supplement, added during the third and fourth quarters of 1980. The 1980 topics are included in a section of the core questionnaire in which the core question bears some similarity to the subject of the special health topic. In several instances, questions on the special health topics are found in other health topic sections.

The special health topics listed as individual sections within the core questionnaire are health insurance, home care, individual home care, and residential mobility. Only those persons 17 years of age or over who were at home and took part in the interview as indicated in the H box at the beginning of the core questionnaire were asked questions from the section on individual home care.

Questions on special aids are located in the home care section. Question 8A is: "Does anyone in the family (that is you, your ——— etc.) now use (any of the following special aids)?" Some of the aids listed are an artificial arm or leg, crutches, or a cane or walking stick. Directly following this set of questions are questions covering health topics on corrective lenses, eyeglasses, and hearing aids.

The questions on sources of retirement income are included in the special topic section on residential mobility. The residential-mobility section also includes questions about longest job worked, Medicaid, and Aid to Families With Dependent Children.

HEALTH INSURANCE PAGE			
<p>Medicare is a Social Security health insurance program for disabled persons and for persons 65 years old and over. People covered by Medicare have a card that looks like this. Show card</p>			
<p>1a. Is anyone in this family covered by Medicare? Y N (4) DK</p>		1b.	<p>1 <input type="checkbox"/> Cov. 9 <input type="checkbox"/> DK 2 <input type="checkbox"/> Not cov.</p>
<p>Ask for each person with "Covered" in 1b.</p>			
<p>2a. Is --- covered by that part of Social Security Medicare which pays for hospital bills? Mark box in person's column.</p>		2a.	<p>1 <input type="checkbox"/> Cov. Hosp. 9 <input type="checkbox"/> DK 2 <input type="checkbox"/> No</p>
<p>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? Mark box in person's column.</p>		b.	<p>1 <input type="checkbox"/> Cov. Med. 9 <input type="checkbox"/> DK 2 <input type="checkbox"/> No</p>
<p>Ask for each person with "DK" in 2 and for each person under 65 with "Covered" in 1b.</p>			
<p>3. May I please see the Social Security Medicare card(s) for --- (and ---) to determine the (type/dates) of coverage? Transcribe the information from the card or mark the "Card N.A." box.</p>		3.	<p>1 <input type="checkbox"/> Cov. Hosp. 3 <input type="checkbox"/> Card N.A. 2 <input type="checkbox"/> Cov. Med.</p>
<p>We are interested in all kinds of health insurance plans except those which pay only for accidents.</p>			
<p>4a. (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 (4d)</p>			
<p>b. What is the name of the plan? (Record in Table H.I.)</p>			
<p>c. Is anyone in the family covered by any other hospital insurance plan? Y (Reask 4b and c) N</p>			
<p>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 (5)</p>			
<p>e. What is the name of the plan? (Record in Table H.I., reask 4d)</p>			
TABLE H.I.			
PLAN 1	<p>5c. Does this plan pay any part of hospital expenses? 1 Y 2 N 9 DK</p>	<p>6a. Is --- covered under this (name) plan? b. During the past 12 months did --- receive medical care which has been or will be paid for by this plan?</p>	<p>6a. 1 <input type="checkbox"/> Cov. 2 <input type="checkbox"/> Not cov. (NP)</p> <p>b. 1 Y 2 N 9 DK</p>
<p>5a. Was this (name) plan obtained through an employer or union? 1 Y (5c) 2 N 9 DK</p> <p>b. Was it obtained through some other group? 1 Y 2 N 9 DK</p>	<p>d. Does this plan pay any part of doctor's or surgeon's bills for operations? 1 Y 2 N 9 DK</p>		
PLAN 2	<p>5c. Does this plan pay any part of hospital expenses? 1 Y 2 N 9 DK</p>	<p>6a. Is --- covered under this (name) plan? b. During the past 12 months did --- receive medical care which has been or will be paid for by this plan?</p>	<p>6a. 1 <input type="checkbox"/> Cov. 2 <input type="checkbox"/> Not cov. (NP)</p> <p>b. 1 Y 2 N 9 DK</p>
<p>5a. Was this (name) plan obtained through an employer or union? 1 Y (5c) 2 N 9 DK</p> <p>b. Was it obtained through some other group? 1 Y 2 N 9 DK</p>	<p>d. Does this plan pay any part of doctor's or surgeon's bills for operations? 1 Y 2 N 9 DK</p>		
PLAN 3	<p>5c. Does this plan pay any part of hospital expenses? 1 Y 2 N 9 DK</p>	<p>6a. Is --- covered under this (name) plan? b. During the past 12 months did --- receive medical care which has been or will be paid for by this plan?</p>	<p>6a. 1 <input type="checkbox"/> Cov. 2 <input type="checkbox"/> Not cov. (NP)</p> <p>b. 1 Y 2 N 9 DK</p>
<p>5a. Was this (name) plan obtained through an employer or union? 1 Y (5c) 2 N 9 DK</p> <p>b. Was it obtained through some other group? 1 Y 2 N 9 DK</p>	<p>d. Does this plan pay any part of doctor's or surgeon's bills for operations? 1 Y 2 N 9 DK</p>		
I	<p>For each person review 1, 2, 3, and 6 for each plan and determine if "Covered" by either Medicare or insurance, or "Not covered."</p>		I
<p>Ask for each person "Not covered," Many people do not carry health insurance for various reasons. Hand Card N</p>		<p>Circle all reasons given →</p>	
<p>7a. Which of those statements describes why --- is not covered by any health insurance plan? Any other reason? Mark box or ask:</p>		7a.	<p>1 2 3 4 5 6 7 8 9 <input checked="" type="checkbox"/></p> <p>(Specify)</p>
<p>b. What is the MAIN reason --- is not covered by any health insurance plan?</p>		b.	<p>00 <input type="checkbox"/> Only one reason 1 2 3 4 5 6 7 8 9 <input checked="" type="checkbox"/></p> <p>(Specify)</p>

HOME CARE PAGE

Some people are limited in what they can do because of a physical or mental condition; that is, they cannot do some of the daily activities that other people do.

1a. Because of a disability or health problem, does anyone in the family, (that is you, your --, etc.), receive or need help from another person, or use special equipment in --

If "Yes," ask 1b and c "doesn't do" Y or N

- | | | |
|--|---|---|
| (1) Walking, except for using stairs? | Y | N |
| (2) Going outside? | Y | N |
| (3) Using the toilet in the bathroom, including getting to the bathroom? | Y | N |
| (4) Bathing, including sponge baths? | Y | N |
| (5) Dressing? | Y | N |
| (6) Eating? | Y | N |
| (7) Getting in and out of bed or chairs? | Y | N |

Person number (a)	Activity (b)	Doesn't do (c)	If "doesn't do," go to next line. Does -- use any SPECIAL EQUIPMENT in (activity)? (d)	Does -- receive or need the help of ANOTHER PERSON in (activity)? (e)	Does -- need help from another person in (activity) most of the time, some of the time, or once in a while? (f)
		<input type="checkbox"/> Doesn't do (Mark H box, THEN 1c)	1 Y 2 N	1 Y 2 N (Next line)	1 <input type="checkbox"/> All/most 2 <input type="checkbox"/> Some 3 <input type="checkbox"/> Once 4 <input type="checkbox"/> Never 5 <input type="checkbox"/> Other - Specify } Mark H box
		<input type="checkbox"/> Doesn't do (Mark H box, THEN 1c)	1 Y 2 N	1 Y 2 N (Next line)	1 <input type="checkbox"/> All/most 2 <input type="checkbox"/> Some 3 <input type="checkbox"/> Once 4 <input type="checkbox"/> Never 5 <input type="checkbox"/> Other - Specify } Mark H box
		<input type="checkbox"/> Doesn't do (Mark H box, THEN 1c)	1 Y 2 N	1 Y 2 N (Next line)	1 <input type="checkbox"/> All/most 2 <input type="checkbox"/> Some 3 <input type="checkbox"/> Once 4 <input type="checkbox"/> Never 5 <input type="checkbox"/> Other - Specify } Mark H box
		<input type="checkbox"/> Doesn't do (Mark H box, THEN 1c)	1 Y 2 N	1 Y 2 N (Next line)	1 <input type="checkbox"/> All/most 2 <input type="checkbox"/> Some 3 <input type="checkbox"/> Once 4 <input type="checkbox"/> Never 5 <input type="checkbox"/> Other - Specify } Mark H box

b. Who is this?

c. Does anyone else receive or need help or use special equipment in -- ?

2a. BECAUSE OF A DISABILITY OR HEALTH PROBLEM, does anyone in the family receive or need help from another person in --

If "Yes," ask 2b and c.

b. Who is this?

c. Does anyone else receive or need help in -- ?

- | | | |
|---|---|---|
| (1) Preparing their own meals? | Y | N |
| (2) Shopping for personal items, such as magazines, toilet items, or medicines? | Y | N |
| (3) Doing routine household chores, not including yard work? | Y | N |
| (4) Handling their own money? | Y | N |

- 2b. 1 Meals
2 Shopping
3 Chores
4 Handling money } Mark H box

3a. Because of a disability or health problem does anyone in the family usually stay in bed all or most of the time?

Y N (4)

b. Who is this? Mark box in person's column.

c. Anyone else?

Y (Reask 3b and c) N

3b. 1 Stays in bed (H box THEN 3c)

Mark box or ask:

4a. What (other) condition causes -- to (need help in activities in 1 and 2/(or) stay in bed)?

b. Does any other condition cause -- to (need help in activities in 1 and 2/(or) stay in bed)?

Mark box or ask:

c. Which of these conditions would you say is the MAIN condition that causes -- to (need help in activities in 1 and 2/(or) stay in bed)?

4a. No H box (NP)

b. 1 Y (Reask 4a and b) 2 N

- c. Old age only (NP)
 Only one condition
Main condition

HCI

Refer to item C2 to determine if a condition page was completed for the main condition in 4.
Enter condition number, or mark box.

HCI

Cond. number (NP)
 No condition page

5. When did -- first notice his (main condition in 4)?

5. 1 Last week
2 Week before
3 Past 2 weeks, DK which
4 2 weeks - 3 months
5 Over 3-12 months
6 More than 12 months ago

HOME CARE PAGE - Continued

6a. Does anyone in the family have a colostomy, a urinary catheter, or any other device to help control bowel movements or urination? Y N (7)

b. Who is this? Mark "Device" box in person's column.

c. Anyone else? Y (Reask 6b and c) N

If "Device," ask 6d and e

d. Which does -- have -- a colostomy, a catheter, or another type of device?

e. Does -- receive or need help from another person in taking care of his (device in 6d)?

6b. 1 Device

d. 1 Colostomy
2 Catheter
3 Other - Specify

e. 1 Y (Mark H box THEN NP) 2 N

7a. (Besides --) Does anyone (else) in the family have any accidents or any trouble controlling their bowel movements or urination? Y N (8)

b. Who is this? Mark "Trouble controlling" box in person's column.

c. Anyone else? Y (Reask 7b and c) N

7b. 1 Trouble controlling

8a. Does anyone in the family (that is you, your, -- etc.) now use (any of the following special aids) -

If "Yes," ask 8b and c

	Y	N
(1) An artificial arm? (1)	<input type="checkbox"/>	<input type="checkbox"/>
(2) An artificial leg? (2)	<input type="checkbox"/>	<input type="checkbox"/>
(3) A brace of any kind? (If "Yes," ask: On what part of the body is the brace worn?) (3)	<input type="checkbox"/>	<input type="checkbox"/>
(4) Crutches? (4)	<input type="checkbox"/>	<input type="checkbox"/>
(5) A cane or walking stick? (5)	<input type="checkbox"/>	<input type="checkbox"/>
(6) Special shoes? (6)	<input type="checkbox"/>	<input type="checkbox"/>
(7) A wheel chair? (7)	<input type="checkbox"/>	<input type="checkbox"/>
(8) A walker? (8)	<input type="checkbox"/>	<input type="checkbox"/>
(9) A guide dog? (9)	<input type="checkbox"/>	<input type="checkbox"/>
(10) Any other kind of aid for getting around? (10)	<input type="checkbox"/>	<input type="checkbox"/>

b. Who is this? Mark box in person's column.

c. Anyone else?

8b. 1 Artificial arm
2 Artificial leg
3 Brace - Part of body
4 Crutches
5 Cane or walking stick
6 Special shoes
7 Wheel chair
8 Walker
9 Guide dog
10 Other - Specify

9a. Does anyone in the family use - If "Yes," ask 9b and c

	Y	N
(1) Eyeglasses? (1)	<input type="checkbox"/>	<input type="checkbox"/>
(2) Contact lenses? (2)	<input type="checkbox"/>	<input type="checkbox"/>
(3) A hearing aid? (3)	<input type="checkbox"/>	<input type="checkbox"/>

b. Who is this? Mark box in person's column

c. Anyone else?

9b. 1 Eyeglasses
2 Contact lenses
3 Hearing aid

10a. Does anyone in the family receive help here at home with -

If "Yes," ask 10b and c

	Y	N
(1) Receiving injections or shots? (1)	<input type="checkbox"/>	<input type="checkbox"/>
(2) Physical therapy? (2)	<input type="checkbox"/>	<input type="checkbox"/>
(3) Changing bandages? (3)	<input type="checkbox"/>	<input type="checkbox"/>
(4) Any other nursing or medical treatments? (4)	<input type="checkbox"/>	<input type="checkbox"/>

b. Who is this? Mark box in person's column

c. Anyone else?

10b. 1 Injections
2 Physical therapy
3 Bandages
4 Other - Specify

HOME CARE PAGE – Continued

11a. During the past 12 months, (that is since (date) a year ago) has anyone in the family received MEALS that were prepared outside the home and brought in on a fairly regular basis?		Y	N (12)
b. Who received the meals? Mark "Meals" box in person's column.		11b. 1 <input type="checkbox"/> Meals	
c. Anyone else? If "Meals" in 11b, ask 11d-e		Y (Reask 11b and c)	N
d. Does -- NOW regularly receive meals that are prepared outside the home and brought in?		d. 1 Y	2 N (NP)
e. What agency, organization or program provides these meals for --?		e. _____	
12a. During the past 12 months, has anyone in the family received any care at home from a nurse? Exclude related HH members.		Y	N (IHCP)
b. Who received the care? Mark "Nurse" box in person's column.		12b. 1 <input type="checkbox"/> Nurse	
c. Anyone else?		Y (Reask 12b and c)	N

FOOTNOTES

Complete for each person with H box		INDIVIDUAL HOME CARE PAGE	
		1.	Person number _____
2a. Earlier you said that --- receives or needs the help of another person. Who helps ---? (Is --- helped by anyone who lives here, by any other friends or relatives, a nurse, or any other health care professionals who come into the home, or is --- helped by someone else?)		2a.	<input type="checkbox"/> 1 Related HH members <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Other health worker - Specify _____ <input type="checkbox"/> 4 Other relatives or friends <input type="checkbox"/> 5 Other - Specify _____
b. Does anyone else help ---?		b.	Y (Reask 2a and b) N
If "Nurse" in 2a, ask:		3a.	_____ Days per week
3a. On the average, how many days per week does the nurse visit ---?		b.	00 <input type="checkbox"/> Less than 1 hour _____ Hours
b. When the nurse visits, how many hours per day does he or she usually spend helping ---?		c.	1 Y 2 N
c. Does anyone in the family, that is you, your ---, etc. pay any part of the cost for the nurse?		d.	1 Y 2 N (3f)
d. Does any government agency or program help pay for the nurse?		e.	<input type="checkbox"/> 1 Medicaid <input type="checkbox"/> Other - Specify _____ <input type="checkbox"/> 2 Medicare <input type="checkbox"/> 3 Health insurance
e. What agency or program helps pay?		f.	_____ Number of times
f. During the past 2 weeks, how many times was --- visited by the nurse?			
If "Other health worker" in 2a, ask:		4a.	_____ Days per week
4a. On the average, how many days per week does the (other health worker) visit ---?		b.	00 <input type="checkbox"/> Less than 1 hour _____ Hours
b. When the (other health worker) visits, how many hours per day does he or she usually spend helping ---?		c.	1 Y 2 N
c. Does anyone in the family, that is you, your ---, etc. pay any part of the cost for the (other health worker)?		d.	1 Y 2 N (4f)
d. Does any government agency or program help pay for the (other health worker)?		e.	<input type="checkbox"/> 1 Medicaid <input type="checkbox"/> Other - Specify _____ <input type="checkbox"/> 2 Medicare <input type="checkbox"/> 3 Health insurance
e. What agency or program helps pay?		f.	_____ Number of times
f. During the past 2 weeks, how many times was --- visited by the (other health worker)?			
HC2		HC2	<input type="checkbox"/> 1 Under 17 (NP) <input type="checkbox"/> 2 17 +
5a. Does --- receive or need help from others in using public transportation, such as buses, trains, subways, or planes?		5a.	1 Y (6) 2 N 4 <input type="checkbox"/> Doesn't use (5c)
b. Does --- use public transportation?		b.	1 Y (6) 2 N
c. If --- had to use public transportation, would --- need the help of other persons?		c.	1 Y 2 N
6a. Does --- drive a car?		6a.	1 Y (7) 2 N
b. Does --- not drive a car because of a disability or health problem or because of some other reason?		b.	<input type="checkbox"/> 1 Age <input type="checkbox"/> 2 Disability <input type="checkbox"/> 3 Other
7a. Does --- use the telephone without the help of another person?		7a.	1 Y (8) 2 N
b. Would --- be able to use the telephone in an emergency?		b.	1 Y 2 N
8a. During the 2 weeks outlined in red on the calendar, did --- have any visits from a friend, relative or neighbor?		8a.	1 Y 2 N (8c)
b. How many times during that period was --- visited by friends, relatives or neighbors? (Was it 3 or more times or less than 3 times?) (Was it 12 or more times or less than 12 times?)		b.	<input type="checkbox"/> 1 1-3 times <input type="checkbox"/> 3 13+ times <input type="checkbox"/> 2 4-12 times
c. During these 2 weeks, did --- go out to visit a friend, relative or neighbor?		c.	1 Y 2 N (9)
d. How many times during that period did --- go out to visit friends, relatives or neighbors? (Was it 3 or more times or less than 3 times?) (Was it 12 or more times or less than 12 times?)		d.	<input type="checkbox"/> 1 1-3 times <input type="checkbox"/> 3 13+ times <input type="checkbox"/> 2 4-12 times
9. During the past 12 months, did --- go on a vacation?		9.	1 Y 2 N
10. Because of a disability or health problem, how often must someone be here with ---, most of the time, some of the time, once in a while or never?		10.	<input type="checkbox"/> 1 Most/All <input type="checkbox"/> 4 Never <input type="checkbox"/> 2 Some <input type="checkbox"/> 5 Other - Specify _____ <input type="checkbox"/> 3 Once

RESIDENTIAL MOBILITY PAGE		
RM1		RM1 1 <input type="checkbox"/> H box, 17+ (1) 2 <input type="checkbox"/> SP, 17 + (1) 3 <input type="checkbox"/> Other (NP)
Complete 1a and b from household composition items, if not clear, ask: 1a. Is -- related to any persons now living in this household?		1a. 1 Y 2 N (2)
b. Is -- now living with --'s: (1) Brother or sister? (3) Father or mother? (5) (Husband/wife)? (7) Son or daughter? MARK ALL THAT APPLY		b. 1 <input type="checkbox"/> Brother/sister 3 <input type="checkbox"/> Parent 5 <input type="checkbox"/> Spouse 7 <input type="checkbox"/> Son/daughter 0 <input type="checkbox"/> None of the above
2. How long has -- lived at this address? Enter number, then mark box If "3" years, ask: Was it less than 3 years or more than 3 years?		2. _____ Number { 1 <input type="checkbox"/> Days 2 <input type="checkbox"/> Weeks 3 <input type="checkbox"/> Months 4 <input type="checkbox"/> Years
RM2		RM2 1 <input type="checkbox"/> 3+ years in 2 (RM3) 2 <input type="checkbox"/> Less than 3 years in 2
3. Including the time -- moved here, how many times has -- moved in the past 3 years, that is, since (12-month date), 1977?		3. _____ Number
4a. What was --'s address, including county on (12-month date), 1977? Enter only county and State		4a. County _____ State _____
b. About how many miles is that address from here?		b. <input type="checkbox"/> Initial DK - PROBE _____ Miles
c. How many people was -- living with at that time, not counting --?		c. 00 <input type="checkbox"/> Lived alone (5) _____ Number
d. Were any of these people related to --?		d. 1 Y 2 N (5)
e. Was -- living with --'s: (1) Brother or sister? (3) Father or mother? (5) (Husband/wife)? (7) Son or daughter? MARK ALL THAT APPLY		e. 1 <input type="checkbox"/> Brother/sister 3 <input type="checkbox"/> Parent 5 <input type="checkbox"/> Spouse 7 <input type="checkbox"/> Son/daughter 0 <input type="checkbox"/> None of the above
5a. What is the (other) reason -- moved HERE? Was it because -- changed jobs, because -- retired, because of --'s health, or was it for some other reason?		5a. 1 <input type="checkbox"/> Job-self 2 <input type="checkbox"/> Retired-self 3 <input type="checkbox"/> Health-self 4 <input type="checkbox"/> Job-other person 5 <input type="checkbox"/> Retired-other person 6 <input type="checkbox"/> Health-other person 8 <input type="checkbox"/> Other - Specify _____
b. Any other reason?		b. Y (Reask 5a and b) N
Mark box or ask: c. What is the MAIN reason -- moved?		c. <input type="checkbox"/> Only one reason
RM3 Q's 1-5	For persons 17 years or over, show who responded for (or was present during the asking of) Questions 1-5. If persons responded for self, show whether entirely or partly.	RM3 1 <input type="checkbox"/> Responded for self-entirely 2 <input type="checkbox"/> Responded for self-partly Person _____ was respondent

Mark box or ask: 6a. Did -- work at any time last week or the week before - not counting work around the house? b. Even though -- did not work during these 2 weeks, does -- have a job or business? c. Was -- looking for work or on layoff from a job? d. Which - looking for work or on layoff from a job?		6a. <input type="checkbox"/> Under 17 (NP) 1 Y (7) 2 N b. 1 Y 2 N c. 1 Y 2 N (7) d. 1 <input type="checkbox"/> Looking 3 <input type="checkbox"/> Both 2 <input type="checkbox"/> Layoff
Mark for all persons. If "N" in 6a and in 6b, then question 7 applies to person's LAST job either full-time or part-time. Include military jobs.	7a. For whom did -- (last) work? Name of company, business, organization, or other employer	7a. <input type="checkbox"/> Never worked (NP) Employer
	b. What kind of business or industry is this? For example, TV and radio manufacturing, retail shoe store, State Labor Dept., farm	b. Industry
	c. What kind of work was -- doing? For example, electrical engineer, stock clerk, typist, farmer	c. Occupation
	d. What were --'s most important activities or duties? For example, types, keeps account books, files, sells cars, operates printing press, finishes concrete	d. Duties
	Complete from entries in 7a-d; if not clear ask: e. Was -- an employee of PRIVATE company, business, or individual for wages, salary, or commission? P -- a FEDERAL government employee? F -- a STATE government employee? S -- a LOCAL government employee? L -- self-employed in OWN business, professional practice, or farm? If not farm, ask: Is the business incorporated? Yes I No (or farm) SE -- working WITHOUT PAY in family business or farm? WP	e. Class of worker 1 <input type="checkbox"/> P 5 <input type="checkbox"/> I 2 <input type="checkbox"/> F 6 <input type="checkbox"/> SE 3 <input type="checkbox"/> S 7 <input type="checkbox"/> WP 4 <input type="checkbox"/> L
W1 Mark appropriate box.	W1 1 <input type="checkbox"/> Under 17 or Nev. W. (NP) 2 <input type="checkbox"/> Callback required (NP) 3 <input type="checkbox"/> Person is available	
(Earlier I was told that you (last) worked as a (occupation in 7c) for (employer in 7a).) 8a. How long (did/have) you ever work(ed) as a (occupation in 7c) for (employer in 7a)?		8a. _____ { 2 <input type="checkbox"/> Weeks 3 <input type="checkbox"/> Months 4 <input type="checkbox"/> Years
b. Have you ever had a job, that is, a specific kind of work for one employer, at which you worked for more than (time in 8a)? Include military jobs.		b. 1 Y 2 N (NP)
Of all the jobs you have ever had, including military jobs, I'd like to know about the one at which you worked longest. 9a. For whom did you work? Name of company, business, organization, or other employer		9a. Employer
b. What kind of business or industry was this? For example, TV and radio manufacturing, retail shoe store, State Labor Dept., farm		b. Industry
c. What kind of work were you doing? For example, electrical engineer, stock clerk, typist, farmer		c. Occupation
d. What were your most important activities or duties? For example, types, keeps account books, files, sells cars, operates printing press, finishes concrete		d. Duties
Complete from entries in 9a-d; if not clear, ask: e. Were you an employee of PRIVATE company, business, or individual for wages, salary, or commission? P -- a FEDERAL government employee? F -- a STATE government employee? S -- a LOCAL government employee? L -- self-employed in OWN business, professional practice, or farm? If not farm, ask: Is the business incorporated? Yes I No (or farm) SE -- working WITHOUT PAY in family business or farm? WP		e. Class of worker 1 <input type="checkbox"/> P 5 <input type="checkbox"/> I 2 <input type="checkbox"/> F 6 <input type="checkbox"/> SE 3 <input type="checkbox"/> S 7 <input type="checkbox"/> WP 4 <input type="checkbox"/> L
f. How long (did/have) you ever work(ed) as a (occupation in 9c) for (employer in 9a)?		f. <input type="checkbox"/> Less than 1 year _____ Years

<p>10a. There is a national program called Medicaid which pays for health care for persons in need. (In this State it is also called _____.) During the past 12 months, has anyone in this family received health care which has been or will be paid for by Medicaid (or _____)?</p>	<p>Y N (11)</p>	
<p>b. Who was this? Mark "Medicaid" box in person's column.</p>		<p>10b. 1 <input type="checkbox"/> Medicaid</p>
<p>c. Anyone else?</p>	<p>Y (Reask 10b and c) N</p>	
<p>11a. Does anyone in the family now have a Medicaid (or _____) card which looks like this? Show Medicaid card.</p>	<p>Y N (12)</p>	
<p>b. Who is this? Mark "Card" box in person's column.</p>		<p>11b. 1 <input type="checkbox"/> Card</p>
<p>c. Anyone else?</p>	<p>Y (Reask 11b and c) N</p>	
<p>If "Card," ask: d. May I please see ___'s (and ___) card(s)? Mark appropriate box(es) in person's column.</p>		<p>d. <input type="checkbox"/> Medicaid card seen 1 <input type="checkbox"/> Current 2 <input type="checkbox"/> Expired 3 <input type="checkbox"/> No card seen 8 <input type="checkbox"/> Other card seen (Specify)</p>
<p>Hand Card I. 12. Which of those 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>12. 00 <input type="checkbox"/> A 06 <input type="checkbox"/> G 01 <input type="checkbox"/> B 07 <input type="checkbox"/> H 02 <input type="checkbox"/> C 08 <input type="checkbox"/> I 03 <input type="checkbox"/> D 09 <input type="checkbox"/> J 04 <input type="checkbox"/> E 10 <input type="checkbox"/> K 05 <input type="checkbox"/> F</p>
<p>13a. Which (other) family members received some income during the past 12 months? Mark "Income" box in person's column.</p>		
<p>b. Did any other family members receive any income during the past 12 months?</p>	<p>Y (Reask 13a and b) N</p>	<p><input type="checkbox"/> Income</p>
<p>If only one person with "Income" box marked, go to 15. If 2 or more persons with "Income" box marked, ask 14 for each. 14. Which of those income groups represents ___'s income for the past 12 months?</p>		<p>14. 00 <input type="checkbox"/> A 06 <input type="checkbox"/> G 01 <input type="checkbox"/> B 07 <input type="checkbox"/> H 02 <input type="checkbox"/> C 08 <input type="checkbox"/> I 03 <input type="checkbox"/> D 09 <input type="checkbox"/> J 04 <input type="checkbox"/> E 10 <input type="checkbox"/> K 05 <input type="checkbox"/> F</p>
<p>15a. Does anyone in this family receive assistance through the "Aid to Families with Dependent Children" Program, sometimes called "AFDC" or "ADC"?</p>	<p>Y N (16)</p>	
<p>b. Which (other) family members are included in the AFDC assistance payment? Mark "AFDC" box in person's column.</p>		<p>15b. 1 <input type="checkbox"/> AFDC</p>
<p>c. Are any other family members included in this program?</p>	<p>Y (Reask 15b and c) N</p>	

16a. Does anyone in the family receive the "Supplemental Security Income" or "SSI" gold-colored check?	Y N (17)																
b. Who receives this check? Mark "SSI" box in person's column.	16b.	1 <input type="checkbox"/> SSI															
c. Anyone else?	Y (Reask 16b and c) N																
17a. Does anyone in the family receive any (other) income from Social Security?	Y N (19)																
b. Who is this? Mark "Social Security" box in person's column.	17b.	1 <input type="checkbox"/> Social Security															
c. Anyone else?	Y (Reask 17b and c) N																
People may receive Social Security benefits because of their own work experience or because they are dependents or survivors of someone who qualified, based on work experience.																	
Ask for each person with "Social Security" marked in 17b:																	
18. Does (person in 17b) receive Social Security payments because of --'s own work experience or because -- is a dependent or survivor of someone who worked?	18.	1 <input type="checkbox"/> Work experience 2 <input type="checkbox"/> Dependent or survivor															
19a. Including retirement payments received because of disability, does anyone in the family, (that is you, your --, etc.) receive any income from --																	
If "Yes," ask 19b and c <table border="0" style="margin-left: 20px;"> <tr> <td></td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> </tr> <tr> <td>(1) Railroad retirement?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>(2) Pension as a military retiree?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>(3) Government employee pension? (Federal, State, or local government)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>(4) Private employer or union pension?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		Y	N	(1) Railroad retirement?	<input type="checkbox"/>	<input type="checkbox"/>	(2) Pension as a military retiree?	<input type="checkbox"/>	<input type="checkbox"/>	(3) Government employee pension? (Federal, State, or local government)	<input type="checkbox"/>	<input type="checkbox"/>	(4) Private employer or union pension?	<input type="checkbox"/>	<input type="checkbox"/>	19b.	1 <input type="checkbox"/> Railroad 2 <input type="checkbox"/> Military 3 <input type="checkbox"/> Government employee 4 <input type="checkbox"/> Private or union
	Y	N															
(1) Railroad retirement?	<input type="checkbox"/>	<input type="checkbox"/>															
(2) Pension as a military retiree?	<input type="checkbox"/>	<input type="checkbox"/>															
(3) Government employee pension? (Federal, State, or local government)	<input type="checkbox"/>	<input type="checkbox"/>															
(4) Private employer or union pension?	<input type="checkbox"/>	<input type="checkbox"/>															
b. Who is this? Mark box in person's column.																	
c. Anyone else?																	
For each income reported in 19b, ask:																	
20. Does -- receive the (entry in 19b) because of --'s own work experience or because -- is a dependent or survivor of someone who worked?	20.	<table border="1" style="margin-left: 20px;"> <thead> <tr> <th></th> <th style="text-align: center;">OWN</th> <th style="text-align: center;">SURV</th> </tr> </thead> <tbody> <tr> <td>RR</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Military</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Gov't</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Private</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		OWN	SURV	RR	<input type="checkbox"/>	<input type="checkbox"/>	Military	<input type="checkbox"/>	<input type="checkbox"/>	Gov't	<input type="checkbox"/>	<input type="checkbox"/>	Private	<input type="checkbox"/>	<input type="checkbox"/>
	OWN	SURV															
RR	<input type="checkbox"/>	<input type="checkbox"/>															
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Gov't	<input type="checkbox"/>	<input type="checkbox"/>															
Private	<input type="checkbox"/>	<input type="checkbox"/>															
FOOTNOTES																	

<p>FORM HIS-1(5) (1980) (5-20-80)</p> <p>U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS ACTING AS COLLECTING AGENT FOR THE U.S. PUBLIC HEALTH SERVICE</p> <p>U.S. HEALTH INTERVIEW SURVEY SMOKING 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>				<p>1. Book _____ of _____ Books</p>
	<p>2. R.D. number 3, 4</p>	<p>3. Sample 5-7</p>	<p>4. Control number PSU 8-10</p>	<p>Segment 11-14</p>	<p>Serial 15, 16</p>
	<p>5. Interviewer's name</p>			<p>Code 17, 18</p>	<p>6. Telephone (O 15) 1 Y 2 H 19</p>
	<p>INTERVIEWER - For this supplement, interview sample persons ONLY. However, if SP is unable to respond because of health, accept household respondent as proxy. Footnote reason and column number of respondent.</p>				<p>Code Blank 20-23</p>
<p>FOOTNOTES</p>					

S1. For each sample person enter name, person number, age, and sex from HIS-1.	24, 25		24, 25		24, 25			
	First name	Person No.	First name	Person No.	First name	Person No.		
	Last name		Last name		Last name			
	Age <input type="checkbox"/> 26, 27	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Coders use <input type="checkbox"/> 29	Age <input type="checkbox"/> 26, 27	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Coders use <input type="checkbox"/> 29		
S2	1 <input type="checkbox"/> Under 17 (NP) 2 <input type="checkbox"/> 17+ callback req. (NP) 3 <input type="checkbox"/> 17+ available	30	S2	1 <input type="checkbox"/> Under 17 (NP) 2 <input type="checkbox"/> 17+ callback req. (NP) 3 <input type="checkbox"/> 17+ available	30	S2	1 <input type="checkbox"/> Under 17 (NP) 2 <input type="checkbox"/> 17+ callback req. (NP) 3 <input type="checkbox"/> 17+ available	30
1. Have you smoked at least 100 cigarettes in your entire life?	1. 1 Y 2 N (NP)	31	1. 1 Y 2 N (NP)	31	1. 1 Y 2 N (NP)	31		
2a. About how old were you when you first started smoking cigarettes fairly regularly?	2a. _____ Years (3) 00 <input type="checkbox"/> Never smoked regularly	32, 33	2a. _____ Years (3) 00 <input type="checkbox"/> Never smoked regularly	32, 33	2a. _____ Years (3) 00 <input type="checkbox"/> Never smoked regularly	32, 33		
b. Do you smoke cigarettes now?	b. 1 Y 2 N (NP)	34	b. 1 Y 2 N (NP)	34	b. 1 Y 2 N (NP)	34		
c. On the average, about how many cigarettes a day do you smoke?	c. _____ Number (NP)	35, 36	c. _____ Number (NP)	35, 36	c. _____ Number (NP)	35, 36		
3. During the period when you were smoking the most, about how many cigarettes a day did you usually smoke?	3. _____ Number	37, 38	3. _____ Number	37, 38	3. _____ Number	37, 38		
4a. Do you smoke cigarettes now?	4a. 1 Y (5) 2 N	39	4a. 1 Y (5) 2 N	39	4a. 1 Y (5) 2 N	39		
b. About how long has it been since you last smoked cigarettes fairly regularly?	b. 2 <input type="checkbox"/> Days 3 <input type="checkbox"/> Weeks 4 <input type="checkbox"/> Months 5 <input type="checkbox"/> Years	40-42	b. 2 <input type="checkbox"/> Days 3 <input type="checkbox"/> Weeks 4 <input type="checkbox"/> Months 5 <input type="checkbox"/> Years	40-42	b. 2 <input type="checkbox"/> Days 3 <input type="checkbox"/> Weeks 4 <input type="checkbox"/> Months 5 <input type="checkbox"/> Years	40-42		
5. On the average, about how many cigarettes a day do you now smoke?	5. _____ Number	43, 44	5. _____ Number	43, 44	5. _____ Number	43, 44		
S3	1 <input type="checkbox"/> "Y" in 4a (5) 2 <input type="checkbox"/> Less than 1 year in 4b (5) 3 <input type="checkbox"/> 1+ years in 4b (NP)	S3	1 <input type="checkbox"/> "Y" in 4a (5) 2 <input type="checkbox"/> Less than 1 year in 4b (5) 3 <input type="checkbox"/> 1+ years in 4b (NP)	S3	1 <input type="checkbox"/> "Y" in 4a (5) 2 <input type="checkbox"/> Less than 1 year in 4b (5) 3 <input type="checkbox"/> 1+ years in 4b (NP)	S3		
6a. What brand of cigarettes do (did) you usually smoke?	6a. Brand name(s)	45	6a. Brand name(s)	45	6a. Brand name(s)	45		
If more than one brand ask:	Brand name	46-48	Brand name	46-48	Brand name	46-48		
b. Which brand do (did) you smoke the most?	b. _____	49	b. _____	49	b. _____	49		
7. What type of cigarettes are the (brand) that you smoke (smoked)? Are they:	7a. 1 <input type="checkbox"/> FT 2 <input type="checkbox"/> NFT	50	7a. 1 <input type="checkbox"/> FT 2 <input type="checkbox"/> NFT	50	7a. 1 <input type="checkbox"/> FT 2 <input type="checkbox"/> NFT	50		
b. Plain OR Menthol?	b. 1 <input type="checkbox"/> P 2 <input type="checkbox"/> M	51	b. 1 <input type="checkbox"/> P 2 <input type="checkbox"/> M	51	b. 1 <input type="checkbox"/> P 2 <input type="checkbox"/> M	51		
c. Hardpack OR Softpack?	c. 1 <input type="checkbox"/> HP 2 <input type="checkbox"/> SP	52	c. 1 <input type="checkbox"/> HP 2 <input type="checkbox"/> SP	52	c. 1 <input type="checkbox"/> HP 2 <input type="checkbox"/> SP	52		
d. Regular OR King size OR 100 Millimeter?	d. 1 <input type="checkbox"/> R 2 <input type="checkbox"/> K 3 <input type="checkbox"/> 100	52	d. 1 <input type="checkbox"/> R 2 <input type="checkbox"/> K 3 <input type="checkbox"/> 100	52	d. 1 <input type="checkbox"/> R 2 <input type="checkbox"/> K 3 <input type="checkbox"/> 100	52		
S4	1 <input type="checkbox"/> "N" in 4a (NP) 2 <input type="checkbox"/> "Y" in 4a	S4	1 <input type="checkbox"/> "N" in 4a (NP) 2 <input type="checkbox"/> "Y" in 4a	S4	1 <input type="checkbox"/> "N" in 4a (NP) 2 <input type="checkbox"/> "Y" in 4a	S4		
8a. Have you ever made a serious attempt to stop smoking cigarettes?	8a. 1 Y 2 N (NP)	54	8a. 1 Y 2 N (NP)	54	8a. 1 Y 2 N (NP)	54		
b. About how many times would you say you made a fairly serious attempt to stop smoking cigarettes entirely?	b. 0 <input type="checkbox"/> Never (NP) 1 2 3 4 5+	55	b. 0 <input type="checkbox"/> Never (NP) 1 2 3 4 5+	55	b. 0 <input type="checkbox"/> Never (NP) 1 2 3 4 5+	55		
c. During the past 12 months, that is since (date) a year ago, about how many times would you say you made a fairly serious attempt to stop smoking cigarettes entirely?	c. 0 1 2 3 4 5+	56	c. 0 1 2 3 4 5+	56	c. 0 1 2 3 4 5+	56		
9. How long ago was the START of the LAST time you tried to stop entirely?	9. 2 <input type="checkbox"/> Days 3 <input type="checkbox"/> Weeks 4 <input type="checkbox"/> Months 5 <input type="checkbox"/> Years	57-59	9. 2 <input type="checkbox"/> Days 3 <input type="checkbox"/> Weeks 4 <input type="checkbox"/> Months 5 <input type="checkbox"/> Years	57-59	9. 2 <input type="checkbox"/> Days 3 <input type="checkbox"/> Weeks 4 <input type="checkbox"/> Months 5 <input type="checkbox"/> Years	57-59		
10. How long did you actually stay off cigarettes the last time?	10. 2 <input type="checkbox"/> Days 3 <input type="checkbox"/> Weeks 4 <input type="checkbox"/> Months 5 <input type="checkbox"/> Years 000 <input type="checkbox"/> Did not stay off	60-62	10. 2 <input type="checkbox"/> Days 3 <input type="checkbox"/> Weeks 4 <input type="checkbox"/> Months 5 <input type="checkbox"/> Years 000 <input type="checkbox"/> Did not stay off	60-62	10. 2 <input type="checkbox"/> Days 3 <input type="checkbox"/> Weeks 4 <input type="checkbox"/> Months 5 <input type="checkbox"/> Years 000 <input type="checkbox"/> Did not stay off	60-62		
S5	00 <input type="checkbox"/> None	S5	00 <input type="checkbox"/> None	S5	00 <input type="checkbox"/> None	S5		
1a. Highest grade attended in school (Q 2a, p. 48)	1a. Elem: 1 2 3 4 5 6 7 8 High: 9 10 11 12 College: 1 2 3 4 5 6+	63, 64	1a. Elem: 1 2 3 4 5 6 7 8 High: 9 10 11 12 College: 1 2 3 4 5 6+	63, 64	1a. Elem: 1 2 3 4 5 6 7 8 High: 9 10 11 12 College: 1 2 3 4 5 6+	63, 64		
b. Finished grade (Q 2b, p. 48)	b. 1 Y 2 N	65	b. 1 Y 2 N	65	b. 1 Y 2 N	65		
2. Racial background (Q 4a, b, p. 48) (If single entry in 4a, transcribe that entry. If multiple entry in 4a, transcribe entry in 4b.)	2. 1 2 3 4 5 - Specify	66	2. 1 2 3 4 5 - Specify	66	2. 1 2 3 4 5 - Specify	66		
3. Family income (Q 12, p. 52)	3. 00 <input type="checkbox"/> A 04 <input type="checkbox"/> E 08 <input type="checkbox"/> I 01 <input type="checkbox"/> B 05 <input type="checkbox"/> F 09 <input type="checkbox"/> J 02 <input type="checkbox"/> C 06 <input type="checkbox"/> G 10 <input type="checkbox"/> K 03 <input type="checkbox"/> D 07 <input type="checkbox"/> H	67, 68						
S6. Final Status	S6. 1 <input type="checkbox"/> Complete—Personal visit 2 <input type="checkbox"/> Complete—telephone 3 <input type="checkbox"/> Refused 4 <input type="checkbox"/> Not at home—Repeated calls 5 <input type="checkbox"/> Temporarily absent 6 <input type="checkbox"/> Other—Specify	S6	1 <input type="checkbox"/> Complete—Personal visit 2 <input type="checkbox"/> Complete—telephone 3 <input type="checkbox"/> Refused 4 <input type="checkbox"/> Not at home—Repeated calls 5 <input type="checkbox"/> Temporarily absent 6 <input type="checkbox"/> Other—Specify	S6	1 <input type="checkbox"/> Complete—Personal visit 2 <input type="checkbox"/> Complete—telephone 3 <input type="checkbox"/> Refused 4 <input type="checkbox"/> Not at home—Repeated calls 5 <input type="checkbox"/> Temporarily absent 6 <input type="checkbox"/> Other—Specify	S6		

1981

In 1981, 111,000 persons participated in NHIS, which was conducted for the full 52 weeks. Data on the incidence of acute conditions, limitations of activity, persons injured, hospitalization, disability days, dental visits, physician visits, and the prevalence of selected chronic conditions were collected. The 1981 NHIS core questionnaire also contains questions on supplemental income, including Supplemental Security Income and other income from Social Security.

During 1981 a supplement on child health was also administered. A total of 15,416 children under 18 years of age were included in the sample. The supplement included questions on child care, relationships, residential mobility, breastfeeding, motor and social development, birth, prenatal care, hospitalizations and surgery, conditions, weight, eyes, teeth, medicine use, school, behavior, social effects of ill health, sleep, and seat belt use.

FORM **HIS-1(CH) (1981)**
(11-03-80)

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

**1981 CHILD HEALTH SUPPLEMENT
NATIONAL HEALTH INTERVIEW SURVEY**

NOTICE: Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m).

1. Book ___ of ___ books		2. R.O. Number	3. Sample
4. Control number PSU		Segment	Serial
5. Interviewer's code	6. Sample child First name	Age ____ Yrs. ____ Mos.	Person number

7. Final status of interview

- 1 Supplement completed
 - 2 Refused
 - 3 Eligible respondent not available
 - 4 No eligible respondent in HH
 - Other noninterview reason
- } Explain in footnotes

COMPLETE REMAINING ITEMS ON HH PAGE OF HIS-1.

BEGIN CALLBACK INTERVIEW WITH CHECK ITEM B1 ON PAGE 4.

FOOTNOTES

Section A . INTRODUCTION

The next questions will be used to study the health of the Nation's children.

If more than one child in family read: The only child I will ask the rest of my questions about is — .

(These questions will go much more quickly if we can do them alone.)

Arrange to conduct supplement in private if possible.

Ask or verify for each HH member.

1. How is (Name on HIS-1) related to — ?

If parent ask: Is (Name of parent) — biological (natural), adoptive, step, or foster parent?

If brother/sister ask: Is (Name of sibling) — full, half, step, adoptive, or foster (brother/sister)?

Enter "sample child" on appropriate line.

Enter "unrelated" for persons not related to the sample child.

Person number
on HIS-1

Relationship to sample child

1

2

3

4

5

6

7

8

9

10

CHECK ITEM A1 ▶ Mark first appropriate box.

- 1 Biological mother in HH and available (Section B, page 4)
- 2 Sample child 6+ years old AND biological father in HH and available (Section B, page 4)
- 3 Biological mother not in HH, only one adult relative in HH (Section B, page 4)
- 4 Biological mother in HH not available (2)
- 5 Biological mother not in HH, 2+ adult relatives in HH (2)

2. (Besides (Biological mother)) which family member knows the most about the health-related matters of — ?

_____ Person number(s)

CHECK ITEM A2 ▶ Mark first appropriate box.

- 2 Biological mother in HH not available (arrange callback and complete remaining items on HIS-1, HH page)
- 3 Biological father or person in 2 available (Section B, page 4)
- 4 Biological father or person in 2 not available (arrange callback and complete remaining items on HIS-1, HH page)

FOOTNOTES

Section B. CHILD CARE

CHECK ITEM B1 ▶ *Mark box and enter person number of respondent.*

- 1 Same respondent as HIS-1 ↘
 _____ Person number (B2)
- 2 New respondent ↘
 _____ Person number (INTRO)

INTRO — I will be asking questions about ——. These questions will be used to study the health of the Nation's children.
 (These questions will go much more quickly if we can do them alone.)
 Arrange to conduct supplement in private if possible.

CHECK ITEM B2 ▶ *Refer to age of sample child.*

- 1 Under 15 years old (B3)
 2 15+ years old (3)

CHECK ITEM B3 ▶ *Refer to HH composition on HIS-1.*

- 1 Only 1 related HH member 12+ years old (2)
 2 2+ related HH members 12+ years old (1)

1. Which family member, that is, (Related HH members 12+), spends the most time taking care of ——?

_____ Person number

2a. Not counting OCCASIONAL sitters, who (else) takes care of ——? Include day care centers, nurseries, sitters, or anyone else who takes care of ——.

Do not include regular school.

If non HH member, ask: Is this person related or unrelated to ——?

- 1 Related HH member(s)
 6 Child cares for self
 2 Unrelated HH member(s) ↘
 _____ Person number(s) .
 3 Related non HH member(s)
 4 Unrelated non HH member(s)
 5 Day Care/Nursery.....

Indicate each person or place on a separate line in column 4 of the Child Care Table, then ask 2b.

b. Again, not counting OCCASIONAL sitters, does anyone else take care of —— either in this home or some other place?

Y (Reask 2a and b) N

3. Who usually takes —— to the doctor for checkups or other nonemergency visits?

- HH member ↘
 _____ Person number
- 31 Non HH member — Specify ↘

- 33 Child takes self
 44 Never went to doctor

FOOTNOTES

Section B. CHILD CARE – Continued

CHILD CARE TABLE

Ask questions 5 through 7 for first caretaker before proceeding to next caretaker

4. CARETAKER	5. Does (<i>Caretaker in 4</i>) take care of -- in this home or some other place?	6. Is this (other place) in someone's home or some other place?	7. On the average, about how many hours per week does (<i>Caretaker in 4</i>) take care of -- (in this home/outside this home)?
1 <input type="checkbox"/> Sitter (Unrelated) 2 <input type="checkbox"/> Sitter (Related) – <i>Specify</i> ↴ _____ _____ 3 <input type="checkbox"/> Day care center (7) 4 <input type="checkbox"/> Nursery (7)	1 <input type="checkbox"/> This home only (7) 8 <input type="checkbox"/> Some other place only 3 <input type="checkbox"/> Both	1 <input type="checkbox"/> Someone's home 8 <input type="checkbox"/> Some other place – <i>Specify</i> ↴ _____ _____ _____	_____ Hours/week in this home _____ Hours/week outside this home
1 <input type="checkbox"/> Sitter (Unrelated) 2 <input type="checkbox"/> Sitter (Related) – <i>Specify</i> ↴ _____ _____ 3 <input type="checkbox"/> Day care center (7) 4 <input type="checkbox"/> Nursery (7)	1 <input type="checkbox"/> This home only (7) 8 <input type="checkbox"/> Some other place only 3 <input type="checkbox"/> Both	1 <input type="checkbox"/> Someone's home 8 <input type="checkbox"/> Some other place – <i>Specify</i> ↴ _____ _____ _____	_____ Hours/week in this home _____ Hours/week outside this home
1 <input type="checkbox"/> Sitter (Unrelated) 2 <input type="checkbox"/> Sitter (Related) – <i>Specify</i> ↴ _____ _____ 3 <input type="checkbox"/> Day care center (7) 4 <input type="checkbox"/> Nursery (7)	1 <input type="checkbox"/> This home only (7) 8 <input type="checkbox"/> Some other place only 3 <input type="checkbox"/> Both	1 <input type="checkbox"/> Someone's home 8 <input type="checkbox"/> Some other place – <i>Specify</i> ↴ _____ _____ _____	_____ Hours/week in this home _____ Hours/week outside this home
1 <input type="checkbox"/> Sitter (Unrelated) 2 <input type="checkbox"/> Sitter (Related) – <i>Specify</i> ↴ _____ _____ 3 <input type="checkbox"/> Day care center (7) 4 <input type="checkbox"/> Nursery (7)	1 <input type="checkbox"/> This home only (7) 8 <input type="checkbox"/> Some other place only 3 <input type="checkbox"/> Both	1 <input type="checkbox"/> Someone's home 8 <input type="checkbox"/> Some other place – <i>Specify</i> ↴ _____ _____ _____	_____ Hours/week in this home _____ Hours/week outside this home

Section C. RELATIONSHIPS AND RESIDENTIAL MOBILITY

<p>CHECK ITEM C1 ▶ <i>Refer to question 1, page 3 of CHS.</i></p>	<p>1 <input type="checkbox"/> Biological mother in HH (C2) 8 <input type="checkbox"/> Other (1)</p>
<p>1a. Has — — ever lived with — — biological mother for at least 3 months?</p>	<p>1 Y 2 N (2) 9 DK (2)</p>
<p>b. How long has it been since — — last lived with her for at least 3 months?</p>	<p>_____ } Number { 1 <input type="checkbox"/> Days 2 <input type="checkbox"/> Weeks 3 <input type="checkbox"/> Months 4 <input type="checkbox"/> Years</p>
<p>2. Is — — biological mother now living or deceased?</p>	<p>1 <input type="checkbox"/> Living 2 <input type="checkbox"/> Deceased } (C2) 9 <input type="checkbox"/> DK.....</p>
<p>3. How often does — — see her?</p>	<p>1 <input type="checkbox"/> Every day 2 <input type="checkbox"/> Almost every day 3 <input type="checkbox"/> Several times a week 4 <input type="checkbox"/> About once a week 5 <input type="checkbox"/> 2 or 3 times a month 6 <input type="checkbox"/> About once a month 7 <input type="checkbox"/> Less than once a month 0 <input type="checkbox"/> Never</p>
<p>CHECK ITEM C2 ▶ <i>Refer to question 1, page 3 of CHS.</i></p>	<p>1 <input type="checkbox"/> Biological father in HH (7) 8 <input type="checkbox"/> Other (4)</p>
<p>4a. Has — — ever lived with — — biological father for at least 3 months?</p>	<p>1 Y 2 N (5) 9 DK (5)</p>
<p>b. How long has it been since — — last lived with him for at least 3 months?</p>	<p>_____ } Number { 1 <input type="checkbox"/> Days 2 <input type="checkbox"/> Weeks 3 <input type="checkbox"/> Months 4 <input type="checkbox"/> Years</p>
<p>5. Is — — biological father now living or deceased?</p>	<p>1 <input type="checkbox"/> Living 2 <input type="checkbox"/> Deceased } (7) 9 <input type="checkbox"/> DK.....</p>
<p>6. How often does — — see him?</p>	<p>1 <input type="checkbox"/> Every day 2 <input type="checkbox"/> Almost every day 3 <input type="checkbox"/> Several times a week 4 <input type="checkbox"/> About once a week 5 <input type="checkbox"/> 2 or 3 times a month 6 <input type="checkbox"/> About once a month 7 <input type="checkbox"/> Less than once a month 0 <input type="checkbox"/> Never</p>

Section C. RELATIONSHIPS AND RESIDENTIAL MOBILITY – Continued

7a. How many children has -- (Biological mother) EVER had? Do not count miscarriages or stillbirths. _____ Number	1 <input type="checkbox"/> Only one (C3)
b. Of those (Number in 7a) children, was -- born first (or) second (or third, etc.)?	1 <input type="checkbox"/> First 2 <input type="checkbox"/> Second 3 <input type="checkbox"/> Third 4 <input type="checkbox"/> Fourth 5 <input type="checkbox"/> Fifth <input type="checkbox"/> Other – Specify ↴ _____

CHECK ITEM C3 ▶ Refer to question 1, page 3 of CHS or to question 2 on page 6 of CHS.	1 <input type="checkbox"/> Biological mother in HH (9) 2 <input type="checkbox"/> Biological mother deceased or DK (12) 3 <input type="checkbox"/> Biological mother not in HH (8)
--	--

8. Is -- biological mother now married, widowed, divorced, separated or never married?	1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Widowed 4 <input type="checkbox"/> Divorced 5 <input type="checkbox"/> Separated 3 <input type="checkbox"/> Never married } (12) 9 <input type="checkbox"/> DK }
---	---

9. How many times altogether has -- (Biological mother) been married? _____ Number	0 <input type="checkbox"/> Never married (12)
--	---

<i>Ask 10a – c about each marriage before proceeding to next marriage.</i>	MARRIAGE		
10a. In what year was -- (Biological mother) married (the (first/second/third) time)?	1st	2nd	3rd
_____ 19 _____ Yr. began	_____ 19 _____ Yr. began	_____ 19 _____ Yr. began	
<i>If now married and this is last or only marriage, go to question 12. If now separated and this is last or only marriage, go to question 11.</i>	_____ 19 _____ Yr. ended	_____ 19 _____ Yr. ended	_____ 19 _____ Yr. ended
b. In what year did this marriage end? <i>For divorce and annulment, record legal end.</i>	1 <input type="checkbox"/> Death 4 <input type="checkbox"/> Divorce 5 <input type="checkbox"/> Annulment	1 <input type="checkbox"/> Death 4 <input type="checkbox"/> Divorce 5 <input type="checkbox"/> Annulment	1 <input type="checkbox"/> Death 4 <input type="checkbox"/> Divorce 5 <input type="checkbox"/> Annulment
<i>If now widowed or divorced and this is last or only marriage, go to question 12.</i>			
c. Was this marriage ended by death, divorce, or annulment?			

11. How long has she been separated? _____ Number	{ 1 <input type="checkbox"/> Days 2 <input type="checkbox"/> Weeks 3 <input type="checkbox"/> Months 4 <input type="checkbox"/> Years
---	--

12. In what month and year did -- move to this home?	0000 <input type="checkbox"/> Lived here since birth (C4) _____ / 19 _____ Month Year
---	---

Section C. RELATIONSHIPS AND RESIDENTIAL MOBILITY – Continued

13. About how many miles from here is the home -- lived in before -- moved to this home?

Range acceptable

000 Less than 1 mile

_____ Miles

14. How many times has -- ever moved?

_____ Number

**CHECK
ITEM C4** ▶

1 Respondent is biological mother or biological father (*Section D, page 9*)

8 Other (*15*)

15. How long has -- lived with you?

_____ Number

- 1 Days
- 2 Weeks
- 3 Months
- 4 Years

FOOTNOTES

Section D. BREASTFEEDING

CHECK ITEM D1 ▶ *Refer to age of sample child.*

- 5 Under 6 months old (1)
6 6+ months old (2)

1. Is -- being breastfed at the present time?

- 1 Y (D2) 2 N

2. Was -- ever breastfed?

- 1 Y 2 N (D4)

3. How old was -- when -- completely stopped breastfeeding?

- 000 Still breastfeeding
_____ { 1 Days
 2 Weeks
 3 Months

CHECK ITEM D2 ▶ *Mark first appropriate box.*

- 6 6+ years old (Section F, page 14)
2 Respondent not biological mother (D3)
1 Respondent is biological mother (4)

4. While breastfeeding --, did you ever take any birth control pills?

- 1 Y 2 N

CHECK ITEM D3 ▶ *Refer to age of sample child.*

- 1 3+ years old (Section E, page 10)
2 Under 6 months old (5a)
8 Other (5b)

5a. Has -- ever been given any formula or regular milk?

- 1 Y 2 N (D4)

b. How old was -- when -- was first fed formula or regular milk on a daily basis?

- 000 Never on a daily basis
_____ { 1 Days
 2 Weeks
 3 Months

CHECK ITEM D4 ▶ *Refer to age of sample child.*

- 1 3+ years old (Section E, page 10)
2 Under 6 months old (6a)
8 Other (6b)

6a. Has -- ever been given any solid food, such as commercially prepared strained and junior foods, "table foods," or any other non-liquid foods?

- 1 Y 2 N (Section E, page 10)

b. How old was -- when -- started eating solid food (such as strained foods or any other non-liquid foods) on a daily basis?

- 000 Never on a daily basis
_____ { 1 Days
 2 Weeks
 3 Months

FOOTNOTES

Section E. MOTOR AND SOCIAL DEVELOPMENT

CHECK ITEM E1 ▶ Refer to age of sample child.

- | | | |
|---|---|----------------|
| 1 <input type="checkbox"/> Under 2 years old | } | <i>(INTRO)</i> |
| 2 <input type="checkbox"/> 2–4 years old | | |
| 3 <input type="checkbox"/> 5+ years old <i>(Section F, page 14)</i> | | |

INTRO — Now I would like to ask a few questions about various things children do at different ages.

CHECK ITEM E2 ▶ Refer to age of sample child.

After marking the appropriate box, go to the list of questions and circle the corresponding question numbers.

Ask first sequence of questions until five consecutive "Yes" responses are given, then ask second sequence of questions until five consecutive "No" responses are given. One or more of the five consecutive "No" responses may have been given at the beginning of the first sequence, thus requiring less than five consecutive "No" responses in the second sequence.

After completing second sequence, go to Check Item E3. If 10 consecutive "No" responses are given in the first sequence, go to Check Item E3 without asking any further questions in the list.

Age <i>(Mark only one)</i>	Sequences	
	1	2
	Descending order beginning with question number —	Ascending order beginning with question number —
1 <input type="checkbox"/> Under 4 months	6	7
2 <input type="checkbox"/> 4 months	8	9
3 <input type="checkbox"/> 5 months	10	11
4 <input type="checkbox"/> 6 months	12	13
5 <input type="checkbox"/> 7 months	14	15
6 <input type="checkbox"/> 8 months	16	17
7 <input type="checkbox"/> 9 months	18	19
8 <input type="checkbox"/> 10 months	20	21
9 <input type="checkbox"/> 11 months	22	23
10 <input type="checkbox"/> 12–14 months	24	25
11 <input type="checkbox"/> 15–17 months	28	29
12 <input type="checkbox"/> 18–23 months	33	34
13 <input type="checkbox"/> 2 years	36	37
14 <input type="checkbox"/> 3 years	41	42
15 <input type="checkbox"/> 4 years	44	45

Section E. MOTOR AND SOCIAL DEVELOPMENT – Continued

1. When lying on -- stomach, has -- ever turned -- head from side to side?	1 Y	2 N	9 DK
2. Have -- eyes ever followed a moving object at all?	1 Y	2 N	9 DK
3. When lying on -- stomach on a flat surface did -- ever lift -- head off the surface for a moment?	1 Y	2 N	9 DK
4. Have -- eyes ever followed a moving object all the way from one side to another?	1 Y	2 N	9 DK
5 a. Has -- ever smiled at someone when they talked to or smiled at -- without being touched?	1 Y	2 N	9 DK
b. If "Yes," ask: How old was -- when -- first smiled at someone when they talked to or smiled at --?	_____ Number	{ 2 <input type="checkbox"/> Weeks 3 <input type="checkbox"/> Months	
6. When lying on -- stomach, has -- ever raised -- head AND chest from the surface while resting -- weight on -- lower arms or hands?	1 Y	2 N	9 DK
7. While lying on -- back and being pulled up to a sitting position, did -- ever hold -- head stiffly so that it DID NOT hang back as -- was pulled up?	1 Y	2 N	9 DK
8. Has -- ever laughed out loud without being tickled or touched?	1 Y	2 N	9 DK
9. Has -- ever turned -- HEAD around to look at something?	1 Y	2 N	9 DK
10. Has -- ever held in one hand a moderate size object such as a block or a rattle?	1 Y	2 N	9 DK
11. Has -- ever looked around with -- eyes for a toy which was lost or not nearby?	1 Y	2 N	9 DK
12 a. Has -- ever rolled over on -- own ON PURPOSE?	1 Y	2 N	9 DK
b. If "Yes," ask: How old was -- when -- first rolled over?	_____ Number	{ 2 <input type="checkbox"/> Weeks 3 <input type="checkbox"/> Months	
13. Has -- ever been pulled from a sitting to a standing position and supported -- own weight with legs stretched out?	1 Y	2 N	9 DK
14. Has -- ever sat alone with no help except for leaning forward on -- hands or with just a little help from someone else?	1 Y	2 N	9 DK
15. Has -- ever seemed to enjoy looking in the mirror at (himself/herself)?	1 Y	2 N	9 DK
16 a. Has -- ever said any recognizable words, such as "mama" or "dada"?	1 Y	2 N	9 DK
b. If "Yes," ask: How old was -- when -- first said any recognizable words?	_____ Number	{ 2 <input type="checkbox"/> Weeks 3 <input type="checkbox"/> Months	

Section E. MOTOR AND SOCIAL DEVELOPMENT – Continued

17a. Has -- ever crawled when left lying on -- stomach?	1 Y	2 N	9 DK
b. If "Yes," ask: How old was -- when -- first crawled?	Number	{ 2 <input type="checkbox"/> Weeks { 3 <input type="checkbox"/> Months	
18. Did -- ever sit for 10 minutes without any support at all?	1 Y	2 N	9 DK
19. Has -- ever pulled (himself/herself) to a standing position without help from another person?	1 Y	2 N	9 DK
20. Has -- ever recognized -- own name when someone said it?	1 Y	2 N	9 DK
21. Has -- ever picked up small objects, such as raisins or cookie crumbs, using only -- thumb and first finger?	1 Y	2 N	9 DK
22a. Has -- ever waved good-bye without help from another person?	1 Y	2 N	9 DK
b. If "Yes," ask: How old was -- when -- first waved good-bye?	Number	{ 2 <input type="checkbox"/> Weeks { 3 <input type="checkbox"/> Months	
23a. Has -- ever stood alone on -- feet for 10 seconds or more without holding on to anything or another person?	1 Y	2 N	9 DK
b. If "Yes," ask: How old was -- when -- first stood alone?	Number	{ 2 <input type="checkbox"/> Weeks { 3 <input type="checkbox"/> Months	
24. Has -- said 2 recognizable words besides "mama" and "dada"?	1 Y	2 N	9 DK
25. Has -- ever walked at least 2 steps with one hand held or holding on to something?	1 Y	2 N	9 DK
26. Has -- ever shown by -- behavior that -- knows the names of some common objects when somebody else names them out loud?	1 Y	2 N	9 DK
27. Has -- ever crawled up at least 2 stairs or steps?	1 Y	2 N	9 DK
28. Has -- ever said the name of a familiar object, such as a ball?	1 Y	2 N	9 DK
29a. Has -- ever walked at least 2 steps without holding on to anything or another person?	1 Y	2 N	9 DK
b. If "Yes," ask: How old was -- when -- first walked at least 2 steps?	Number	{ 2 <input type="checkbox"/> Weeks { 3 <input type="checkbox"/> Months	
30. Has -- ever shown that -- wanted something without crying or whining? It may have been by pointing, pulling, or making pleasant sounds.	1 Y	2 N	9 DK
31. Has -- ever made a line with a crayon or pencil?	1 Y	2 N	9 DK
32. Has -- ever run?	1 Y	2 N	9 DK
33. Did -- ever walk up at least 2 stairs with one hand held or holding the railing?	1 Y	2 N	9 DK
34. Has -- ever let someone know, without crying, that -- was bothered by -- pants or diapers being wet or soiled?	1 Y	2 N	9 DK
35. Has -- ever fed (himself/herself) with a spoon or fork without spilling much?	1 Y	2 N	9 DK

Section E. MOTOR AND SOCIAL DEVELOPMENT – Continued

36. Has — — ever walked upstairs by (himself/herself) without holding on to a rail?	1 Y	2 N	9 DK
37. Has — — ever spoken in a partial sentence of 3 words or more?	1 Y	2 N	9 DK
38. Has — — ever said — — first and last names together without someone's help? <i>Nickname may be used for first name.</i>	1 Y	2 N	9 DK
39. Has — — ever walked up stairs by (himself/herself) with no help, stepping on each step with only one foot?	1 Y	2 N	9 DK
40. Has — — ever counted 3 objects correctly?	1 Y	2 N	9 DK
41. Has — — ever pedaled a tricycle at least 10 feet?	1 Y	2 N	9 DK
42. Does — — know — — own age AND sex?	1 Y	2 N	9 DK
43. Has — — ever washed and dried — — hands without any help except for turning the water on and off?	1 Y	2 N	9 DK
44. Has — — ever done a somersault without help from anybody?	1 Y	2 N	9 DK
45. Has — — ever drawn a picture of a man or woman with at least 2 parts of the body besides a head?	1 Y	2 N	9 DK
46. Has — — ever gone to the toilet alone?	1 Y	2 N	9 DK
47. Has — — ever played with several children at the same time?	1 Y	2 N	9 DK
48. Has — — ever said the names of at least 4 colors?	1 Y	2 N	9 DK
49. Has — — ever dressed (himself/herself) without any help except for tying shoes (and buttoning the back of dresses)?	1 Y	2 N	9 DK
50. Has — — ever counted out loud up to 10?	1 Y	2 N	9 DK
CHECK ITEM E3 ▶ <i>Refer to age of sample child.</i>	1 <input type="checkbox"/> Under 2 years old (51a) 2 <input type="checkbox"/> 2 years old (51b) 3 <input type="checkbox"/> 3+ years old (E4)		
51a. Are any of — — teeth in yet, that is, have any teeth broken through the gums?	1 Y	2 N (E4)	
b. How old was — — when the first tooth came in (that is, broke through the gums)?	_____ Number	{ 2 <input type="checkbox"/> Weeks 3 <input type="checkbox"/> Months	
CHECK ITEM E4 ▶ <i>Refer to age of sample child.</i>	1 <input type="checkbox"/> Under 1 year old (Section F, page 14) 2 <input type="checkbox"/> 1 – 3 years old (52a) 3 <input type="checkbox"/> 4 years old (52b)		
52a. Except for occasional accidents, is — — completely toilet trained? (That is, does — — go to the bathroom by (himself/herself) when — — needs to?)	1 Y	2 N (Section F, page 14)	
b. How old was — — when — — was completely toilet trained?	000 <input type="checkbox"/> Not completely toilet trained	_____ Number { 3 <input type="checkbox"/> Months 4 <input type="checkbox"/> Years	

Section F. BIRTH

In studying the health of children, it is important to have information about their birth.

CHECK ITEM F1 ▶ Refer to question 1, page 3 of CHS.	1 <input type="checkbox"/> Biological mother in HH (F2) 2 <input type="checkbox"/> Biological mother not in HH (1)
1. How old was -- biological mother when -- was born?	_____ Years
CHECK ITEM F2 ▶ Refer to question 1, page 3 of CHS.	1 <input type="checkbox"/> Biological father in HH (F3) 2 <input type="checkbox"/> Biological father not in HH (2)
2. How old was -- biological father when -- was born?	_____ Years
CHECK ITEM F3 ▶	1 <input type="checkbox"/> Respondent is biological mother or biological father (3) 8 <input type="checkbox"/> Other (9)
3a. Was -- born in a hospital or some other place?	1 <input type="checkbox"/> Hospital (3b) <input type="checkbox"/> Other - Specify (4) <u>z</u> _____
b. How many nights was -- (<u>Biological mother</u>) in the hospital during this stay?	0 <input type="checkbox"/> None _____ Nights
c. How many nights was -- in the hospital during this stay?	0 <input type="checkbox"/> None _____ Nights
4a. How much did -- weigh at birth? <i>Probe for ounces if not reported.</i>	9999 <input type="checkbox"/> DK _____ Lbs. _____ Oz. (5)
b. Did -- weigh more than 5 1/2 pounds or less?	<input type="checkbox"/> More than 5 1/2 lbs. 2 <input type="checkbox"/> Less than 5 1/2 lbs. } (5) 7 <input type="checkbox"/> DK
c. Did -- weigh more than 9 pounds or less?	3 <input type="checkbox"/> More than 9 lbs. 4 <input type="checkbox"/> Less than 9 lbs. 9 <input type="checkbox"/> DK
5a. Was -- born about when expected, or was it earlier or later?	1 <input type="checkbox"/> Earlier than expected 2 <input type="checkbox"/> When expected (6) 3 <input type="checkbox"/> Later than expected 9 <input type="checkbox"/> DK (6)
b. About how much (earlier/later) than expected was -- born? <i>Range acceptable</i>	_____ Number { <ul style="list-style-type: none"> 1 <input type="checkbox"/> Days 2 <input type="checkbox"/> Weeks 3 <input type="checkbox"/> Months
6. How many hours was -- (<u>Biological mother</u>) in labor?	00 <input type="checkbox"/> None (8a) _____ Hours
CHECK ITEM F4 ▶ Refer to age of sample child.	1 <input type="checkbox"/> Under 6 years old (7a) 2 <input type="checkbox"/> 6+ years old (11)

Section I. SUPPLEMENTAL CONDITION LIST

Some of the following conditions were asked about earlier, but tell me whether or not — EVER had any of these conditions even if they have been mentioned before.

If "Yes," enter condition and number in Item 1 of Section J.

Did — — EVER have —	Did — — EVER have —
1. Hepatitis?	33. Palsy or cerebral palsy?
2. Yellow jaundice?	34. Paralysis of any kind?
3. Any other liver trouble? **	35. Mental retardation?
4. Colitis?	36. Epilepsy?
5. Any other bowel trouble? **	37. REPEATED convulsions, seizures, or blackouts?
6. An ulcer?	38. Migraine?
7. A hernia or rupture?	39. FREQUENT or SEVERE headaches?
8. Any other condition of the digestive system? **	40. Meningitis?
9. Asthma?	41. Chorea (ko-ree-uh) or St. Vitus' dance?
10. Hay fever or allergies?	42. Nephritis?
11. Tonsillitis or enlargement of the tonsils or adenoids? *	43. Urinary tract infection?
12. Tuberculosis?	44. Any other kidney trouble? **
13. Pneumonia?	45. Diabetes?
14. Any other respiratory, lung, or pulmonary condition? **	46. Goiter or other thyroid trouble?
15. Arthritis of any kind or rheumatism?	47. Cystic fibrosis?
16. Curvature of the spine?	48. Anemia or sickle cell anemia?
17. Clubfoot?	49. A heart murmur?
18. Any other condition affecting the bone, cartilage, muscle or tendon? **	50. Cancer of any kind?
19. Eczema or psoriasis (so-rye-uh-sis)?	51. High blood pressure?
20. TROUBLE with acne?	52. Rheumatic fever?
21. Any kind of skin allergy?	53. Rheumatic heart disease?
22. Any other kind of skin trouble? **	54. Congenital heart disease?
23. REPEATED ear infections?	55. Any other heart trouble? **
24. Deafness in one or both ears?	56. Does — — NOW have — a missing finger, hand, or arm, toe, foot, or leg?
25. Any other trouble hearing with one or both ears? **	57. PERMANENT stiffness or any deformity of the back, foot, or leg? (Permanent stiffness — joints will not move at all)
26. Blindness in one or both eyes?	58. PERMANENT stiffness or any deformity of the fingers, hand, or arm?
27. Cataracts?	59. Did — — EVER have any other health problem which lasted for at least 3 months which you have not mentioned?
28. Any other trouble seeing with one or both eyes even when wearing glasses? **	If "Yes," ask: What was the condition?
29. A cleft palate or harelip?	
30. Stammering or stuttering?	
31. Any other speech defect? **	
32. Autism or has — — ever been autistic?	

Make no entry in Section J for cold; flu; gripple; red, sore, or strep throat; or "virus".

* 1. How many times did — — have . . . ? If 2+ , enter in Section J.

If only 1 time, ask:

2. How long did it last? — If 1 month or longer, enter in Section J. If less than 1 month, do not record.

** Did this condition last for at least 3 months? If "Yes," enter in Section J.

If "No," do not record unless it is an obvious permanent condition which began less than 3 months ago.

Section J. SUPPLEMENTAL CONDITIONS

CONDITION 1		CONDITION 2	
1. Item number	Name of condition	1. Item number	Name of condition
<i>For allergy ask:</i>		<i>For allergy ask:</i>	
2. How does the allergy affect -- ?		2. How does the allergy affect -- ?	
<i>For an impairment or ulcer, ask:</i>		<i>For an impairment or ulcer, ask:</i>	
3. What part of the body is affected by (Condition)? _____ <i>Show the following detail:</i> Head (skull, scalp, face) _____ Back/spine/vertebrae (upper, middle, lower) _____ Side (left or right) _____ Ear (inner or outer; left, right, or both) _____ Eye (left, right, or both) _____ Arm (shoulder, upper, elbow, lower or wrist; left, right or both) _____ Hand (entire hand or fingers only; left, right, or both) _____ Leg (hip, upper, knee, lower, or ankle; left, right, or both) _____ Foot (entire foot, arch, or toes only; left, right, or both) _____		3. What part of the body is affected by (Condition)? _____ <i>Show the following detail:</i> Head (skull, scalp, face) _____ Back/spine/vertebrae (upper, middle, lower) _____ Side (left or right) _____ Ear (inner or outer; left, right, or both) _____ Eye (left, right, or both) _____ Arm (shoulder, upper, elbow, lower or wrist; left, right or both) _____ Hand (entire hand or fingers only; left, right, or both) _____ Leg (hip, upper, knee, lower, or ankle; left, right, or both) _____ Foot (entire foot, arch, or toes only; left, right, or both) _____	
4a. When was (Condition) first noticed? (Was it during the past 12 months or before that time?) (Was it during the past 3 months or before that time?)		4a. When was (Condition) first noticed? (Was it during the past 12 months or before that time?) (Was it during the past 3 months or before that time?)	
<input type="checkbox"/> 4 3 months or less (6) <input type="checkbox"/> 5 Over 3-12 months (6) <input type="checkbox"/> 6 More than 12 months ago		<input type="checkbox"/> 4 3 months or less (6) <input type="checkbox"/> 5 Over 3-12 months (6) <input type="checkbox"/> 6 More than 12 months ago	
b. How old was -- when this was first noticed? 0 <input type="checkbox"/> Less than 1 month _____ { <input type="checkbox"/> 3 Months Number { <input type="checkbox"/> 4 Years		b. How old was -- when this was first noticed? 0 <input type="checkbox"/> Less than 1 month _____ { <input type="checkbox"/> 3 Months Number { <input type="checkbox"/> 4 Years	
0 <input type="checkbox"/> Condition from 56, 57, or 58 (NC)		0 <input type="checkbox"/> Condition from 56, 57, or 58 (NC)	
5. Did -- have this condition at any time during the past 12 months? 1 Y 2 N (6b)		5. Did -- have this condition at any time during the past 12 months? 1 Y 2 N (6b)	
6a. Does -- still have this condition? 1 Y (NC) N		6a. Does -- still have this condition? 1 Y (NC) N	
b. Is this condition completely cured or is it under control? 2 <input type="checkbox"/> Cured 3 <input type="checkbox"/> Under control 4 <input type="checkbox"/> Other - Specify _____		b. Is this condition completely cured or is it under control? 2 <input type="checkbox"/> Cured 3 <input type="checkbox"/> Under control 4 <input type="checkbox"/> Other - Specify _____	
CONDITION 3		CONDITION 4	
1. Item number	Name of condition	1. Item number	Name of condition
<i>For allergy ask:</i>		<i>For allergy ask:</i>	
2. How does the allergy affect -- ?		2. How does the allergy affect -- ?	
<i>For an impairment or ulcer, ask:</i>		<i>For an impairment or ulcer, ask:</i>	
3. What part of the body is affected by (Condition)? _____ <i>Show the following detail:</i> Head (skull, scalp, face) _____ Back/spine/vertebrae (upper, middle, lower) _____ Side (left or right) _____ Ear (inner or outer; left, right, or both) _____ Eye (left, right, or both) _____ Arm (shoulder, upper, elbow, lower or wrist; left, right or both) _____ Hand (entire hand or fingers only; left, right, or both) _____ Leg (hip, upper, knee, lower, or ankle; left, right, or both) _____ Foot (entire foot, arch, or toes only; left, right, or both) _____		3. What part of the body is affected by (Condition)? _____ <i>Show the following detail:</i> Head (skull, scalp, face) _____ Back/spine/vertebrae (upper, middle, lower) _____ Side (left or right) _____ Ear (inner or outer; left, right, or both) _____ Eye (left, right, or both) _____ Arm (shoulder, upper, elbow, lower or wrist; left, right or both) _____ Hand (entire hand or fingers only; left, right, or both) _____ Leg (hip, upper, knee, lower, or ankle; left, right, or both) _____ Foot (entire foot, arch, or toes only; left, right, or both) _____	
4a. When was (Condition) first noticed? (Was it during the past 3 months or before that time?) (Was it during the past 12 months or before that time?)		4a. When was (Condition) first noticed? (Was it during the past 3 months or before that time?) (Was it during the past 12 months or before that time?)	
<input type="checkbox"/> 4 3 months or less (6) <input type="checkbox"/> 5 Over 3-12 months (6) <input type="checkbox"/> 6 More than 12 months ago		<input type="checkbox"/> 4 3 months or less (6) <input type="checkbox"/> 5 Over 3-12 months (6) <input type="checkbox"/> 6 More than 12 months ago	
b. How old was -- when this was first noticed? 0 <input type="checkbox"/> Less than 1 month _____ { <input type="checkbox"/> 3 Months Number { <input type="checkbox"/> 4 Years		b. How old was -- when this was first noticed? 0 <input type="checkbox"/> Less than 1 month _____ { <input type="checkbox"/> 3 Months Number { <input type="checkbox"/> 4 Years	
0 <input type="checkbox"/> Condition from 56, 57, or 58 (NC)		0 <input type="checkbox"/> Condition from 56, 57, or 58 (NC)	
5. Did -- have this condition at any time during the past 12 months? 1 Y 2 N (6b)		5. Did -- have this condition at any time during the past 12 months? 1 Y 2 N (6b)	
6a. Does -- still have this condition? 1 Y (NC) N		6a. Does -- still have this condition? 1 Y (NC) N	
b. Is this condition completely cured or is it under control? 2 <input type="checkbox"/> Cured 3 <input type="checkbox"/> Under control 4 <input type="checkbox"/> Other - Specify _____		b. Is this condition completely cured or is it under control? 2 <input type="checkbox"/> Cured 3 <input type="checkbox"/> Under control 4 <input type="checkbox"/> Other - Specify _____	

Section L. MEDICINE USE

NOTE — Ask 1a–k before asking 2–5.

NOTE — Ask 2–5, only for those questions in 1a–k which were answered "Yes."

<i>Hand calendar</i> The next few questions refer to the use of medicines, pills, or ointments.			2. What is the main health problem for which — took or used the <u>(Medication)?</u>	3. Did anyone get a prescription from a doctor for — to take or use the <u>(Medication)?</u>	4. Did a doctor recommend that — take or use the <u>(Medication)?</u>	<i>Hand card T</i> 5. Which number on that card best describes how often — took or used the <u>(Medication)</u> during the past 3 months?
1. During the 2 weeks outlined in red on that calendar, did — take or use any:						
a. Pain relievers such as aspirin (or Tylenol and the like)?	Y	N		1Y (5) 2 N	1Y 2 N	1 2 3 4 5 6
b. Cough medicines (such as Vicks, Robitussin, or Phenergan Expectorant and the like)?	Y	N		1Y (5) 2 N	1Y 2 N	1 2 3 4 5 6
c. Any other medicines or remedies for colds?	Y	N		1Y (5) 2 N	1Y 2 N	1 2 3 4 5 6
d. Asthma or allergy pills or medicines (such as Benadryl, Dimetapp, or Sudafed and the like)?	Y	N		1Y (5) 2 N	1Y 2 N	1 2 3 4 5 6
e. Topical Steroids (such as hydrocortisone cream or valisone and the like)?	Y	N		1Y (5) 2 N	1Y 2 N	1 2 3 4 5 6
f. Other skin ointments or salves (such as Desitin, Calomine Lotion, Vaseline, or Clearasil and the like)?	Y	N		1Y (5) 2 N	1Y 2 N	1 2 3 4 5 6
g. Laxatives or any other medicines or remedies for the stomach (such as Ex-Lax, Roloids, Colace, or Donnatal and the like)?	Y	N		1Y (5) 2 N	1Y 2 N	1 2 3 4 5 6
h. Vitamins or minerals?	Y	N		1Y (5) 2 N	1Y 2 N	1 2 3 4 5 6
i. Tranquilizers or sedatives (such as Valium, Chloral Hydrate, or Seconal and the like)?	Y	N		1Y (5) 2 N	1Y 2 N	1 2 3 4 5 6
j. Antibiotics (such as Penicillin, Tetracycline, Ampicillin and the like)?	Y	N		1Y (5) 2 N	1Y 2 N	1 2 3 4 5 6
k. Are there any other pills, ointments, or other types of medicines that — has taken or used during that 2-week period? — <i>Specify</i> Any others?	Y	N				
K1 _____				1Y (5) 2 N	1Y 2 N	1 2 3 4 5 6
K2 _____				1Y (5) 2 N	1Y 2 N	1 2 3 4 5 6
K3 _____				1Y (5) 2 N	1Y 2 N	1 2 3 4 5 6

Section M. SCHOOL

CHECK ITEM M1 <i>Refer to age of sample child.</i>	0 <input type="checkbox"/> Under 5 years old (<i>Section N, page 31</i>) 1 <input type="checkbox"/> 5 years old (1) 2 <input type="checkbox"/> 6+ years old (M2)
1. What was -- doing most of the past 12 months -- going to school or doing something else?	1 <input type="checkbox"/> Going to school (3) 2 <input type="checkbox"/> Something else
2. In terms of health would -- be able to go to school?	1 Y 2 N (6)
3a. Does (Would) -- have to go to a certain type of school because of -- health?	1 Y (6) 2 N
b. Is (Would) -- (be) limited in school attendance because of -- health?	1 Y (6) 2 N (M3)
CHECK ITEM M2 <i>Refer to age of sample child and/or to SCHOOL box on HIS-1.</i>	0 <input type="checkbox"/> Under 17 years old (M3) 1 <input type="checkbox"/> 17 years old and SCHOOL box marked (M3) 2 <input type="checkbox"/> 17 years old and SCHOOL box not marked (4)
4. In terms of health would -- be able to go to school?	1 Y 2 N (6)
5a. Would -- have to go to a certain type of school because of -- health?	1 Y (6) 2 N
b. Would -- be limited in school attendance because of -- health?	1 Y 2 N (M3)
6a. What is the MAIN condition which causes -- to { not be able to go to school? have to go to a certain type of school? be limited in school attendance? }	_____ _____
b. When was this condition first noticed? (Was it during the past 3 months or before that time?)	<input type="checkbox"/> During the past 3 months <input type="checkbox"/> Over 3 months
CHECK ITEM M3 <i>Refer to SCHOOL box on HIS-1 and/or to question 1, above.</i>	1 <input type="checkbox"/> SCHOOL box marked (8) 2 <input type="checkbox"/> Going to school in Q1 (8) 8 <input type="checkbox"/> Other (7)
7. Has -- ever attended school?	1 Y 2 N (<i>Section N, page 31</i>)
8. Is -- NOW either going to school or on vacation from school?	1 <input type="checkbox"/> Going to school 2 <input type="checkbox"/> On vacation from school 0 <input type="checkbox"/> Neither (11)
9. What grade { is -- in now? will -- be in? } <i>If child is between grades, enter grade promoted to.</i>	21 <input type="checkbox"/> Nursery school } (<i>Section N, page 31</i>) 22 <input type="checkbox"/> Kindergarten } _____ Grade
10a. Does -- go to a special class or get special help in school because of a disability or health problem?	1 Y (12) 2 N
b. Do you think that -- needs to attend a special class or get special help in school because of a disability or health problem?	1 Y (12) 2 N (12)

Section M. SCHOOL -- Continued

**CHECK
Item M4** 

Refer to question 8, page 27 of CHS.

- 1 In school or on vacation (15)
- 0 Neither (Section N, page 31)

15. Overall what kind of student would you say -- is now? Is -- one of the best in the class, above the middle, in the middle, below the middle, or near the bottom of the class?

- 1 One of the best
- 2 Above the middle
- 3 In the middle
- 4 Below the middle
- 5 Near the bottom

16. How do you feel -- is doing in school? Is -- doing really well, doing about as well as -- can, or could -- be doing better?

- 1 Doing really well
- 2 Doing about as well as he/she can
- 3 Could be doing better

FOOTNOTES

Section N. BEHAVIOR

**CHECK
ITEM N1** 

Refer to age of sample child.

1 Under 3 years old (*Section P, page 34*)

8 3+ years old (1)

1a. During the past twelve months has -- ever wet the bed?

1 Y

2 N (2)

b. About how many times has this happened?

Range acceptable

_____ Number

2. Does -- now suck -- thumb or fingers either during the day or at night?

1 Y

2 N

3a. Has -- ever run away from home? (Disappeared at a time when you thought this is what -- might be doing, and stayed away so long that you had to start searching or looking for --.)

1 Y

2 N (4)

b. How many times has -- run away?

_____ Number

c. How old was -- the (last) time -- ran away?

_____ Years

4. Does -- take any medicines or drugs to help control activity or behavior?

1 Y

2 N

5a. Has -- ever seen a psychiatrist, psychologist, or psychoanalyst about any emotional, mental, or behavior problem?

1 Y

2 N (5d)

b. Is -- still seeing this person?

1 Y (*Section O, page 32*)

2 N

c. When was the last time -- saw this person?

1 More than 12 months ago

8 Within past 12 months (*Section O, page 32*)

d. During the past 12 months, have you felt, or has anyone suggested that -- needed help for any emotional, mental, or behavior problem?

1 Y

2 N

FOOTNOTES

Section O. BEHAVIOR PROBLEMS INDEX

CHECK ITEM 01 Refer to age of sample child.

- 1 Under 4 years old (Section P, page 34)
 2 4+ years old (INTRO)

Hand card B

INTRO — Now I am going to read some statements that describe behavior problems many children have. Please tell me whether each statement has been **OFTEN** true, **SOMETIMES** true, or **NOT** true of — during the past 3 months.

The first statement is: "Has sudden changes in mood or feelings." Has that been **OFTEN** true, **SOMETIMES** true, or **NOT** true of — in the past 3 months?

Record response and continue with statement 2.

Read list repeating categories and/or time reference as needed.


	Often true (A)	Sometimes true (B)	Not true (C)
1. Has sudden changes in mood or feelings.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
2. Feels or complains that no one loves — — .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
3. Is rather high strung, tense, or nervous.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
4. Cheats or tells lies.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
5. Is too fearful or anxious.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
6. Argues too much.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
7. Has difficulty concentrating, cannot pay attention for long.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
8. Is easily confused, seems to be in a fog.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
9. Bullies, or is cruel or mean to others.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
10. Is disobedient at home.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
11. Is disobedient at school.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
12. Does not seem to feel sorry after — — misbehaves.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
13. Has trouble getting along with other children.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
14. Has trouble getting along with teachers.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
15. Is impulsive, or acts without thinking.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
16. Feels worthless or inferior.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

Section O. BEHAVIOR PROBLEMS INDEX – Continued

	Often true (A)	Sometimes true (B)	Not true (C)
17. Is not liked by other children.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
18. Has a lot of difficulty getting -- mind off certain thoughts, has obsessions.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
19. Is restless or overly active, cannot sit still.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
20. Is stubborn, sullen, or irritable.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
21. Has a very strong temper and loses it easily.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
22. Is unhappy, sad or depressed.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
23. Is withdrawn, does not get involved with others.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
<i>If child is 12+ years old, go to 29.</i> 24. Breaks things on purpose, deliberately destroys -- own or others' things.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
25. Clings to adults.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
26. Cries too much.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
27. Demands a lot of attention.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
28. Is too dependent on others.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
<i>If child is under 12 years old, go to Section P, page 34.</i> 29. Feels others are out to get -- .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
30. Hangs around with kids who get into trouble.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
31. Is secretive, keeps things to (himself/herself).	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
32. Worries too much.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

FOOTNOTES

Section P. SOCIAL EFFECTS OF ILL HEALTH

<p>1. A child's illness or disability may cause problems for other members of the family. Tell me if any of the following things have EVER happened because of a health problem of --.</p> <p>Because of a health problem of --:</p>	
<p>a. Has the family moved to a different home?</p>	<p>1 Y 2 N</p>
<p>b. Has a family member not been able to take a job?</p>	<p>1 Y 2 N</p>
<p>c. Has a family member quit or changed jobs?</p>	<p>1 Y 2 N</p>
<p>d. Has a family member been forced to take a job when he or she otherwise would not have?</p>	<p>1 Y 2 N</p>
<p>e. Has a family member left home?</p>	<p>1 Y 2 N</p>
<p>f. Has a family member gotten a divorce or legal separation?</p>	<p>1 Y 2 N</p>
<p>Because of a health problem of --:</p> <p>g. Has the family been under severe problems making ends meet?</p>	<p>1 Y 2 N</p>
<p>h. Has the family or any family member made some (other) major change in regular ways of life?</p>	<p>1 Y 2 N (P1)</p>
<p>i. What (other) changes were made?</p> <p>_____</p> <p>_____</p>	
<p>j. Were any other changes made?</p>	<p>Y (Reask 1i and j) N</p>
<p>CHECK ITEM P1  Refer to question 1a above.</p>	<p>1 <input type="checkbox"/> "N" in 1a above (Section Q, page 35)</p> <p>8 <input type="checkbox"/> Other (2)</p>
<p>2. When the family moved because of -- health problem, was it to be nearer to certain special services that were needed, was it because the family could not afford to stay where it was, or was it for some other reason?</p> <p>Mark the most appropriate box.</p>	<p>1 <input type="checkbox"/> Near services</p> <p>2 <input type="checkbox"/> Could not afford</p> <p>8 <input type="checkbox"/> Other - Specify <u> </u></p>

FOOTNOTES

Section Q. SLEEP AND SEAT BELTS

CHECK ITEM Q1

▶ Refer to age of sample child.

- 1 Under 1 year old (1d)
- 2 1+ years old (1a)

If respondent asks, question 1 refers to sleeping patterns on school days and nights.

1a. About what time does — usually go to bed (If 5+: on school nights)?

- 0 No usual time
- 1 Before 8 p.m.
- 2 8–8:59 p.m.
- 3 9–9:59 p.m.
- 4 10–10:59 p.m.
- 5 11–12 midnight
- 6 After midnight

b. About how many hours does — usually SLEEP each night?

- 1 Less than 5 hours
- 2 5–6 hours
- 3 7–8 hours
- 4 9–10 hours
- 5 11+ hours

c. Does — usually take naps during the day?

- 1 Y
- 2 N (2)

d. Counting daily naps and night-time sleep, about how many hours in all does — usually sleep each day?

- 1 Less than 8 hours
- 2 8–9 hours
- 3 10–11 hours
- 4 12–14 hours
- 5 15+ hours

2a. During the past 12 months has — walked in — sleep?

- 4 Child does not walk (3)
- 1 Y
- 2 N (3)

b. About how many times has — walked in — sleep during the past 12 months?

Range acceptable

_____ Times

3a. Does — usually sleep in one room or in different rooms?

- 1 One room
- 2 Different rooms

b. Does — usually sleep in a room alone or share a room?

- 1 Alone (4)
- 2 Shares

c. Who (else) usually sleeps in the room with —?

- 1 Brother(s)
- 2 Sister(s)
- 3 Father
- 4 Mother
- 8 Other(s)

d. Anyone else?

- Y (Reask 3c and d)
- N

4. When riding in a car, does — wear a seat belt or restraint all or most of the time, some of the time, once in a while, or never?

- 1 All/most of time
- 2 Some of the time
- 3 Once in a while
- 0 Never

▶ COMPLETE ITEM 7 ON PAGE 1 OF CHS.

1982

The 1982 survey also included special health topics: health insurance and preventive care. The questions on these two topics were not in separate booklets but were included as individual sections within the core questionnaire. The health insurance questions were asked of all household members; the preventive care questions were asked of household members who were 17 years of age and over.

M. HEALTH INSURANCE PAGE																			
<p>Read to respondent(s): Medicare is a Social Security health insurance program for disabled persons and for persons 65 years old and over. People covered by Medicare have a card that looks like this. Show card.</p>																			
<p>1a. Is anyone in this family, that is (read names), now covered by Medicare? Yes <input type="checkbox"/> No (4) <input type="checkbox"/> DK <input type="checkbox"/></p>																			
<p>b. Is -- new covered? Mark box in person's column.</p>		1b.	<input type="checkbox"/> Cov. <input type="checkbox"/> Not cov. <input type="checkbox"/> DK																
<p>Ask for each person with "Covered" in 1b:</p>																			
<p>2a. Is -- new covered by the part of Social Security Medicare which pays for hospital bills? Mark box in person's column.</p>		2a.	<input type="checkbox"/> Yes <input type="checkbox"/> DK <input type="checkbox"/> No																
<p>b. Is -- new covered by that part of Medicare which pays for doctor's bills? This is the Medicare plan for which -- or some agency must pay a certain amount each month. Mark box in person's column.</p>		b.	<input type="checkbox"/> Yes <input type="checkbox"/> DK <input type="checkbox"/> No																
<p>Ask for each person with "DK" in 2a and/or b:</p>																			
<p>3. 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 N.A." box.</p>		3.	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical <input type="checkbox"/> Card N.A.																
<p>We are interested in all kinds of health insurance plans except those which pay only for accidents.</p>																			
<p>4a. (Not counting Medicare) Is anyone in the family now covered by a health insurance plan which pays any part of a hospital, doctor's or surgeon's bill? <input type="checkbox"/> Yes <input type="checkbox"/> No (M1)</p>																			
<p>b. What is the name of the plan? Record in Table H.L.</p>																			
<p>c. Is anyone in the family now covered by any other health insurance plan which pays any part of a hospital, doctor's or surgeon's bill? <input type="checkbox"/> Yes (Reask 4b and c) <input type="checkbox"/> No (5)</p>																			
TABLE H.L.																			
<p>PLAN 1</p> <p>5a. Was this (name) plan obtained through an employer or union? <input type="checkbox"/> Yes <input type="checkbox"/> No (6) <input type="checkbox"/> DK (6)</p> <p>b. Is it now carried through an employer or union? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p>		<p>6a. Does this plan pay any part of hospital expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p>b. Does this plan pay any part of doctor's or surgeon's bills for operations? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p>	<p>7. Is -- covered under this (name) plan? Mark box in person's column.</p> <p>7.</p>	<input type="checkbox"/> Covered (NP) <input type="checkbox"/> Not covered (NP)															
<p>PLAN 2</p> <p>5a. Was this (name) plan obtained through an employer or union? <input type="checkbox"/> Yes <input type="checkbox"/> No (6) <input type="checkbox"/> DK (6)</p> <p>b. Is it now carried through an employer or union? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p>		<p>6a. Does this plan pay any part of hospital expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p>b. Does this plan pay any part of doctor's or surgeon's bills for operations? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p>	<p>7. Is -- covered under this (name) plan? Mark box in person's column.</p> <p>7.</p>	<input type="checkbox"/> Covered (NP) <input type="checkbox"/> Not covered (NP)															
<p>PLAN 3</p> <p>5a. Was this (name) plan obtained through an employer or union? <input type="checkbox"/> Yes <input type="checkbox"/> No (6) <input type="checkbox"/> DK (6)</p> <p>b. Is it now carried through an employer or union? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p>		<p>6a. Does this plan pay any part of hospital expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p>b. Does this plan pay any part of doctor's or surgeon's bills for operations? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p>	<p>7. Is -- covered under this (name) plan? Mark box in person's column.</p> <p>7.</p>	<input type="checkbox"/> Covered (NP) <input type="checkbox"/> Not covered (NP)															
<p>M1 Review 1 and 7 for each person and determine if "Covered" by either Medicare and/or insurance, or "Not Covered."</p>		M1	<input type="checkbox"/> Covered (NP) <input type="checkbox"/> Not covered under 65 (NP) <input type="checkbox"/> Not covered 65 and over (NP)																
<p>Ask for each person "Not Covered" in M1. If "Not covered 65 and over," include "or Medicare." Many people do not carry health insurance for various reasons. Hand Card N.</p>																			
<p>8a. Which of these statements describes why -- is not covered by any health insurance (or Medicare)? Any other reason? Circle all reasons given. Mark box if only one reason. If "Not covered 65 and over," in M1, include "or Medicare."</p>		8a.	<table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> <p style="text-align: center;">Specify</p>	1	2	3	4	5	6	7	8								
1	2	3	4	5	6	7	8												
<p>b. What is the MAIN reason -- is not covered by any health insurance (or Medicare)?</p>		b.	<input type="checkbox"/> Only one reason <table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> <p style="text-align: center;">Specify</p>	1	2	3	4	5	6	7	8								
1	2	3	4	5	6	7	8												

FORM HHS-1 (10-62) (4-6-62)

M. HEALTH INSURANCE PAGE, Continued

<p>9a. Does anyone in this family now receive assistance through the "Aid to Families with Dependent Children" Program, sometimes called "AFDC" or "ADC"?</p> <p align="center"><input type="checkbox"/> Yes <input type="checkbox"/> No (10) <input type="checkbox"/> DK (10)</p>			
<p>b. Which (other) family members are included in the AFDC assistance payment? Mark "AFDC" box in person's column.</p>		9b.	1 <input type="checkbox"/> AFDC
<p>c. Are any other family members included in this program?</p> <p align="center"><input type="checkbox"/> Yes (Reask 9b and c) <input type="checkbox"/> No</p>			
<p>10a. Does anyone in this family now receive the "Supplemental Security Income" or "SSI" gold-colored check?</p> <p align="center"><input type="checkbox"/> Yes <input type="checkbox"/> No (11) <input type="checkbox"/> DK (11)</p>			
<p>b. Who (else) receives this check? Mark "SSI" box in person's column.</p>		10b.	1 <input type="checkbox"/> SSI
<p>c. Anyone else?</p> <p align="center"><input type="checkbox"/> Yes (Reask 10b and c) <input type="checkbox"/> No</p>			
<p>11a. There is a national program called Medicaid which pays for health care for persons in need. (In this State it is also called (name)). During the past 12 months, has anyone in this family received health care which has been or will be paid for by Medicaid (or (name))?</p> <p align="center"><input type="checkbox"/> Yes <input type="checkbox"/> No (12) <input type="checkbox"/> DK (12)</p>			
<p>b. Who was this? Mark "Medicaid" box in person's column.</p>		11b.	1 <input type="checkbox"/> Medicaid
<p>c. Anyone else?</p> <p align="center"><input type="checkbox"/> Yes (Reask 11b and c) <input type="checkbox"/> No</p>			
<p>12a. Does anyone in the family now have a Medicaid (or (name)) card which looks like this? Show Medicaid card.</p> <p align="center"><input type="checkbox"/> Yes <input type="checkbox"/> No (13) <input type="checkbox"/> DK (13)</p>			
<p>b. Who is this? Mark "Card" box in person's column.</p>		12b.	1 <input type="checkbox"/> Card
<p>c. Anyone else?</p> <p align="center"><input type="checkbox"/> Yes (Reask 12b and c) <input type="checkbox"/> No</p>			
<p>Ask for each person with "Card" in 12b: d. May I please see -- (and --) card(s)? Mark appropriate box(es) in person's column.</p>		12d.	<input type="checkbox"/> Medicaid card seen 1 <input type="checkbox"/> Current 2 <input type="checkbox"/> Expired 3 <input type="checkbox"/> No card seen 4 <input type="checkbox"/> Other card seen <hr/> Specify
<p>13a. Is anyone in the family now covered by any other public assistance program that pays for health care?</p> <p align="center"><input type="checkbox"/> Yes <input type="checkbox"/> No (Next page) <input type="checkbox"/> DK (Next page)</p>			
<p>b. Who is this? Mark "Other PA" box in person's column.</p>		13b.	1 <input type="checkbox"/> Other PA
<p>c. Anyone else?</p> <p align="center"><input type="checkbox"/> Yes (Reask 13b and c) <input type="checkbox"/> No</p>			

FORM HUD-1 (1982) (4-6-82)

M. HEALTH INSURANCE PAGE, Continued

<p>14a. Does anyone in the family now receive military retirement payments from any branch of the Armed Forces or a pension from the Veterans Administration? Do not include VA disability compensation. <input type="checkbox"/> Yes <input type="checkbox"/> No (15) <input type="checkbox"/> DK (15)</p> <p>b. Who is this? Mark "Mil. ret./VA pen." box in person's column.</p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 14b and c) <input type="checkbox"/> No</p>	<p>14b. 1 <input type="checkbox"/> Mil. ret./VA pen.</p>
<p>d. Which does --- receive --- the Armed Forces retirement, the VA pension or both? <i>Ask for each person with "Mil. ret./VA pen." in 14b:</i></p>	<p>d. 1 <input type="checkbox"/> Armed Forces 2 <input type="checkbox"/> VA 3 <input type="checkbox"/> Both</p>
<p>15a. Is anyone in the family now covered by CHAMP-VA, which is medical insurance for dependents or survivors of disabled veterans? <input type="checkbox"/> Yes <input type="checkbox"/> No (16) <input type="checkbox"/> DK (16)</p> <p>b. Who is this? Mark "CHAMP-VA" box in person's column.</p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 15a and b) <input type="checkbox"/> No</p>	<p>15b. 1 <input type="checkbox"/> CHAMP-VA</p>
<p>16a. Is anyone in the family now covered by any other program that provides health care for military dependents or survivors of military persons? <input type="checkbox"/> Yes <input type="checkbox"/> No (M2) <input type="checkbox"/> DK (M2)</p> <p>b. Who is this? Mark "Health Care" box in person's column.</p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 16a and b) <input type="checkbox"/> No</p>	<p>16b. 1 <input type="checkbox"/> Health Care</p>
<p>M2 Refer to "AF" box above person's column.</p>	<p>M2 1 <input type="checkbox"/> AF box marked (17) 2 <input type="checkbox"/> Other (NP)</p>
<p>17a. Does --- have a disability related to --- service in the Armed Forces of the United States?</p> <p>b. Does --- now receive compensation for this disability from the Veterans Administration?</p>	<p>17a. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (NP)</p> <p>b. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>FOOTNOTES</p>	

N. PREVENTIVE CARE PAGE

N1	Refer to age.	N1 0 <input type="checkbox"/> 17-39, available (3) 1 <input type="checkbox"/> 40 and over, available (1) 2 <input type="checkbox"/> 17 and over, callback required (NP) 3 <input type="checkbox"/> Other (NP)
1.	About how long has it been since you had an electrocardiogram, or EKG, which involves placing wires on the chest and arms?	1. 00 <input type="checkbox"/> Never 98 <input type="checkbox"/> Less than 1 year _____ Years
2.	About how long has it been since you had a test for glaucoma, sometimes referred to as an eye pressure test?	2. 00 <input type="checkbox"/> Never 98 <input type="checkbox"/> Less than 1 year _____ Years
3.	About how long has it been since you had a chest x-ray?	3. 00 <input type="checkbox"/> Never 98 <input type="checkbox"/> Less than 1 year _____ Years
4.	About how long has it been since you had your blood pressure taken?	4. 00 <input type="checkbox"/> Never 98 <input type="checkbox"/> Less than 1 year _____ Years
5a.	Have you EVER been told by a doctor that you had high blood pressure?	5a. 1 <input type="checkbox"/> Yes (8) 2 <input type="checkbox"/> No
b.	Have you EVER been told by a doctor that you had hypertension?	b. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (N2)
6.	Are you NOW taking any medicine prescribed by a doctor for your [high blood pressure/hypertension]?	6. 1 <input type="checkbox"/> Yes (N2) 2 <input type="checkbox"/> No
7a.	Do you still have [high blood pressure/hypertension]?	7a. 1 <input type="checkbox"/> Yes (N2) <input type="checkbox"/> No <input type="checkbox"/> DK
b.	Is this condition completely cured or is it under control?	b. 2 <input type="checkbox"/> Cured 3 <input type="checkbox"/> Under control
N2	Refer to sex.	N2 2 <input type="checkbox"/> Female (8) 1 <input type="checkbox"/> Male (10)
8.	About how long has it been since you had a Pap smear test?	8. 00 <input type="checkbox"/> Never 98 <input type="checkbox"/> Less than 1 year _____ Years
9.	About how long has it been since you had a breast examination by a medical doctor or assistant?	9. 00 <input type="checkbox"/> Never 98 <input type="checkbox"/> Less than 1 year _____ Years
10a.	Do you have eyeglasses or contact lenses?	10a. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b.	About how long has it been since you had your eyes examined to see if you needed glasses (or new glasses)? Read if age 17: Include any eye exams given in school.	b. 00 <input type="checkbox"/> Never 98 <input type="checkbox"/> Less than 1 year _____ Years
RS1		RS1 1 <input type="checkbox"/> Self Resp. 2 <input type="checkbox"/> Proxy (Reason), Pers. No. of Resp.

FORM HIP-1 (10/22) (4-9-02)

N. PREVENTIVE CARE PAGE, Continued			
N3	Refer to age.	N3	<input type="checkbox"/> Under 3 (12) <input type="checkbox"/> 3-16 (11) <input type="checkbox"/> Other (NP)
11a. Does --- have eyeglasses or contact lenses?		11a. <input type="checkbox"/> Yes <input type="checkbox"/> No	
b. About how long has it been since --- had --- eyes examined to see if --- needed glasses (or new glasses)? Read if age 5-16: Include any eye exams given in school.		b. <input type="checkbox"/> Never <input type="checkbox"/> Less than 1 year _____ Years	
12a. During the past 12 months, (that is, since (12 month date) a year ago) was --- taken to a doctor for a ROUTINE physical examination, that is, not for a particular illness but for a general checkup? Read if age 5-16: Include routine physical examinations given in school.		12a. <input type="checkbox"/> Yes (13) <input type="checkbox"/> No	
b. About how long has it been since --- was taken to a doctor for a routine physical examination or general checkup? Read if age 5-16: Include routine physical examinations given in school.		b. <input type="checkbox"/> Never _____ Years	
13. About how old was --- when --- FIRST went to a dentist?		13. <input type="checkbox"/> Never _____ Years old	
RS2		RS2	_____ Pers. No. of Resp.
FOOTNOTES			

FORM H18-1 (5-82) (4-8-82)

1983

The sample for the 1983 NHIS was composed of approximately 41,000 households containing about 106,000 persons living at the time of the interview. In 1983, data on acute illnesses and injuries, disability days, limitations of activity due

to chronic conditions, prevalence of selected reported chronic conditions, respondent-assessed health status, and measures of health care utilization were collected. The special health topics covered in 1983 include doctor services, dental care, health insurance, and alcohol and health practices. All of these topics are contained in a separate booklet.

NOTICE Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m).

1. Book ____ of _____ books RT 60

2. R.O. number 3-4

3. Sample 5-7

FORM **HIS-1 (SB) (1983)**
(3 14 83)

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

**NATIONAL HEALTH INTERVIEW SURVEY
SUPPLEMENT BOOKLET**

4. Control number
PSU 8-10 Segment 11-14 Serial 15-16

5. Interviewer's name
Code 17-18

6. Status of supplements 19

1. Complete interview (all appropriate pages completed)

2. Partial interview (some but not all appropriate pages completed) } Explain in footnotes

3. Noninterview

FOOTNOTES

7. Use Flashcard X, Y, or Z as indicated on HIS-1 Household Composition Page.
Circle that letter below. Also, circle the total number of persons. 20

21-22

CARD X	
If the number of persons is -	the following person(s) will be the sample person(s):
1	-
2	1
3	3
4	2
5	1 and 4
6	3 and 6
7	2 and 5
8	1, 4, and 7
9	3, 6, and 9
10	2, 5, and 8
11	1, 4, 7, and 10
12	3, 6, 9, and 12
13	2, 5, 8, and 11
14	1, 4, 7, 10, and 13
15	3, 6, 9, 12, and 15

CARD Y	
If the number of persons is -	the following person(s) will be the sample person(s):
1	-
2	2
3	1
4	3
5	2 and 5
6	1 and 4
7	3 and 6
8	2, 5, and 8
9	1, 4, and 7
10	3, 6, and 9
11	2, 5, 8, and 11
12	1, 4, 7, and 10
13	3, 6, 9, and 12
14	2, 5, 8, 11, and 14
15	1, 4, 7, 10, and 13

CARD Z	
If the number of persons is -	the following person(s) will be the sample person(s):
1	1
2	-
3	2
4	1 and 4
5	3
6	2 and 5
7	1, 4, and 7
8	3 and 6
9	2, 5, and 8
10	1, 4, 7, and 10
11	3, 6, and 9
12	2, 5, 8, and 11
13	1, 4, 7, 10, and 13
14	3, 6, 9, and 12
15	2, 5, 8, 11, and 14

If more than 15 persons, call your regional office for sample person selection instructions.

M. DOCTOR SERVICE PAGE		DR VISIT 1	
Refer to "2-Week Doctor Visits Page," and complete for each visit, or mark box. <input type="checkbox"/> No 2-week doctor visits for family (M2)			3-4 5-6
M1	Refer to question 2 on 2-Week Doctor Visits Page and mark appropriate box.	M1	Person number _____ 1 <input type="checkbox"/> Telephone call } (Next DR visit) 2 <input type="checkbox"/> Home visit } 8 <input type="checkbox"/> Other (1)
Hand calendar. Refer to questions 1 and 2 on "2-Week Doctor Visits Page" for date and type of health care facility.		1a.	City _____ 8-11 County _____ 12-14 State _____ 15-16
1a. Earlier you told me that during the two weeks outlined in red on that calendar, --- received health care (on (date)/last week/the week before last). In what city, county, and State is the (place in 2) located?		b.	_____ Minutes 17-19
b. How long did it take for --- to get to this (place) this time?		c.	1 <input type="checkbox"/> A. Place used for nearly all medical care 20 1 <input type="checkbox"/> B. Especially good for treating this condition 21 1 <input type="checkbox"/> C. Convenient to home 22 1 <input type="checkbox"/> D. Convenient to work/shopping 23 1 <input type="checkbox"/> E. Referred by a doctor 24 1 <input type="checkbox"/> F. Referred by friend/relative 25 1 <input type="checkbox"/> G. Only place available 26 1 <input type="checkbox"/> H. Health insurance plan requires 27 1 <input type="checkbox"/> I. Emergency 28 1 <input type="checkbox"/> J. Other (Specify) 29
c. Which letters explain why --- went to this (place) this time? Mark all that apply.		d.	<input type="checkbox"/> Yes (Reask 1c and d) <input type="checkbox"/> No 30 NCN
d. Any other reason?			
FOOTNOTES			

M. DOCTOR SERVICE PAGE, Continued

PERSON 1

M2

Refer to "BD" box above person's column.

No 2-week bed days for family (Next page)

M2

1 BD box marked (2)
 8 Other (NP)

5

Hand calendar.

2. Earlier you told me that during the 2 weeks outlined in red on that calendar, -- stayed in bed more than half a day because of illness or injury. Did a doctor advise -- to stay in bed during that time?

2.

1 Yes
 2 No
 9 DK

6

FOOTNOTES

N. DENTAL CARE PAGE

PERSON 1

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

1 a. DURING THOSE 2 WEEKS, did anyone in the family go to a dentist? Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists. Yes No (3)

b. Who was this? Mark "Dental visit" box in person's column.

c. During those 2 weeks, did anyone else in the family go to a dentist? Yes (Reask 1b and c) No

d. Ask for each person with "Dental visit" in 1b: During those 2 weeks, how many times did -- go to a dentist? Number **6-7**

N1 Refer to "Dental visit" in 1b. **N1** 1 "Dental visit" marked in 1b (N2) **8**
2 Other (NP)

N2 Refer to age. **N2** 0 Under 17 (2) **9**
1 17 and over, available (2)
2 17 and over, callback required (NP)

Complete a separate column for each 2-week dental visit.

2 a. (Earlier I was told -- went to the dentist during the 2 week period beginning Monday, (date) and ending Sunday, (date).) (Now I am going to read a list of dental services.) When -- went to the dentist ((the last time/the time before that)), did -- have:

A. An x-ray taken? **10**
B. A tooth filled? **11-12**
C. A tooth pulled? **13**
D. Any other oral surgery? **14**
E. A fluoride treatment? **15**
F. Teeth cleaned? **16**
G. Teeth straightened, that is, orthodontia? **17-18**
H. Treatment for gums? **19-20**
I. Work done on a complete denture? **21-22**
J. Work done on a partial denture? **23-24**
K. Work done on a bridge? **25-26**
L. Work done on a crown or cap? **27**
M. Work done on a root canal? **28-29**
N. An examination? **30**
O. Something else done? (Specify for appropriate visit, THEN reask O) **31**

2 a.

	1	2	3		
A.				X ray	10
B.				Filled	11-12
C.				Pulled	13
D.				Oral surgery	14
E.				Fluoride	15
F.				Cleaned	16
G.				Straightened	17-18
H.				Gums	19-20
I.				Complete denture	21-22
J.				Partial denture	23-24
K.				Bridge	25-26
L.				Crown or cap	27
M.				Root canal	28-29
N.				Examination	30
O.				(Specify, THEN reask O)	31

Visit 1 _____
 Visit 2 _____
 Visit 3 _____

b.

	1	2	3		
				Regular dentist	32-33
				Dental specialist	34-35

36-45

c. Visit 1 _____
 Visit 2 _____
 Visit 3 _____

d. Visit 1 _____ Minutes **46-75**
 Visit 2 _____ Minutes
 Visit 3 _____ Minutes

N3 Review 1d for additional visits for this person. If additional visits, reask 2a-d for each visit. **N3** 1 Self Resp. **76**
 2 Proxy (Footnote reason if 17 and over)

N. DENTAL CARE PAGE, Continued		PERSON 1	
<p>Mark box if "One year old or under 1."</p> <p>3a. During the past 12 months (that is, since (12-month date) a year ago) about how many visits did -- make to a dentist? (Include the (number in 1d) visit(s) you already told me about.)</p> <p>Mark "2-week dental visit" box in person's column if visit(s) reported in 1d.</p> <p>b. ABOUT how long has it been since -- LAST went to a dentist?</p>		<p>3a. 998 <input type="checkbox"/> One year old or under 1 (NP) 77-79</p> <p>_____ Visits</p> <p>000 <input type="checkbox"/> None</p> <p>b. 1 <input type="checkbox"/> Past 2 weeks not reported (Reask 1) 80</p> <p>2 <input type="checkbox"/> 2-week dental visit</p> <p>3 <input type="checkbox"/> Over 2 weeks, less than 6 months</p> <p>4 <input type="checkbox"/> 6 months, less than 1 year</p> <p>5 <input type="checkbox"/> 1 year, less than 2 years</p> <p>6 <input type="checkbox"/> 2 years, less than 5 years</p> <p>7 <input type="checkbox"/> 5 years or more</p> <p>0 <input type="checkbox"/> Never</p>	
<p>4a. Does anyone in the family use toothpaste with fluoride? <input type="checkbox"/> Yes <input type="checkbox"/> No (5) <input type="checkbox"/> DK (5)</p> <p>b. Who is this? Mark "Toothpaste" box in person's column.</p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 4b and c) <input type="checkbox"/> No</p>		<p>4b. 1 <input type="checkbox"/> Toothpaste 81</p>	
<p>5a. Does anyone in the family use fluoride drops, tablets, or any other fluoride supplements which are swallowed? <input type="checkbox"/> Yes <input type="checkbox"/> No (6) <input type="checkbox"/> DK (6)</p> <p>b. Who is this? Mark "Fluoride supplements" box in person's column.</p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 5b and c) <input type="checkbox"/> No</p>		<p>5b. 1 <input type="checkbox"/> Fluoride supplements 82</p>	
<p>6a. Does anyone in the family use a fluoride mouth rinse which is NOT swallowed? <input type="checkbox"/> Yes <input type="checkbox"/> No (7) <input type="checkbox"/> DK (7)</p> <p>b. Who is this? Mark "Fluoride mouth rinse" box in person's column.</p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 6b and c) <input type="checkbox"/> No</p>		<p>6b. 1 <input type="checkbox"/> Fluoride mouth rinse 83</p>	
<p>7a. Is there anyone in the family who has lost ALL of his or her teeth? <input type="checkbox"/> Yes <input type="checkbox"/> No (NEXT PAGE)</p> <p>b. Who is this? Mark "Lost all teeth" box in person's column.</p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 7b and c) <input type="checkbox"/> No</p>		<p>7b. 1 <input type="checkbox"/> Lost all teeth 84</p>	
<p>Ask 8a-f as appropriate for each person with "Lost all teeth" in 7b.</p> <p>8a. Does -- have false teeth?</p> <p>b. Does -- have an upper plate, a lower plate, or both?</p> <p>c. Does -- usually wear -- plate(s) while eating?</p> <p>d. Does -- usually wear -- plate(s) when not eating?</p> <p>e. Does -- need new false teeth?</p> <p>f. Do the ones -- has need refitting?</p>		<p>8a. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (NP) 85</p> <p>b. 1 <input type="checkbox"/> Upper 3 <input type="checkbox"/> Both 86</p> <p>2 <input type="checkbox"/> Lower</p> <p>c. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 87</p> <p>d. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 88</p> <p>e. 1 <input type="checkbox"/> Yes (NP) 2 <input type="checkbox"/> No 89</p> <p>f. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 90</p>	

P. HEALTH INSURANCE PAGE

PERSON 1

Read to respondent(s):

Medicare is a Social Security health insurance program for disabled persons and for persons 65 years old and over. People covered by Medicare have a card that looks like this. Show card.

- 1a. Is anyone in this family, that is (read names), now covered by Medicare? Yes No (4) DK
 b. Is — now covered? Mark box in person's column.

1b. 1 Cov. 9 DK 5
 2 Not cov.

Ask for each person with "Covered" in 1b:

- 2a. Is — now covered by the part of Social Security Medicare which pays for hospital bills? Mark box in person's column.
 b. Is — now covered by that part of Medicare which pays for doctor's bills? This is the Medicare plan for which — or some agency must pay a certain amount each month. Mark box in person's column.

2a. 1 Yes 9 DK 6
 2 No
 b. 1 Yes 9 DK 7
 2 No

Ask for each person with "DK" in 2a and/or b:

3. 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 N.A." box.

3. 1 Hospital 8
 2 Medical
 3 Card N.A.

- 4a. (Not counting Medicare) Is anyone in the family now covered by a health insurance plan which pays any part of a hospital, doctor's or surgeon's bill? Yes No (P1)

- b. What is the name of the plan? Record in Table H.I. If more than three plans, go to page 12.

- c. Is anyone in the family now covered by any other health insurance plan which pays any part of a hospital, doctor's or surgeon's bill? Yes (Reask 4b and c) No (5)

9

TABLE H.I.

PLAN 1	10	6a. Does this plan pay any part of hospital expenses?	7. Is — covered under this (name) plan?	7.	15
5a. Was this (name) plan obtained through an employer or union? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (6) 9 <input type="checkbox"/> DK (6) <input type="checkbox"/> 11		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK <input type="checkbox"/> 13	7. Is — covered under this (name) plan? Mark box in person's column.	7. 1 <input type="checkbox"/> Covered (NP) 2 <input type="checkbox"/> Not covered (NP)	
b. Is it now carried through an employer or union? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK <input type="checkbox"/> 12	b. Does this plan pay any part of doctor's or surgeon's bills for operations? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK <input type="checkbox"/> 14				
5a. Was this (name) plan obtained through an employer or union? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (6) 9 <input type="checkbox"/> DK (6) <input type="checkbox"/> 17		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK <input type="checkbox"/> 19	7. Is — covered under this (name) plan? Mark box in person's column.	7. 1 <input type="checkbox"/> Covered (NP) 2 <input type="checkbox"/> Not covered (NP)	21
b. Is it now carried through an employer or union? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK <input type="checkbox"/> 18	b. Does this plan pay any part of doctor's or surgeon's bills for operations? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK <input type="checkbox"/> 20				
5a. Was this (name) plan obtained through an employer or union? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (6) 9 <input type="checkbox"/> DK (6) <input type="checkbox"/> 23		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK <input type="checkbox"/> 25	7. Is — covered under this (name) plan? Mark box in person's column.	7. 1 <input type="checkbox"/> Covered (NP) 2 <input type="checkbox"/> Not covered (NP)	27
b. Is it now carried through an employer or union? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK <input type="checkbox"/> 24	b. Does this plan pay any part of doctor's or surgeon's bills for operations? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK <input type="checkbox"/> 26				

- P1** Review 1 and 7 for each person and determine if "Covered" by either Medicare and/or insurance, or "Not covered."

P1 1 Covered (NP) 46
 2 Not covered under 65 (NP)
 3 Not covered 65 and over (NP)

Ask for each person "Not covered" in P1. If "Not covered 65 and over," include "or Medicare."

- 8a. (Many people do not carry health insurance for various reasons.) Hand Card N. Which of those statements describes why — is not covered by any health insurance (or Medicare)? Any other reason? Circle all reasons given.

- Mark box if only one reason. If "Not covered 65 and over," in P1, include "or Medicare."
 b. What is the MAIN reason — is not covered by any health insurance (or Medicare)?

8a. 1 2 3 4 5 6 7 8 47-48
 49-50
 51-52
 Specify
 00 Only one reason 53-54
 b. 1 2 3 4 5 6 7 8
 Specify

P. HEALTH INSURANCE PAGE, Continued

PERSON 1

TABLE H.I., Continued

PLAN 4 28		6a. Does this plan pay any part of hospital expenses? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 31	7. Is -- covered under this (name) plan? Mark box in person's column.	7. 33 1 <input type="checkbox"/> Covered (NP) 2 <input type="checkbox"/> Not covered (NP)
5a. Was this (name) plan obtained through an employer or union? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (6) 9 <input type="checkbox"/> DK (6) 29		b. Does this plan pay any part of doctor's or surgeon's bills for operations? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 32		
PLAN 5 34		6a. Does this plan pay any part of hospital expenses? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 37	7. Is -- covered under this (name) plan? Mark box in person's column.	7. 39 1 <input type="checkbox"/> Covered (NP) 2 <input type="checkbox"/> Not covered (NP)
5a. Was this (name) plan obtained through an employer or union? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (6) 9 <input type="checkbox"/> DK (6) 35		b. Does this plan pay any part of doctor's or surgeon's bills for operations? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 38		
PLAN 6 40		6a. Does this plan pay any part of hospital expenses? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 43	7. Is -- covered under this (name) plan? Mark box in person's column.	7. 45 1 <input type="checkbox"/> Covered (NP) 2 <input type="checkbox"/> Not covered (NP)
5a. Was this (name) plan obtained through an employer or union? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (6) 9 <input type="checkbox"/> DK (6) 41		b. Does this plan pay any part of doctor's or surgeon's bills for operations? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 44		

P2

Go to item P1 on page 10

FOOTNOTES

P. HEALTH INSURANCE PAGE, Continued		PERSON I	
9a. Does anyone in this family now receive assistance through the "Aid to Families with Dependent Children" Program, sometimes called "AFDC" or "ADC"? <input type="checkbox"/> Yes <input type="checkbox"/> No (10) <input type="checkbox"/> DK (10)			
b. Which (other) family members are included in the AFDC assistance payment? <i>Mark "AFDC" box in person's column.</i>		9b. 1 <input type="checkbox"/> AFDC	55
c. Are any other family members included in this program? <input type="checkbox"/> Yes (Reask 9b and c) <input type="checkbox"/> No			
10a. Does anyone in this family now receive the "Supplemental Security Income" or "SSI" gold-colored check? <input type="checkbox"/> Yes <input type="checkbox"/> No (11) <input type="checkbox"/> DK (11)			
b. Who (else) receives this check? <i>Mark "SSI" box in person's column.</i>		10b. 1 <input type="checkbox"/> SSI	56
c. Anyone else? <input type="checkbox"/> Yes (Reask 10b and c) <input type="checkbox"/> No			
11a. There is a national program called Medicaid which pays for health care for persons in need. (In this State it is also called (name)). During the past 12 months, has anyone in this family received health care which has been or will be paid for by Medicaid (or (name))? <input type="checkbox"/> Yes <input type="checkbox"/> No (12) <input type="checkbox"/> DK (12)			
b. Who was this? <i>Mark "Medicaid" box in person's column.</i>		11b. 1 <input type="checkbox"/> Medicaid	57
c. Anyone else? <input type="checkbox"/> Yes (Reask 11b and c) <input type="checkbox"/> No			
12a. Does anyone in the family now have a Medicaid (or (name)) card which looks like this? Show Medicaid card. <input type="checkbox"/> Yes <input type="checkbox"/> No (13) <input type="checkbox"/> DK (13)			
b. Who is this? <i>Mark "Card" box in person's column.</i>		12b. 1 <input type="checkbox"/> Card	58
c. Anyone else? <input type="checkbox"/> Yes (Reask 12b and c) <input type="checkbox"/> No			
d. May I please see -- (and --) card(s)? <i>Mark appropriate box(es) in person's column.</i> <i>Ask for each person with "Card" in 12b:</i>		d. <input type="checkbox"/> Medicaid card seen 1 <input type="checkbox"/> Current <input type="checkbox"/> Expired 3 <input type="checkbox"/> No card seen 8 <input type="checkbox"/> Other card seen	59
		<i>Specify</i>	
13a. Is anyone in the family now covered by any other public assistance program that pays for health care? <input type="checkbox"/> Yes <input type="checkbox"/> No (Next page) <input type="checkbox"/> DK (Next page)			
b. Who is this? <i>Mark "Other PA" box in person's column.</i>		13b. 1 <input type="checkbox"/> Other PA	60
c. Anyone else? <input type="checkbox"/> Yes (Reask 13b and c) <input type="checkbox"/> No			

P. HEALTH INSURANCE PAGE, Continued		PERSON 1	
14a. Does anyone in the family now receive military retirement payments from any branch of the Armed Forces or a pension from the Veterans Administration? Do not include VA disability compensation. <input type="checkbox"/> Yes <input type="checkbox"/> No (15) <input type="checkbox"/> DK (15)			
b. Who is this? Mark "Mil. ret./VA pen." box in person's column.		14b.	1 <input type="checkbox"/> Mil. ret./VA pen. 61
c. Anyone else? <input type="checkbox"/> Yes (Reask 14b and c) <input type="checkbox"/> No			
d. Which does — receive — the Armed Forces retirement, the VA pension or both? Ask for each person with "Mil. ret./VA pen." in 14b:		d.	1 <input type="checkbox"/> Armed Forces 2 <input type="checkbox"/> VA 3 <input type="checkbox"/> Both 62
15a. Is anyone in the family now covered by CHAMP—VA, which is medical insurance for dependents or survivors of disabled veterans? <input type="checkbox"/> Yes <input type="checkbox"/> No (16) <input type="checkbox"/> DK (16)			
b. Who is this? Mark "CHAMP—VA" box in person's column.		15b.	1 <input type="checkbox"/> CHAMP-VA 63
c. Anyone else? <input type="checkbox"/> Yes (Reask 15b and c) <input type="checkbox"/> No			
16a. Is anyone in the family now covered by any other program that provides health care for military dependents or survivors of military persons? <input type="checkbox"/> Yes <input type="checkbox"/> No (P3) <input type="checkbox"/> DK (P3)			
b. Who is this? Mark "Health Care" box in person's column.		16b.	1 <input type="checkbox"/> Health Care 64
c. Anyone else? <input type="checkbox"/> Yes (Reask 16b and c) <input type="checkbox"/> No			
P3	Refer to "AF" box above person's column.	P3	1 <input type="checkbox"/> AF box marked (17) 2 <input type="checkbox"/> Other (NP) 65
17a. Does — have a disability related to — service in the Armed Forces of the United States?		17a.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (NP) 66
b. Does — now receive compensation for this disability from the Veterans Administration?		b.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 67
FOOTNOTES			

P. HEALTH INSURANCE PAGE, Continued

PERSON 1

18a. During the past 12 months, that is since (12-month date) a year ago, have (read names of related HH members 18 or over) been laid off from a job or lost a job?
 Yes No (Next Page) DK (Next Page)

b. Who was this?
 Mark "Laid off/lost job" box in person's column.

c. Anyone else?
 Yes (Reask 18b and c) No

Ask 18d and e for each person with "Laid off/lost job" in 18b.

d. How many times has --- been laid off or lost a job during the past 12 months?

e. In what month was --- laid off or did --- lose a job [(the last time/the time before that)]?

18b. 1 Laid off/lost job 68

d. _____ Times 69

e.

Time 1 70-71

Time 2 72-73

Time 3 74-75

19a. Because of (names of persons in 18b) job layoff(s) or job loss(es), did anyone in the family lose any health insurance coverage that had been carried through (that/those) job(s)?
 Yes No (Next Page) DK (Next Page)

b. Who was this?
 Mark "Lost coverage" box in person's column.

c. Anyone else?
 Yes (Reask 19b and c) No

19b. 1 Lost coverage 76

P4 Refer to 19b and mark appropriate box.

P4 1 Lost coverage (20) 77
 2 Did not lose coverage (NP)

20a. For ANYTIME during [that/those] job layoff(s) or job loss(es), was --- without any type of health insurance coverage? (Do not include health care programs, such as Medicaid, AFDC, or military benefit programs, as health insurance coverage.)
 1 Yes 78
 2 No (NP)

b. For how long was --- without some type of health insurance coverage? (How many months is that?)
 00 Less than 1 month 79-80
 _____ Months

21a. For ANYTIME during [that/those] job layoff(s) or job loss(es), was --- covered by any health care program, such as Medicaid, AFDC, or a military benefit program?
 1 Yes 81
 2 No (NP)

b. For how long was --- covered by some health care program? (How many months is that?)
 00 Less than 1 month 82-83
 _____ Months

FOOTNOTES

O. ALCOHOL/HEALTH PRACTICES PAGE		RT 64	19
Sample Person Number _____		3-4	03
01	Refer to household composition and age. 1 <input type="checkbox"/> Deleted (Next SP) 2 <input type="checkbox"/> Under 18 (Next SP) 3 <input type="checkbox"/> 18 and over, callback required (Next SP) 4 <input type="checkbox"/> 18 and over, noninterview (Specify, THEN next SP) 5 <input type="checkbox"/> 18 and over, available (1)		5
	Read to respondent: (Name of SP), the following questions concern your health practices, smoking, and alcohol use. (It is not necessary for anyone else to be present.)		
	1. How many hours do you usually sleep at night? _____ Hours		6-7
	2. How often do you eat breakfast — almost every day, sometimes, rarely, or never? 1 <input type="checkbox"/> Every day 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely or never 4 <input type="checkbox"/> Other (Specify) _____		8
	3. Including evening snacks, how often do you eat between meals — almost every day, sometimes, rarely, or never? 1 <input type="checkbox"/> Every day 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely or never 4 <input type="checkbox"/> Other (Specify) _____		9
4. Would you say that you are physically more active, less active, or about as active as other persons your age? 1 <input type="checkbox"/> More active 2 <input type="checkbox"/> Less active 3 <input type="checkbox"/> Same 4 <input type="checkbox"/> Other (Specify) _____		10	
5a. Have you smoked at least 100 cigarettes in your life? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (B)		11	
b. Do you smoke cigarettes now? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		12	
c. On the average, about how many cigarettes a day [do/did] you smoke? _____ Number 98 <input type="checkbox"/> Never smoked regularly (B)		13-14	
02	Refer to 5b. 1 <input type="checkbox"/> "Yes" in 5b (7) 2 <input type="checkbox"/> "No" in 5b (6)		15
	6. About how long has it been since you last smoked cigarettes fairly regularly? _____ Number { 2 <input type="checkbox"/> Days 3 <input type="checkbox"/> Weeks 4 <input type="checkbox"/> Months 5 <input type="checkbox"/> Years 000 <input type="checkbox"/> Never smoked regularly (B)		16-18
		Refer to 6. 1 <input type="checkbox"/> Less than 5 years (7b) 2 <input type="checkbox"/> 5 years or more (B)	
		7a. In the past 5 years, have you EVER tried to stop smoking cigarettes? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (B)	
		b. Now I am going to read a list of methods which some people use to stop smoking cigarettes. Tell me which of these methods you used in the past 5 years to stop or try to stop smoking.	
		(1) Did you attend a formal program SUCH AS SmokEnders, the American Cancer Society program or American Lung Association program? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 21	
		(2) Did you go to a health professional for help, SUCH AS a physician, psychologist, or psychiatrist? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 22	
		(3) Did you use special filters or cigarette holders to regulate the amount of smoke inhaled in an attempt to stop smoking? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 23	
		(4) Did you switch to lower tar and nicotine cigarettes in an attempt to stop smoking? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 24	
		(5) Did you stop or try to stop smoking with a few friends, relatives, or acquaintances? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 25	
		(6) Did you stop or try to stop entirely on your own? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 26	
		(7) Did you use some other method to stop or try to stop smoking? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 27 (Specify) _____	
		Read to respondent: These next questions are about drinking alcoholic beverages. Included are liquor such as whiskey, rum, gin, or vodka, and beer, and wine, and any other type of alcoholic beverage.	
		8a. In YOUR ENTIRE LIFE have you had at least 12 drinks of ANY kind of alcoholic beverage? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (Bc)	
		b. In ANY ONE YEAR have you had at least 12 drinks of ANY kind of alcoholic beverage? 1 <input type="checkbox"/> Yes (9) 2 <input type="checkbox"/> No	
		c. What is your MAIN reason for not drinking? 00 <input type="checkbox"/> No need/not necessary 01 <input type="checkbox"/> Don't care for/dislike it 02 <input type="checkbox"/> Medical/health reasons 03 <input type="checkbox"/> Religious/moral reasons 04 <input type="checkbox"/> Brought up not to drink 05 <input type="checkbox"/> Costs too much 06 <input type="checkbox"/> Family member an alcoholic or problem drinker 07 <input type="checkbox"/> Infrequent drinker 08 <input type="checkbox"/> Other (Specify) _____	

<p>9. Not counting small tastes, how old were you when you started drinking alcoholic beverages? 32-33</p> <p>_____ Years old</p>	<p>13a. During that 2-week period, on how many days did you drink any liquor, such as whiskey, rum, gin, or vodka? 66-67</p> <p><input type="text"/> Days</p> <p>oo <input type="checkbox"/> None or never (05)</p>
<p><i>Hand calendar.</i></p> <p>10a. Did you have a drink during the 2-week period [outlined on that calendar/ beginning Monday, (date) and ending Sunday (date)]? 34</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (10c)</p> <p>b. During that period, when did you last have a drink? 35-40</p> <p>_____ 19 _____ (11)</p> <p>Month Date Year</p> <p>c. When was your last drink prior to that 2-week period? 41-46</p> <p>_____ 19 _____</p> <p>Month Date Year</p>	<p>b. During that 2-week period, on the day(s) when you drank liquor, about how many drinks did you have a day? 68-69</p> <p><input type="text"/> Drinks</p> <p>c. During that 2-week period, what was the total number of drinks of liquor you had? 70-72</p> <p>_____ Drinks</p> <p>d. About how many ounces of liquor were in a typical drink that you had during that period? 73-74</p> <p>_____ Ounces</p>
<p>04 Refer to 10c. 47</p> <p>1 <input type="checkbox"/> Over 2 weeks, less than 1 year (17)</p> <p>2 <input type="checkbox"/> 1 year or more (26)</p>	<p>05 Refer to 11a, 12a, and 13a. 75</p> <p>1 <input type="checkbox"/> One day and one beverage type (16)</p> <p>2 <input type="checkbox"/> Only one beverage type (15)</p> <p>3 <input type="checkbox"/> 14 days in 11a, 12a, or 13a (Intro)</p> <p>8 <input type="checkbox"/> Other (14)</p>
<p>11a. During that 2-week period, on how many days did you drink any beer? 48-49</p> <p><input type="text"/> Days</p> <p>oo <input type="checkbox"/> None or never (12)</p> <p>b. During that 2-week period, on the day(s) when you drank beer, about how many beers did you drink a day? 50-51</p> <p><input type="text"/> Beers</p> <p>c. During that 2-week period, what was the total number of beers you drank? 52-54</p> <p>_____ Beers</p> <p>d. About how many ounces were in a typical can or bottle or glass of beer that you drank during that period? 55-56</p> <p>_____ Ounces</p>	<p><i>Read to respondent:</i></p> <p>I have asked you about beer, wine, and liquor separately. Now I want you to think about them combined.</p> <p>14. During the 2-week period [outlined on that calendar/beginning Monday, (date) and ending Sunday (date)], on how many days altogether did you drink alcoholic beverages, that is, beer, or wine, or liquor? 76-77</p> <p>_____ Days (15)</p> <p>01 <input type="checkbox"/> One day only (16)</p>
<p>12a. During that 2-week period, on how many days did you drink any wine? 57-58</p> <p><input type="text"/> Days</p> <p>oo <input type="checkbox"/> None or never (13)</p> <p>b. During that 2-week period, on the day(s) when you drank wine, about how many glasses of wine did you drink a day? 59-60</p> <p><input type="text"/> Glasses</p> <p>c. During that 2-week period, what was the total number of glasses of wine you drank? 61-63</p> <p>_____ Glasses</p> <p>d. About how many ounces of wine were in a typical glass that you drank during that period? 64-65</p> <p>_____ Ounces</p>	<p>INTRO I have asked you about beer, wine, and liquor separately. Now I want you to think about them combined.</p> <p>Refer to questions 11b, 12b, and 13b.</p> <p>15a. During that 2-week period, did you have more than (largest number in 11b, 12b, or 13b) drink(s) on a single day? 78</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (16)</p> <p>b. During that 2-week period, on how many days did you have more than (largest number in 11b, 12b, or 13b) drink(s) of beer, or wine, or liquor? 79-80</p> <p>_____ Days</p> <p>01 <input type="checkbox"/> One day only (15e)</p> <p>c. What was the largest number of drinks you had on any one of those days? 81-82</p> <p>_____ Drinks</p> <p>d. On how many days during that 2-week period did you have (number in 15c) drinks? 83-84</p> <p>_____ Days (16)</p> <p>e. How many drinks did you have on that day? 85-86</p> <p>_____ Drinks</p>

RY 05		27-28	
<p>16a. Was the amount of your drinking during that 2-week period typical of your drinking during the past 12 months?</p> <p>1 <input type="checkbox"/> Yes (16c) 2 <input type="checkbox"/> No</p>	3-6 5	<p>18a. During that 2-week period, on how many days did you drink any liquor, such as whiskey, rum, gin, or vodka?</p> <p><input type="text"/> Days</p> <p>00 <input type="checkbox"/> None or never (06)</p>	
<p>b. Was the amount of your drinking during that 2-week period more or less than your drinking during the past 12 months?</p> <p>1 <input type="checkbox"/> More (23) 2 <input type="checkbox"/> Less (23)</p>	6	<p>b. During that 2-week period, on the day(s) when you drank liquor, about how many drinks did you have a day?</p> <p>_____ Drinks</p>	
<p>c. For how many years has this been typical of your drinking?</p> <p>_____ Years (23) 00 <input type="checkbox"/> Less than one (23)</p>	7-8	<p>c. During that 2-week period, what was the total number of drinks of liquor you had?</p> <p>_____ Drinks</p>	
<p><i>Read to respondent:</i> Let's talk about the 2-week period ENDING WITH AND INCLUDING the day you had your last drink.</p>		<p>d. About how many ounces of liquor were in a typical drink that you had during that period?</p> <p>_____ Ounces</p>	
<p>17a. During that 2-week period, on how many days did you drink any beer?</p> <p><input type="text"/> Days</p> <p>00 <input type="checkbox"/> None or never (18)</p>	9-10	<p>20. During the 2-week period ENDING WITH AND INCLUDING the day you had your last drink, on how many days altogether did you drink alcoholic beverages, that is, beer, or wine, or liquor?</p> <p>_____ Days</p>	
<p>b. During that 2-week period, on the day(s) when you drank beer, about how many beers did you drink a day?</p> <p>_____ Beers</p>	11-12	<p>Refer to 17a, 18a, and 19a.</p> <p>1 <input type="checkbox"/> Only one beverage type (21)</p> <p>2 <input type="checkbox"/> 14 days in 17a, 18a, or 19a (21)</p> <p>8 <input type="checkbox"/> Other (20)</p>	
<p>c. During that 2-week period, what was the total number of beers you drank?</p> <p>_____ Beers</p>	13-15	<p><i>Read to respondent:</i> I have asked you about beer, wine, and liquor separately. Now I want you to think about them combined.</p>	
<p>d. About how many ounces were in a typical can or bottle or glass of beer that you drank during that period?</p> <p>_____ Ounces</p>	16-17	<p>20. During the 2-week period ENDING WITH AND INCLUDING the day you had your last drink, on how many days altogether did you drink alcoholic beverages, that is, beer, or wine, or liquor?</p> <p>_____ Days</p>	
<p>18a. During that 2-week period, on how many days did you drink any wine?</p> <p><input type="text"/> Days</p> <p>00 <input type="checkbox"/> None or never (19)</p>	18-19	<p>21a. Was the amount of your drinking during that 2-week period typical of your drinking during the 12 months before your last drink?</p> <p>1 <input type="checkbox"/> Yes (21c) 2 <input type="checkbox"/> No</p>	
<p>b. During that 2-week period, on the day(s) when you drank wine, about how many glasses of wine did you drink a day?</p> <p>_____ Glasses</p>	20-21	<p>b. Was the amount of your drinking during that 2-week period more or less than your drinking during the 12 months before your last drink?</p> <p>1 <input type="checkbox"/> More (22) 2 <input type="checkbox"/> Less (22)</p>	
<p>c. During that 2-week period, what was the total number of glasses of wine you drank?</p> <p>_____ Glasses</p>	22-23	<p>c. For how many years was this typical of your drinking?</p> <p>_____ Years 00 <input type="checkbox"/> Less than one</p>	
<p>d. About how many ounces of wine were in a typical glass that you drank during that period?</p> <p>_____ Ounces</p>	24-25	<p>FOOTNOTES</p>	

<p>22a. What is your MAIN reason for not drinking since (date in 10c)? 43-44</p> <p>00 <input type="checkbox"/> No need/not necessary 01 <input type="checkbox"/> Don't care for/dislike it 02 <input type="checkbox"/> Medical/health reasons 03 <input type="checkbox"/> Religious/moral reasons 04 <input type="checkbox"/> Alcoholic/problem drinker-self 05 <input type="checkbox"/> Costs too much 06 <input type="checkbox"/> Family member an alcoholic or problem drinker 07 <input type="checkbox"/> Quit drinking (23b) 08 <input type="checkbox"/> Infrequent drinker (23a) 88 <input type="checkbox"/> Other (Specify) _____</p> <p>b. Have you completely stopped drinking alcoholic beverages? 45</p> <p>1 <input type="checkbox"/> Yes (23b) 2 <input type="checkbox"/> No</p>	<p>25f. When you were a moderate drinker, how many drinks of alcoholic beverages did you have in a week? 65-66</p> <p>_____ Drinks 00 <input type="checkbox"/> Less than one</p> <p>g. Was there ever a period in your life when you considered yourself to be a light drinker? 67</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (07)</p> <p>h. For how many years were you a light drinker? 68-69</p> <p>_____ Years 00 <input type="checkbox"/> Less than one</p> <p>i. When you were a light drinker, how many drinks of alcoholic beverages did you have in a week? 70-71</p> <p>_____ Drinks 00 <input type="checkbox"/> Less than one</p>
<p>23a. During the past year, in how many MONTHS did you have at least one drink of ANY alcoholic beverage? 46-47</p> <p>_____ Months (24)</p> <p>b. During the year before your last drink, in how many MONTHS did you have at least one drink of ANY alcoholic beverage? 48-49</p> <p>_____ Months 00 <input type="checkbox"/> None (25)</p>	<p>07 72</p> <p>Refer to 25a, 25d, and 25g. 1 <input type="checkbox"/> 25a, 25d, and 25g are all "No" (25j) 8 <input type="checkbox"/> Other (25n)</p>
<p>24a. During [that month/those months], on how many DAYS did you have 5 or more drinks of ANY alcoholic beverage? 50-52</p> <p>_____ Days 000 <input type="checkbox"/> None</p> <p>b. During [that month/those months], on how many DAYS did you have 5 or more drinks of ANY alcoholic beverage? (Include the (number in 24a) days you had 5 or more drinks.) 53-55</p> <p>_____ Days 000 <input type="checkbox"/> None</p>	<p>25j. Was there ever a period in your life when you considered yourself to be a very light, occasional, or infrequent drinker? 73</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (25m)</p> <p>k. For how many years were you a very light, occasional, or infrequent drinker? 74-75</p> <p>_____ Years 00 <input type="checkbox"/> Less than one</p> <p>l. When you were a very light, occasional, or infrequent drinker, how many drinks of alcoholic beverages did you have in a week? 76-77</p> <p>_____ Drinks 00 <input type="checkbox"/> Less than one</p>
<p>Read to respondent: These next questions are about drinking during your lifetime beginning with the age you started drinking. I will ask you about heavy, moderate, and light drinking.</p> <p>25a. Was there ever a period in your life when you considered yourself to be a heavy drinker? 56</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (25d)</p> <p>b. For how many years were you a heavy drinker? 57-58</p> <p>_____ Years 00 <input type="checkbox"/> Less than one</p> <p>c. When you were a heavy drinker, how many drinks of alcoholic beverages did you have in a week? 59-61</p> <p>_____ Drinks 000 <input type="checkbox"/> Less than one</p> <p>d. Was there ever a period in your life when you considered yourself to be a moderate drinker? 62</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (25g)</p> <p>e. For how many years were you a moderate drinker? 63-64</p> <p>_____ Years 00 <input type="checkbox"/> Less than one</p>	<p>m. Do you now consider yourself to be an abstainer or a very light, occasional, or infrequent drinker? 78</p> <p>1 <input type="checkbox"/> Light 2 <input type="checkbox"/> Moderate 3 <input type="checkbox"/> Heavy 4 <input type="checkbox"/> Abstainer 5 <input type="checkbox"/> Very light, occasional, infrequent 8 <input type="checkbox"/> Other (Specify) _____</p> <p style="text-align: right;">} (31)</p> <p>n. Do you now consider yourself to be an abstainer or a light, moderate, or heavy drinker? 79</p> <p>1 <input type="checkbox"/> Light 2 <input type="checkbox"/> Moderate 3 <input type="checkbox"/> Heavy 4 <input type="checkbox"/> Abstainer 5 <input type="checkbox"/> Very light, occasional, infrequent 8 <input type="checkbox"/> Other (Specify) _____</p> <p style="text-align: right;">} (31)</p>

RT 66	
<p>31a. Some people have problems related to drinking. Have you EVER had a family or marital problem related to YOUR drinking?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (32)</p>	3-4
<p>b. What problem did you have?</p> <p>_____</p> <p>_____</p>	5 6-11
<p>c. Anything else?</p> <p><input type="checkbox"/> Yes (Reask 31b and c) <input type="checkbox"/> No</p> <p>Mark box or ask. <input type="checkbox"/> "1 year or more" in O4 (32)</p>	NCN 12
<p>d. Did [this problem/any of these problems] occur in the past 12 months?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	
<p>32a. Have you EVER had a job or work problem related to YOUR drinking?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (33)</p>	13
<p>b. What problem did you have?</p> <p>_____</p> <p>_____</p>	14-19
<p>c. Anything else?</p> <p><input type="checkbox"/> Yes (Reask 32b and c) <input type="checkbox"/> No</p> <p>Mark box or ask. <input type="checkbox"/> "1 year or more" in O4 (33)</p>	NCN 20
<p>d. Did [this problem/any of these problems] occur in the past 12 months?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	
<p>33a. Have you EVER had an injury related to YOUR drinking?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (34)</p>	21
<p>b. What was the injury?</p> <p>_____</p> <p>_____</p>	22-27
<p>c. Anything else?</p> <p><input type="checkbox"/> Yes (Reask 33b and c) <input type="checkbox"/> No</p> <p>Mark box or ask. <input type="checkbox"/> "1 year or more" in O4 (34)</p>	NCN 28
<p>d. Did [this injury/any of these injuries] occur in the past 12 months?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	
<p>34a. Did you EVER have any (other) health problem related to YOUR drinking?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (35)</p>	29
<p>b. What was the health problem?</p> <p>_____</p> <p>_____</p>	30-35
<p>c. Anything else?</p> <p><input type="checkbox"/> Yes (Reask 34b and c) <input type="checkbox"/> No</p> <p>Mark box or ask. <input type="checkbox"/> "1 year or more" in O4 (35)</p>	NCN 36
<p>d. Did [this problem/any of these problems] occur in the past 12 months?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	
<p>35a. While YOU were driving, did you EVER have a motor vehicle accident or traffic violation related to YOUR drinking?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (36)</p>	37
<p>b. Which, a motor vehicle accident or traffic violation?</p> <p>1 <input type="checkbox"/> Accident</p> <p>2 <input type="checkbox"/> Violation</p> <p>3 <input type="checkbox"/> Both</p>	38
<p>Mark box or ask. <input type="checkbox"/> "1 year or more" in O4 (36)</p>	39
<p>c. Did you have a [motor vehicle accident/(or) traffic violation] related to YOUR drinking in the past 12 months?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	
FOOTNOTES	

36. Tell me whether or not you have EVER had any of the following conditions even if you have mentioned them before.

a. Hypertension or high blood pressure?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	40
b. Hardening of the arteries?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	41
c. Tachycardia, arrhythmia, or rapid heart?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	42
d. Arthritis or rheumatism?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	43
e. Convulsions or seizures?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	44
f. Blackouts?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	45
g. Shortness of breath?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	46
h. Insomnia or sleeplessness?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	47
i. Hepatitis?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	48
j. Any disease of the pancreas?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	49
k. An ulcer, other than a skin ulcer?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	50
l. Any gastrointestinal bleeding?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	51
m. Diabetes?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	52
n. Heart attack or heart failure?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	53
o. Coronary heart disease?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	54
p. Stroke or hemorrhage of the brain?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	55
q. Angina pectoris?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	56
r. Cancer?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	57
s. Yellow jaundice?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	58
t. Fatty liver?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	59
u. Enlarged liver?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	60
v. Cirrhosis of the liver?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	61
w. Any other liver trouble?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	62
x. DT's or delirium tremens?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	63
y. Alcoholism?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	64

09	<i>Mark by observation. Mark all that apply.</i>	
	Who was present during the interview?	65
	1 <input type="checkbox"/> Telephone interview	66
	1 <input type="checkbox"/> No one else present	67
	1 <input type="checkbox"/> Husband/wife	68
	1 <input type="checkbox"/> Child/children under 18 years old	69
	1 <input type="checkbox"/> Parent(s)	70
1 <input type="checkbox"/> Other adult(s)	70	

FOOTNOTES

Card M

- A. Place used for nearly all medical care
- B. Especially good for treating this condition
- C. Convenient to home
- D. Convenient to work or shopping
- E. Referred by a doctor
- F. Referred by friend or relative
- G. Only place available
- H. Health insurance plan requires
- I. Emergency
- J. Some other reason — Specify

Card J
Card M

(Cut along broken line)


FORM HS 501 (1982) (4-28-82)

CARD N

- 1. Job layoff, job loss, or any reasons related to unemployment
- 2. Can't obtain insurance because of poor health, illness, or age
- 3. Too expensive, can't afford health insurance
- 4. Dissatisfied with previous insurance
- 5. Don't believe in insurance
- 6. Have been healthy, not much sickness in the family, haven't needed health insurance
- 7. Covered by some other health plan
- 8. Some other reason — Specify

Form HS 501 (1982) (4-28-82)

MEDICARE

Health  Insurance	
SOCIAL SECURITY ACT	
NAME OF BENEFICIARY JOHN Q. PUBLIC	
CLAIM NUMBER 000-00-0000-A	SEX MALE
IS ENTITLED TO HOSPITAL INSURANCE MEDICAL INSURANCE	EFFECTIVE DATE 7-1-66 7-1-66
SIGN HERE <i>John Q. Public</i>	

FORM HS 501 (1982) (4-28-82)

1984

The 1984 NHIS was composed of approximately 41,000 households containing about 105,000 persons. As in previous years, information was collected on acute conditions, episodes of injury, restriction in activity, limitation of activity due to chronic conditions, prevalence of chronic conditions, respondent-assessed health status, and the use of medical services—including physician contacts and short-stay hospitalization.

A special supplement on aging was added to the 1984 NHIS. This supplement was added to obtain information about older people who were living in the community at the time of the interview. The supplement on aging was designed to collect information on the following issues:

- Family structure, relationships, support, and living arrangements

- Community and social support
- Occupation and retirement
- Conditions and impairments
- Activities of daily living
- Instrumental activities of daily living
- Nursing home stays
- Help with care
- Familiarity with hospice
- Health opinions

Additional information about the Supplement on Aging can be found in *Vital and Health Statistics* report, Series 1, No. 21 (3).

M. HEALTH INSURANCE PAGE

Read to respondent(s):

Medicare is a Social Security health insurance program for disabled persons and for persons 65 years old and over. People covered by Medicare have a card that looks like this.
Show card.

<p>1a. Is anyone in this family, that is (read names), now covered by Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No (4) <input type="checkbox"/> DK</p> <p>b. Is --- now covered?</p>			
<p>Ask for each person with "Covered" in 1b:</p> <p>2a. Is --- now covered by the part of Social Security Medicare which pays for hospital bills? Mark box in person's column.</p> <p>b. Is --- now covered by that part of Medicare which pays for doctor's bills? This is the Medicare plan for which --- or some agency must pay a certain amount each month. Mark box in person's column.</p>		1b.	<p>1 <input type="checkbox"/> Covered 9 <input type="checkbox"/> DK 2 <input type="checkbox"/> Not covered</p>
<p>Ask for each person with "DK" in 2a and/or b:</p> <p>3. 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 N.A." box.</p>		2a.	<p>1 <input type="checkbox"/> Yes 9 <input type="checkbox"/> DK 2 <input type="checkbox"/> No</p> <p>b. 1 <input type="checkbox"/> Yes 9 <input type="checkbox"/> DK 2 <input type="checkbox"/> No</p>
<p>We are interested in all kinds of health insurance plans except those which pay only for accidents.</p> <p>4a. (Not counting Medicare) Is anyone in the family now covered by a health insurance plan which pays any part of a hospital, doctor's or surgeon's bill? <input type="checkbox"/> Yes <input type="checkbox"/> No (M1) <input type="checkbox"/> DK (M1)</p> <p>b. What is the name of the plan? Record in Table H.I.</p> <p>c. Is anyone in the family now covered by any other health insurance plan which pays any part of a hospital, doctor's or surgeon's bill? <input type="checkbox"/> Yes (Reask 4b and c) <input type="checkbox"/> No (5)</p>		3.	<p>1 <input type="checkbox"/> Hospital 2 <input type="checkbox"/> Medical 3 <input type="checkbox"/> Card N.A.</p>
TABLE H.I.			
<p>PLAN 1</p> <p>5a. Was this (name) plan obtained through an employer or union? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (6) 9 <input type="checkbox"/> DK (6)</p> <p>b. Is it now carried through an employer or union? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>		6a.	7.
<p>PLAN 2</p> <p>5a. Was this (name) plan obtained through an employer or union? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (6) 9 <input type="checkbox"/> DK (6)</p> <p>b. Is it now carried through an employer or union? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>		6b.	7.
<p>PLAN 3</p> <p>5a. Was this (name) plan obtained through an employer or union? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (6) 9 <input type="checkbox"/> DK (6)</p> <p>b. Is it now carried through an employer or union? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>		6c.	7.
<p>M1 Review 1 and 7 for each person and determine if "Covered" by either Medicare and/or insurance, or "Not covered."</p>		6a.	7.
<p>Ask for each person "Not covered" in M1. If "Not covered 65 and over," include "or Medicare." 8a. (Many people do not carry health insurance for various reasons.) Hand Card M. Which of those statements describes why --- is not covered by any health insurance (or Medicare)? Any other reason? _____ Circle all reasons given.</p> <p>Mark box if only one reason. If "Not covered 65 and over," in M1, include "or Medicare." b. What is the MAIN reason --- is not covered by any health insurance (or Medicare)?</p>		6b.	7.
		M1	<p>1 <input type="checkbox"/> Covered (NP) 2 <input type="checkbox"/> Not covered under 65 (NP) 3 <input type="checkbox"/> Not covered 65 and over (NP)</p>
		8a.	<p>1 2 3 4 5 6 7 8_j Specify</p>
		b.	<p>00 <input type="checkbox"/> Only one reason 1 2 3 4 5 6 7 8_k Specify</p>

FORM HIS-1 (1084) (8-9-82)

M. HEALTH INSURANCE PAGE, Continued

<p>Ask only if persons under 20 in family:</p> <p>9a. Does anyone in this family now receive assistance through the "Aid to Families with Dependent Children" Program, sometimes called "AFDC" or "ADC"?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No (10) <input type="checkbox"/> DK</p>		
<p>b. Does --- now receive AFDC or ADC?</p>		<p>9b. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>
<p>10a. Does anyone in this family now receive the "Supplemental Security Income" or "SSI" gold-colored check?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No (11) <input type="checkbox"/> DK</p>		
<p>b. Does --- now receive this check?</p>		<p>10b. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>
<p>11a. There is a national program called Medicaid which pays for health care for persons in need. (In this State it is also called (name)). During the past 12 months, has anyone in this family received health care which has been or will be paid for by Medicaid (or (name))?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No (12) <input type="checkbox"/> DK</p>		
<p>b. Has --- received this care in the past 12 months?</p>		<p>11b. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>
<p>12a. Does anyone in the family now have a Medicaid (or (name) card which looks like this? Show Medicaid card(s).</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No (13) <input type="checkbox"/> DK</p>		
<p>b. Does --- now have this card?</p>		<p>12b. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>
<p>Ask for each person with "Yes" in 12b: c. May I please see --- (and ---) card(s)? Mark appropriate box(es) in person's column.</p>		<p>c. <input type="checkbox"/> Medicaid card seen, 1 <input type="checkbox"/> Current 2 <input type="checkbox"/> Expired 3 <input type="checkbox"/> No card seen 9 <input type="checkbox"/> Other card seen, Specify _____</p>
<p>13a. Is anyone in the family now covered by any other public assistance program that pays for health care?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No (Next page) <input type="checkbox"/> DK</p>		
<p>b. Is --- now covered?</p>		<p>13b. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>

FORM HS-1 (1984) (9-9-83)

M. HEALTH INSURANCE PAGE, Continued

<p>18a. During the past 12 months, that is since [12-month date] a year ago, have [read names of related HH members 18 or over] been laid off from a job or lost a job?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No (M4) <input type="checkbox"/> DK (M4)</p> <p>b. Who was this? Mark "Laid off/lost job" box in person's column.</p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 18b and c) <input type="checkbox"/> No</p> <p>Ask 18d, e, and f for each person with "Laid off/lost job" in 18b.</p> <p>d. How many times has --- been laid off or lost a job during the past 12 months?</p> <p>e. In what month was --- laid off or did --- lose a job (the last time/the time before that)?</p> <p>f. For ANYTIME during [that/those] job layoff(s) or job loss(es), did --- receive unemployment insurance benefits?</p>	<p>18b. 1 <input type="checkbox"/> Laid off/lost job</p> <p>d. _____ Times</p> <p>e.</p> <p><input type="text"/> Time 1</p> <p><input type="text"/> Time 2</p> <p><input type="text"/> Time 3</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>19a. Because of [names of persons in 18b] job layoff(s) or job loss(es), did anyone in the family lose any health insurance coverage that had been carried through [that/those] job(s)?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No (M4) <input type="checkbox"/> DK (M4)</p> <p>b. Who was this? Mark "Lost coverage" box in person's column.</p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 19b and c) <input type="checkbox"/> No</p>	<p>19b. 1 <input type="checkbox"/> Lost coverage</p>
<p>M3 Refer to 19b and mark appropriate box.</p>	<p>M3 1 <input type="checkbox"/> Lost coverage (20) 2 <input type="checkbox"/> Did not lose coverage (NP)</p>
<p>20a. For ANYTIME during [that/those] job layoff(s) or job loss(es), was --- without any type of health insurance coverage? (Do not include health care programs, such as Medicaid, AFDC, or military benefit programs, as health insurance coverage.)</p> <p>b. For how long was --- without some type of health insurance coverage? (How many months is that?)</p>	<p>20a. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (NP)</p> <p>b. 00 <input type="checkbox"/> Less than 1 month _____ Months</p>
<p>21a. For ANYTIME during [that/those] job layoff(s) or job loss(es), was --- covered by any health care program, such as Medicaid, AFDC, or a military benefit program?</p> <p>b. For how long was --- covered by some health care program? (How many months is that?)</p>	<p>21a. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (NP)</p> <p>b. 00 <input type="checkbox"/> Less than 1 month _____ Months</p>
<p>M4 Refer to age(s) and mark appropriate box.</p>	<p>M4 1 <input type="checkbox"/> No person 55+ in family (HH pg.) 8 <input type="checkbox"/> Other (Supplement on Aging)</p>

FORM HIS-1(SB) (1984)
13-13 84a

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

**NATIONAL HEALTH INTERVIEW
SURVEY**

SUPPLEMENT BOOKLET

NOTICE: Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m).

1. RT 80 2. R.O. Number 3-4 3. Sample 5-7
Book of books

4. Control number 8-10 Segment 11-14 Serial 15-18
PSU

5. Person number 17-18 6. Sex 19 7. Sample Person name 20-39 40-54 Middle 55
Last First initial
 Male
 Female

8. Final status of supplement 56
 No SP selected
Interview
 Complete interview (all appropriate pages completed)
 Partial interview (some but not all appropriate pages completed) (Explain in notes)
Noninterview
 Refused (Explain in notes)
 SP temporarily absent, no proxy available
 SP mentally or physically incapable, no proxy available
 Other (Explain in notes)

9. Date supplement completed 57-60
Month Date

10. Interviewer identification 61-62
Name Code

NOTES

CONTACT PERSON INFORMATION

Contact information for this family unit already obtained, transcribe when editing. Fill item 15 below, THEN go to HIS-1 Household Page or next SOA.
Read to SOA respondent at end of interview - The National Center for Health Statistics may wish to contact you again to obtain additional health related information. Please give me the name, address, and telephone number of a close relative or friend who would know where you could be reached in case we have trouble reaching you. (Please give me the name of someone who is not currently living in the household.) Please print items 11, 12, 14.

RT 82 3-4

11. Contact Person name RT 81 3-4 5-24 25-39 40
Last First Middle initial

13. Area code/telephone number 5-14
 None Refused DK

12a. Address (Number and street) 41-65
b. City 66-88 State 89-97 Zip Code 98-99

14. Relationship to Sample Person 16-17

15. Supplement ending time 18-21
Hour Minutes a.m. p.m. Go to HIS-1 Household Page or next SOA

TRANSCRIPTION FROM HIS-1

RT 83 3-4

16. Area code/telephone number from HIS-1, item 11 23-32
 None Refused 33

17a. Exact address from HIS-1, item 6a (Please print items 17a-c) 34-58
Number and street/description
City 59-78 State 79-80 Zip Code 81-89

17b. Mailing address from HIS-1, item 6b Same as 6a on HIS-1 6
Number and street
City 31-50 State 51-52 Zip Code 53-61

c. Special Place name (Fill if applicable) 62-67

SUPPLEMENT ON AGING SAMPLE SELECTION

Use Table A or B as indicated on HIS-1 Household Composition Page. Circle that letter and enter number below to indicate the order of interview (1 = down from the top of the listing, 2 = up from the bottom). Follow this order whenever two or more sample persons are at home at the same time.

RT 84 3-4

18. Are there any nondeleted persons 65 years old or older in the family?
 Yes (List by age (oldest to youngest) in upper portion of appropriate table, mark "SP" box on HIS-1 for each, THEN 19)
 No (19)

19. Are there any nondeleted persons 55-64 years old in the family?
 Yes (List by age (oldest to youngest) in lower portion of appropriate table, mark "SP" box on HIS-1 for each "X" person, and begin supplement using the appropriate "order of interview")
 No (Begin interview(s) using the appropriate "order of interview")

TABLE A				TABLE B			
Age	Name	Person number	Sample person	Age	Name	Person number	Sample person
7-8		9-10	X	39-40		41-42	X
11-12		13-14	X	43-44		45-46	X
15-16		17-18	X	47-48		49-50	X
19-20		21-22	X	51-52		53-54	X
23-24		25-26	X	55-56		57-58	X
27-28		29-30	X	59-60		61-62	X
31-32		33-34	X	63-64		65-66	X
35-36		37-38	X	67-68		69-70	X

SUPPLEMENT ON AGING

Section N. FAMILY STRUCTURE, RELATIONSHIPS, SUPPORT, AND LIVING ARRANGEMENTS

N1	a. Initial status of sample person	<input type="checkbox"/> Available (N1b) <input type="checkbox"/> Callback required (Next SP)	5			
	b. Supplement beginning time	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 30px;">Hour</td> <td style="width: 30px;">Minutes</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table> { <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Hour	Minutes		
Hour	Minutes					

Read to respondent – We are interested in obtaining further information about the health of people 65 years of age and older in the United States. I will also ask you some questions about your family and social activities.

<p>Ask or verify for each HH member</p> <p>1. How is (name on HIS-1) related to you?</p> <p>Enter "Sample Person" on appropriate line.</p> <p>Enter "Unrelated" for persons not related to the sample person.</p> <p>Enter "Deleted" for any deleted persons, except AF members living at home and babies born during interview week.</p> <p>Enter ages from HIS-1.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Person No. on HIS-1</th> <th style="width: 15%;">Age on HIS-1</th> <th style="width: 60%;">Relationship to Sample Person</th> <th style="width: 10%;"></th> </tr> </thead> <tbody> <tr><td>11-12</td><td>13-14</td><td></td><td>15-16</td></tr> <tr><td>01</td><td></td><td></td><td></td></tr> <tr><td>17-18</td><td>19-20</td><td></td><td>21-22</td></tr> <tr><td>02</td><td></td><td></td><td></td></tr> <tr><td>23-24</td><td>25-26</td><td></td><td>27-28</td></tr> <tr><td>03</td><td></td><td></td><td></td></tr> <tr><td>29-30</td><td>31-32</td><td></td><td>33-34</td></tr> <tr><td>04</td><td></td><td></td><td></td></tr> <tr><td>35-36</td><td>37-38</td><td></td><td>39-40</td></tr> <tr><td>05</td><td></td><td></td><td></td></tr> <tr><td>41-42</td><td>43-44</td><td></td><td>45-46</td></tr> <tr><td>06</td><td></td><td></td><td></td></tr> <tr><td>47-48</td><td>49-50</td><td></td><td>51-52</td></tr> <tr><td>07</td><td></td><td></td><td></td></tr> <tr><td>53-54</td><td>55-56</td><td></td><td>57-58</td></tr> <tr><td>08</td><td></td><td></td><td></td></tr> <tr><td>59-60</td><td>61-62</td><td></td><td>63-64</td></tr> <tr><td>09</td><td></td><td></td><td></td></tr> <tr><td>65-66</td><td>67-68</td><td></td><td>69-70</td></tr> <tr><td>10</td><td></td><td></td><td></td></tr> </tbody> </table>	Person No. on HIS-1	Age on HIS-1	Relationship to Sample Person		11-12	13-14		15-16	01				17-18	19-20		21-22	02				23-24	25-26		27-28	03				29-30	31-32		33-34	04				35-36	37-38		39-40	05				41-42	43-44		45-46	06				47-48	49-50		51-52	07				53-54	55-56		57-58	08				59-60	61-62		63-64	09				65-66	67-68		69-70	10			
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N2	Refer to marital status (page 46 or 47) on HIS-1	<input type="checkbox"/> Sample person is now married (N3) <input type="checkbox"/> Sample person is now widowed, divorced, separated (2b) <input type="checkbox"/> Sample person has never been married (6)	71
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N3	Spouse of Sample Person previously interviewed on SOA	<input type="checkbox"/> Yes (6) <input type="checkbox"/> No (2)	72
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<p>2a. How long have you been married (to (name of spouse))?</p>	<input type="checkbox"/> Less than one year _____ Number of years } (3)	73-74
---	--	-------

<p>b. Earlier [you told me/I was told] that you are now [widowed/divorced/separated]. How long have you been [widowed/divorced/separated]?</p>	<input type="checkbox"/> Less than one year _____ Number of years	75-76
---	--	-------

<p>3a. Including step and adopted children, how many [biological] children do you have?</p>	<input type="checkbox"/> None (6) _____ Number	77-78
--	---	-------

<p>b. How many of your children are sons and how many are daughters?</p>	<p>_____ Number of sons</p> <p>_____ Number of daughters</p> <p><input type="text"/> Total number of children</p> <p>Compare with 3a, reconcile differences</p>	79-80 81-82 83-84
---	---	-------------------------

N4	Refer to relationship roster in 1	<input type="checkbox"/> Any of SP's children live in household (6) <input type="checkbox"/> Other (3)	85
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FOOTNOTES

Section N. FAMILY STRUCTURE, RELATIONSHIPS, SUPPORT, AND LIVING ARRANGEMENTS, Continued		
4a. How quickly can [any one of your children/your son/your daughter] get here?	<input type="checkbox"/> 1 Minutes <input type="checkbox"/> 2 Hours <input type="checkbox"/> 3 Days _____ Number	88-89
b. How often do you see [any one of your children/your son/your daughter]?	<input type="checkbox"/> 000 Less than once a year/never <input type="checkbox"/> 1 Day <input type="checkbox"/> 2 Week <input type="checkbox"/> 3 Month <input type="checkbox"/> 4 Year _____ Times per	89-91
c. How often do you talk on the telephone with [any one of your children/your son/your daughter]?	<input type="checkbox"/> 000 Less than once a year/never <input type="checkbox"/> 1 Day <input type="checkbox"/> 2 Week <input type="checkbox"/> 3 Month <input type="checkbox"/> 4 Year _____ Times per	92-94
d. How often do you get mail from [any one of your children/ your son/your daughter]?	<input type="checkbox"/> 000 Less than once a year/never <input type="checkbox"/> 1 Day <input type="checkbox"/> 2 Week <input type="checkbox"/> 3 Month <input type="checkbox"/> 4 Year _____ Times per	95-97
5. [Do your children/Does your son/Does your daughter] routinely give you money to help with your living expenses or pay your bills?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	98
6a. Including step and adopted brothers, how many LIVING brothers do you have?	<input type="checkbox"/> 00 None _____ Number of brothers	99-100
b. Including step and adopted sisters, how many LIVING sisters do you have?	<input type="checkbox"/> 00 None _____ Number of sisters	101-102
7. How long have you been living here, in this [house/apartment]?	<input type="checkbox"/> 00 Less than 1 year _____ Number of years	103-104
N5 Other family member previously interviewed on SOA	<input type="checkbox"/> 1 Yes (12) <input type="checkbox"/> 2 No (8)	105
Mark if known 8. Is this [house/apartment] in a RETIREMENT [community/building or complex]?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No (10)	106
9. Whether you use them or not, are the following services available in THIS retirement [community/building or complex]?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	107
a. Group meals for residents?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	108
b. Housekeeping or maid service?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	109
c. Medical services?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	110
d. Telephone call service to check on your well-being?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	111
e. Recreational services?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	112
10a. Is it NECESSARY to go up or down a step to get into this [house/apartment] from the outside?	<input type="checkbox"/> 1 No Yes - If not mentioned, ask: Is it one or more than one? <input type="checkbox"/> 2 1 step <input type="checkbox"/> 3 More than 1 step	113
b. Counting basements and stepdown living areas as separate levels, does this [house/apartment] have more than one floor or level?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No (11b)	

FORM HS-1 (SB) (1984) (2-13-84)

Section N. FAMILY STRUCTURE, RELATIONSHIPS, SUPPORT, AND LIVING ARRANGEMENTS, Continued		3-4
11a. Does this [house/apartment] have a bathroom, bedroom, and kitchen ALL on the SAME floor or level?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	5
b. Does this [house/apartment] have a walk-in shower, that is, where you don't step over the side of the tub to get into the shower?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	6
12a. Because of a health or physical problem, do YOU NEED a bathroom, bedroom, and kitchen all on the same floor or level?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7
b. Because of a health or physical problem, do YOU NEED a walk-in shower?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	8
N6	Mark first appropriate box	9
13a. Do you and (read names of all other household members) live together NOW because YOU need to share living expenses?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	10
b. Do you and (read names of all other household members) live together NOW because of a health or physical problem YOU have?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	11
N7	Spouse of SP previously interviewed on SOA	12
14a. Is this [house/apartment] now —		
(1) Owned or being bought by you (OR someone in the household)?	1 <input type="checkbox"/> Yes (14b) <input type="checkbox"/> No	13
(2) Rented for money?	1 <input type="checkbox"/> Yes (14h) <input type="checkbox"/> No	14
(3) Occupied without payment of money rent?	1 <input type="checkbox"/> Yes (Section O)	15
b. Who owns or is buying it? Anyone else? Follow skip instructions for lowest numbered box marked.	1 <input type="checkbox"/> Sample person } (14c) 2 <input type="checkbox"/> Spouse 3 <input type="checkbox"/> Child 4 <input type="checkbox"/> Grandchild } (Section O) 5 <input type="checkbox"/> Other relative 6 <input type="checkbox"/> Nonrelative	16 17 18 19 20 21
c. Is this place fully paid for or is there a mortgage being paid?	1 <input type="checkbox"/> Fully paid for (14f) 2 <input type="checkbox"/> Mortgage being paid 3 <input type="checkbox"/> DK (14f)	22
d. Do you know about how much principal is still owed on the mortgage?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No/DK (14f)	23
e. How much principal is still owed?	\$ _____ Amount	24-29
f. Do you know the present value of this place, that is, about how much it would bring if you sold it on today's market?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No/DK (Section O)	30
g. What is the present value?	\$ _____ (Section O) Amount	31-36
h. Who is paying rent for it? Anyone else?	1 <input type="checkbox"/> Sample person 2 <input type="checkbox"/> Spouse 3 <input type="checkbox"/> Child 4 <input type="checkbox"/> Grandchild 5 <input type="checkbox"/> Other relative 6 <input type="checkbox"/> Nonrelative	37 38 39 40 41 42
FOOTNOTES		

Section O. COMMUNITY AND SOCIAL SUPPORT

01	Refer to age	<input type="checkbox"/> Sample person is 55 – 59 (3) <input type="checkbox"/> Sample person is 60 or older (1)	43
NOTE – Ask 2 immediately after receiving a “Yes” in 1. Read to respondent – The next questions are about community services.		2. How often did you use it – frequently, sometimes, or rarely?	
1. In the past 12 months, did YOU – a. Use a senior center?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK } (Next service)	44
b. Use special transportation for the elderly?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK } (Next service)	46
c. Have meals delivered to your home by an agency or organization like Meals on Wheels?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK } (Next service)	48
d. Eat meals in a senior center or in some place with a special meal program for the elderly?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK } (Next service)	50
e. Use a homemaker service for the elderly that provides services like cleaning and cooking in the home?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK } (Next service)	52
f. Use a service which makes routine telephone calls to check on the health of elderly people?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK } (Next service)	54
g. Use a visiting nurse service?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK } (Next service)	56
h. Use a health aide who comes into the home?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK } (Next service)	58
i. Use adult day care or day care for the elderly?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK } (3)	60
3a. In the past 12 months, did you do any volunteer work for any organized group?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK } (4)	62
b. How often did you do volunteer work – frequently, sometimes, or rarely?		<input type="checkbox"/> Frequently <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely	63
Hand Calendar Read to respondent – The next questions refer to the 2 weeks (outlined in red on that calendar), beginning Monday (date) and ending this past Sunday (date).			
4. During those 2 weeks did you – a. Get together socially with friends or neighbors?		<input type="checkbox"/> Yes <input type="checkbox"/> No	64
b. Talk with friends or neighbors on the telephone?		<input type="checkbox"/> Yes <input type="checkbox"/> No	65
c. Get together with ANY relatives (not including household members)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	66
d. Talk with ANY relatives on the telephone (not including household members)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	67
e. Go to church or temple for services or other activities?		<input type="checkbox"/> Yes <input type="checkbox"/> No	68
f. Go to a show or movie, sports event, club meeting, classes or other group event?		<input type="checkbox"/> Yes <input type="checkbox"/> No	69
02	Respondent	<input type="checkbox"/> Self (5) <input type="checkbox"/> Proxy (Section P)	70
5. Regarding your present social activities, do you feel that you are doing about enough, too much, or would you like to be doing more?		<input type="checkbox"/> About enough <input type="checkbox"/> Too much <input type="checkbox"/> Would like to do more	71

FORM HS 115B (1984) (3-13-84)

Section P. OCCUPATION AND RETIREMENT		RT 67 3-4
P1	Refer to Wa/Wb boxes for SP in C1 on the HIS-1, Household Composition Page	1 <input type="checkbox"/> Wa or Wb marked (1d) 8 <input type="checkbox"/> Other (1a)
1a. Have you EVER worked at a job or business?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (2)
b. Have you worked at a job or business, at any time since you were 45 years old?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (2)
c. Did you work at all at a job or business in the past 12 months, that is, since (12 month date) a year ago?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (2)
d. Since (12 month date) a year ago, in how many weeks did you work, either full or part time, not counting work around the house? Include paid vacations and paid sick leave.		52 <input type="checkbox"/> All year - 52 weeks _____ Weeks
e. In the weeks that you worked, how many hours a week did you USUALLY work at ALL jobs?		_____ Hours
2a. At this time, do you consider yourself completely retired, partly retired, or not retired at all?		1 <input type="checkbox"/> Completely retired 2 <input type="checkbox"/> Partly retired 3 <input type="checkbox"/> Not retired at all 4 <input type="checkbox"/> Never worked } (3)
P2	Refer to SP's work status in 1a and 1b	1 <input type="checkbox"/> "No" in 1a or 1b (3) 8 <input type="checkbox"/> All other (2b)
2b. Have you retired more than once?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
c. How long has it been since you retired (the last time)?		00 <input type="checkbox"/> Less than 1 year _____ Number of years
d. (The last time you retired) Did you retire mainly because of a health or physical problem you had?		1 <input type="checkbox"/> Yes (3) 2 <input type="checkbox"/> No
e. (That time) Did you retire mainly because you thought your work would cause a health problem?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
Hand card SOA 1 or read sources for a telephone interview 3a. (Even though you do not consider yourself retired) Are you NOW receiving RETIREMENT income from any of these sources? Do NOT include any disability income.		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (6)
b. Which ones? Mark all sources given		Note - Ask 4 and 5 for each source marked in 3b
Any other source?		4. How long have you been receiving (source in 3b)?
1 <input type="checkbox"/> Social Security	21	00 <input type="checkbox"/> Less than 1 year _____ Number of years
2 <input type="checkbox"/> Railroad retirement	25	00 <input type="checkbox"/> Less than 1 year _____ Number of years
3 <input type="checkbox"/> A private employer or union pension	29	00 <input type="checkbox"/> Less than 1 year _____ Number of years
4 <input type="checkbox"/> A government employee pension (Federal, State, or local)	33	00 <input type="checkbox"/> Less than 1 year _____ Number of years
5 <input type="checkbox"/> Military retirement	37	00 <input type="checkbox"/> Less than 1 year _____ Number of years
6 <input type="checkbox"/> Some other source - Specify	41	FOOTNOTES
	42-43	

FORM HIS 1 (58) (1984) (13) 84

Section P. OCCUPATION AND RETIREMENT, Continued

6. Are you now receiving disability payments from any source?		44
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (9)		
7. Are you receiving disability payments because of a disability YOU have or because you are a dependent or survivor of someone else?		45
1 <input type="checkbox"/> Own 2 <input type="checkbox"/> Someone else (9) 3 <input type="checkbox"/> Both		
8. How long have you been receiving disability payments? <i>If more than one, record the longest one.</i>		46-47
00 <input type="checkbox"/> Less than 1 year _____ Number of years		
9. Have you EVER received any disability payments from Social Security?		48
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK		
Note — Ask 10a-j before asking 11 and 12.		Note — Ask 11 and 12 for each "Yes" in 10a-j.
Read to respondent — Please tell me if you have ANY difficulty when you do the following activities —		
10. By yourself and not using aids, do you have any difficulty —	49	
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> NA/DK		
a. Walking for a quarter of a mile (that is about 2 or 3 blocks)?	50	11. How much difficulty do you have (activity in 10), some, a lot, or are you unable to do it?
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> NA/DK		1 <input type="checkbox"/> Some 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable
b. Walking up 10 steps without resting?	53	12. For how long have you (had some difficulty/had a lot of difficulty/been unable to) (activity in 10)?
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> NA/DK		00 <input type="checkbox"/> Less than 1 year _____ Number of years
c. Standing or being on your feet for about 2 hours?	57	1 <input type="checkbox"/> Some 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> NA/DK		00 <input type="checkbox"/> Less than 1 year _____ Number of years
d. Sitting for about 2 hours?	61	1 <input type="checkbox"/> Some 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> NA/DK		00 <input type="checkbox"/> Less than 1 year _____ Number of years
Reask 10	65	1 <input type="checkbox"/> Some 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable
a. Stooping, crouching, or kneeling?	66	00 <input type="checkbox"/> Less than 1 year _____ Number of years
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> NA/DK		
f. Reaching up over your head?	69	1 <input type="checkbox"/> Some 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> NA/DK		00 <input type="checkbox"/> Less than 1 year _____ Number of years
g. Reaching out (as if to shake someone's hand)?	73	1 <input type="checkbox"/> Some 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> NA/DK		00 <input type="checkbox"/> Less than 1 year _____ Number of years
h. Using your fingers to grasp or handle?	77	1 <input type="checkbox"/> Some 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> NA/DK		00 <input type="checkbox"/> Less than 1 year _____ Number of years
Reask 10	81	1 <input type="checkbox"/> Some 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable
i. Lifting or carrying something as heavy as 25 pounds (such as two full bags of groceries)?	82	00 <input type="checkbox"/> Less than 1 year _____ Number of years
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (11) 9 <input type="checkbox"/> NA/DK		
j. Lifting or carrying something as heavy as 10 pounds?	85	00 <input type="checkbox"/> Less than 1 year _____ Number of years
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> NA/DK		

Section P. OCCUPATION AND RETIREMENT, Continued

P3	Refer to Wa/Wb boxes for SP in C1 on the HIS-1 Household Composition Page	<input type="checkbox"/> Wa or Wb box marked (Section Q) <input type="checkbox"/> Other (P4)	89
P4	Mark first appropriate box	<input type="checkbox"/> SP is 75 + } (Section Q) <input type="checkbox"/> Proxy } <input type="checkbox"/> Self response (13)	90
13a. Do you think there are some kinds of work you could do now if jobs were available?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/maybe } (Section Q)	91
b. Do you WANT to work at a job or business?		<input type="checkbox"/> Yes <input type="checkbox"/> No	92

FOOTNOTES

Section Q. CONDITIONS AND IMPAIRMENTS

Read to respondent – Now tell me if you have any of these eye conditions, even if you have mentioned them before.

1. Do you NOW have –			5
a. Cataracts?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	9 <input type="checkbox"/> DK
b. Glaucoma?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	9 <input type="checkbox"/> DK
c. Color blindness?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	9 <input type="checkbox"/> DK
d. A detached retina or any other condition of the retina? <i>Circle appropriate condition</i>	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	9 <input type="checkbox"/> DK
e. Blindness in one or both eyes? <i>If "Yes," ask: Which – one or both?</i>	Yes 0 <input type="checkbox"/> One 1 <input type="checkbox"/> Both (Q1)	2 <input type="checkbox"/> No	9 <input type="checkbox"/> DK
f. Any other trouble seeing with one or both eyes EVEN when wearing glasses?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	9 <input type="checkbox"/> DK
Q1	<i>Refer to answers in 1a–f</i>	1 <input type="checkbox"/> All "No" or "DK" in 1a–f (2) 8 <input type="checkbox"/> Other – Enter "Yes" responses in EYE LTR box on Condition Summary Chart, THEN Q2	11
Q2	<i>Blindness in BOTH eyes reported in 1e</i>	1 <input type="checkbox"/> Yes (4a THEN 9) 2 <input type="checkbox"/> No (2)	12
2a. Do you use eyeglasses? Include eyeglasses that just magnify.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (3)		13
b. Were these eyeglasses prescribed for you?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		14
3. Do you use contact lenses?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		15
4a. Have you ever had an operation for cataracts?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (5)		16
b. Do you have a lens implant?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		17
5. Do you use a magnifying glass to read or to do other close work?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		18
Read to respondent – The next few questions are about how well you can see (wearing your [glasses/(or) contact lenses] if that's how you see best).			
6a. Can you see well enough to recognize the features of people if they are within two or three feet?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		19
b. Can you see well enough to watch T.V. 8 to 12 feet away?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		20
c. Can you see well enough to read newspaper print?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		21
7a. Can you see well enough to step off a curb or down a step?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		22
b. Can you see well enough to recognize a friend walking on the other side of the street?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		23
8. Which statement best describes your vision (wearing [glasses/ (or) contact lenses]) – no trouble seeing, a little trouble, or a lot of trouble?	1 <input type="checkbox"/> No trouble 2 <input type="checkbox"/> Little trouble 3 <input type="checkbox"/> Lot of trouble		24

Section Q. CONDITIONS AND IMPAIRMENTS, Continued		
Read to respondent — These next questions are about hearing.		25
9. Do you NOW have —		
a. Tinnitus or ringing in the ears? Circle appropriate condition.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	26
b. Deafness in one or both ears? If "Yes," ask: Which — one or both?	Yes 0 <input type="checkbox"/> One 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 1 <input type="checkbox"/> Both (Q3)	27
c. Any other trouble hearing with one or both ears?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	28
Q3	Refer to answers in 9a–c	1 <input type="checkbox"/> All "No" or "DK" in 9a–c (10) 8 <input type="checkbox"/> Other — Enter "Yes" responses in EAR LTR box on Condition Summary Chart, THEN 10
10a. Do you use a hearing aid?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. (With your hearing aid) Can you hear MOST of the things people say?	1 <input type="checkbox"/> Yes (11) 2 <input type="checkbox"/> No	30
c. (With your hearing aid) Can you hear ONLY A FEW WORDS people say or LOUD noises?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	31
11. Which statement best describes your hearing (with your hearing aid) — no trouble hearing, a little trouble, or a lot of trouble?		1 <input type="checkbox"/> No trouble 2 <input type="checkbox"/> Little trouble 3 <input type="checkbox"/> Lot of trouble
Read to respondent — Please tell me if you have EVER had any of the following conditions, even if you have mentioned them before.		
12. Have you EVER had —		33
a. Osteoporosis, sometimes called fragile or soft bones? (os tee o po ro' sis)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	34
b. A broken hip?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	35
c. Hardening of the arteries or arteriosclerosis? Circle appropriate condition	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	36
d. Hypertension, sometimes called high blood pressure?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	37
e. Rheumatic fever?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	38
f. Rheumatic heart disease?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	39
g. Coronary heart disease?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	40
h. Angina pectoris? (pek' to ris)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	41
i. A myocardial infarction?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	42
j. Any other heart attack?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	43
k. A stroke or a cerebrovascular accident? (ser' a-bro vas ku lar) Circle appropriate condition	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	44
l. Alzheimer's disease? (al' zi mers)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	45
m. Cancer of any kind?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	46
Q4	Refer to answers in 12a–m	1 <input type="checkbox"/> All "No" or "DK" in 12a–m (13) 8 <input type="checkbox"/> Other — Enter "Yes" responses in EVER LTR box on Condition Summary Chart, THEN 13

FORM HHS 115B(11984) 12-13-84

Section Q. CONDITIONS AND IMPAIRMENTS, Continued

<p>13. During the PAST 12 MONTHS, did you have --</p> <p>a. Arthritis of any kind or rheumatism? <i>Circle appropriate condition</i></p> <p>b. Diabetes?</p> <p>c. An aneurysm? <i>(an' yoo rizm)</i></p> <p>d. Any blood clots?</p> <p>e. Varicose veins?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p>47</p> <p>48</p> <p>49</p> <p>50</p> <p>51</p>						
<p>Q5 Refer to answers in 13a--e</p>	<p>1 <input type="checkbox"/> All "No" or "DK" in 13a--e (14)</p> <p>8 <input type="checkbox"/> Other -- Enter "Yes" responses in 12-MO LTR box on Condition Summary Chart, THEN 14</p>	<p>52</p>						
<p>14a. During the past 12 months, that is, since (12-month date) a year ago, have you fallen?</p> <p>b. How many times?</p> <p>c. [Did you fall/Were any of these falls] because you felt dizzy?</p> <p>d. Do you sometimes have trouble with dizziness?</p> <p>e. Does dizziness prevent you in any way from doing things you otherwise could do?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (14d)</p> <p>1 <input type="checkbox"/> One 2 <input type="checkbox"/> More than one</p> <p>1 <input type="checkbox"/> Yes (14e) 2 <input type="checkbox"/> No</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (15)</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>53</p> <p>54</p> <p>55</p> <p>56</p> <p>57</p>						
<p>15. Do you have trouble biting or chewing any kinds of food, such as firm meat or apples? <i>If asked -- includes wearing false teeth/dentures.</i></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>58</p>						
<p><i>Read to respondent -- In order to determine how health practices and conditions are related to how long people live, we would like to refer to statistical records maintained by the National Center for Health Statistics.</i></p>								
<p>16a. I have your date of birth as (birthdate from item 3 on HIS-1 Household Composition page). Is that correct?</p>	<p>Date of birth</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Month</td> <td style="width:33%;">Date</td> <td style="width:33%;">Year</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	Month	Date	Year				<p>RT 69 3-4 5-11</p>
Month	Date	Year						
<p>b. In what State or country were you born? <i>Write in the full name of the State or mark the appropriate box if the sample person was not born in the United States.</i></p>	<p>99 <input type="checkbox"/> DK</p> <p>_____ State</p> <p>01 <input type="checkbox"/> Puerto Rico 05 <input type="checkbox"/> Cuba 02 <input type="checkbox"/> Virgin Islands 06 <input type="checkbox"/> Mexico 03 <input type="checkbox"/> Guam 98 <input type="checkbox"/> All other countries 04 <input type="checkbox"/> Canada</p>	<p>12-13</p>						
<p>c. To verify the spelling, what is your full name, including middle initial?</p>	<p>Last</p> <p>_____</p> <p>First</p> <p>_____</p> <p>Middle initial</p> <p>_____</p>	<p>14-23</p> <p>34-48</p> <p>49</p>						
<p><i>Verify for males; ask for females.</i></p> <p>d. What was your father's LAST name? <i>Verify spelling. DO NOT write "Same."</i></p>	<p>_____ Father's LAST name</p>	<p>50-59</p>						
<p><i>Read to respondent -- We also need your Social Security Number. This information is voluntary and collected under the authority of the Public Health Service Act. There will be no effect on your benefits and no information will be given to any other government or nongovernment agency.</i></p> <p><i>Read if necessary -- The Public Health Service Act is title 42, United States Code, section 242k.</i></p> <p>e. What is your Social Security Number?</p>	<p>99999999 <input type="checkbox"/> DK</p> <p>□ □ □ □ - □ □ □ □ □ □ □ □</p> <p>Social Security Number</p> <p>Mark if number obtained from → 1 <input type="checkbox"/> Memory 2 <input type="checkbox"/> Records</p>	<p>70-78</p> <p>79</p>						

Section R1. ACTIVITIES OF DAILY LIVING (ADL'S)

RT 70
3-4

Read to respondent – The next questions are about how well you are able to do certain activities – by yourself and without using special equipment.

1. Because of a health or physical problem, do you have ANY difficulty – Ask if "Doesn't do": In this because of a HEALTH or PHYSICAL problem? If "Yes," mark box 1; if "No," mark box 3		(1) 5 Bathing or showering? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Doesn't do for other reason	(2) 22 Dressing? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Doesn't do for other reason	(3) 39 Eating? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Doesn't do for other reason
2. By yourself and without using special equipment, how much difficulty do you have (ADL) some, a lot, or are you unable to do it?		6 1 <input type="checkbox"/> Some 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable	23 1 <input type="checkbox"/> Some 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable	40 1 <input type="checkbox"/> Some 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable
3. Do you receive help from another person in (ADL)?		7 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (5)	24 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (5)	41 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (5)
4a. Who gives this help? Anyone else? Mark the S/C/P box without asking if ONLY help is from spouse/children/parents. b. Is this help paid for? Ask if necessary: Which helpers are paid?		4a. Source of help 8-11 4b. Paid 12-15 HH member 0 <input type="checkbox"/> S/C/P (5) 1 <input type="checkbox"/> Relative 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 2 <input type="checkbox"/> Nonrelative . . . 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Non-HH member 3 <input type="checkbox"/> Relative 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 4 <input type="checkbox"/> Nonrelative . . . 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	4a. Source of help 25-28 4b. Paid 29-32 HH member 0 <input type="checkbox"/> S/C/P (5) 1 <input type="checkbox"/> Relative 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 2 <input type="checkbox"/> Nonrelative . . . 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Non-HH member 3 <input type="checkbox"/> Relative 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 4 <input type="checkbox"/> Nonrelative . . . 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	4a. Source of help 42-45 4b. Paid 46-49 HH member 0 <input type="checkbox"/> S/C/P (5) 1 <input type="checkbox"/> Relative 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 2 <input type="checkbox"/> Nonrelative . . . 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Non-HH member 3 <input type="checkbox"/> Relative 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 4 <input type="checkbox"/> Nonrelative . . . 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
5a. Do you use any special equipment or aids in (ADL)?		16 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (2 for next ADL with "Yes" in 1)	33 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (2 for next ADL with "Yes" in 1)	50 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (2 for next ADL with "Yes" in 1)
b. What special equipment or aids do you use? Anything else?		Special equipment or aids _____ 17-18 _____ 19-20	Special equipment or aids _____ 34-35 _____ 36-37	Special equipment or aids _____ 51-52 _____ 53-54
6a. What (other) condition causes the trouble in (read ADL(s))? Ask if injury or operation: When did the (injury) occur? / you have the operation? Enter injury if over 3 months ago. Ask or reask 6b, if 0-3 months injury or operation. Ask if operation over 3 months ago: For what condition did you have the operation? Enter condition.		<input type="checkbox"/> Old age (6c)		
b. Besides (condition), is there any other condition which causes this trouble in (read ADL(s))?		<input type="checkbox"/> Yes (Reask 6a and b) <input type="checkbox"/> No (6d)		
c. Is this trouble in (read ADL(s)) caused by any (other) specific condition?		<input type="checkbox"/> Yes (Reask 6a and b) <input type="checkbox"/> No		
If multiple conditions, including old age, are listed in 6a, ask 6d for each ADL with a "Yes" in 1. Otherwise, mark appropriate box or transcribe the only listed condition for each ADL. d. Which of these conditions, that is (read conditions in 6a) would you say is the MAIN cause of the trouble in (ADL)?		(1) 21 1 <input type="checkbox"/> 0-3 month Inj/Op ONLY 2 <input type="checkbox"/> Old age 3 <input type="checkbox"/> _____ Condition – Enter in ADL box on Condition Summary Chart, THEN ask 6d for next ADL with "Yes" in 1.	(2) 38 1 <input type="checkbox"/> 0-3 month Inj/Op ONLY 2 <input type="checkbox"/> Old age 3 <input type="checkbox"/> _____ Condition – Enter in ADL box on Condition Summary Chart, THEN ask 6d for next ADL with "Yes" in 1.	(3) 55 1 <input type="checkbox"/> 0-3 month Inj/Op ONLY 2 <input type="checkbox"/> Old age 3 <input type="checkbox"/> _____ Condition – Enter in ADL box on Condition Summary Chart, THEN ask 6d for next ADL with "Yes" in 1.
FOOTNOTES				

FORM HSE 1 (SE) (1984) (3-13-84)

Section R1. ACTIVITIES OF DAILY LIVING (ADL'S), Continued

RY 71
3-4

Ask 1 (4) 66 Getting in and out of bed or chairs? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Doesn't do for other reason		(5) 73 Walking? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Doesn't do for other reason		(6) 90 Getting outside? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Doesn't do for other reason		(7) 5 Using the toilet, including getting to the toilet? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Doesn't do for other reason	
67 1 <input type="checkbox"/> Some 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable		74 1 <input type="checkbox"/> Some 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable		91 1 <input type="checkbox"/> Some 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable		6 1 <input type="checkbox"/> Some 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable	
68 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (5)		75 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (5)		92 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (5)		7 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (5)	
4a. Source of help 69-92 4b. Paid 93-96		4a. Source of help 76-79 4b. Paid 80-83		4a. Source of help 93-96 4b. Paid 97-100		4a. Source of help 8-11 4b. Paid 12-15	
HH member 0 <input type="checkbox"/> S/C/P (5) 1 <input type="checkbox"/> Relative 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 2 <input type="checkbox"/> Nonrelative . 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Non-HH member 3 <input type="checkbox"/> Relative 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 4 <input type="checkbox"/> Nonrelative . 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		HH member 0 <input type="checkbox"/> S/C/P (5) 1 <input type="checkbox"/> Relative 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 2 <input type="checkbox"/> Nonrelative . 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Non-HH member 3 <input type="checkbox"/> Relative 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 4 <input type="checkbox"/> Nonrelative . 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		HH member 0 <input type="checkbox"/> S/C/P (5) 1 <input type="checkbox"/> Relative 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 2 <input type="checkbox"/> Nonrelative . 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Non-HH member 3 <input type="checkbox"/> Relative 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 4 <input type="checkbox"/> Nonrelative . 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		HH member 0 <input type="checkbox"/> S/C/P (5) 1 <input type="checkbox"/> Relative 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 2 <input type="checkbox"/> Nonrelative . 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Non-HH member 3 <input type="checkbox"/> Relative 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 4 <input type="checkbox"/> Nonrelative . 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
67 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (2 for next ADL with "Yes" in 1)		84 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (2 for next ADL with "Yes" in 1)		101 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (2 for next ADL with "Yes" in 1)		16 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (6)	
Special equipment or aids _____ 68-69 _____ 70-71		Special equipment or aids _____ 85-86 _____ 87-88		Special equipment or aids _____ 102-103 _____ 104-105		Special equipment or aids _____ 17-18 _____ 19-20	
(4) 72 1 <input type="checkbox"/> 0-3 month Inj/Op ONLY 2 <input type="checkbox"/> Old age Ask 6d for next ADL with "Yes" in 1 3 <input type="checkbox"/> _____ Condition - Enter in ADL box on Condition Summary Chart, THEN ask 6d for next ADL with "Yes" in 1.		(5) 89 1 <input type="checkbox"/> 0-3 month Inj/Op ONLY 2 <input type="checkbox"/> Old age Ask 6d for next ADL with "Yes" in 1 3 <input type="checkbox"/> _____ Condition - Enter in ADL box on Condition Summary Chart, THEN ask 6d for next ADL with "Yes" in 1.		(6) 108 1 <input type="checkbox"/> 0-3 month Inj/Op ONLY 2 <input type="checkbox"/> Old age Ask 6d for next ADL with "Yes" in 1 3 <input type="checkbox"/> _____ Condition - Enter in ADL box on Condition Summary Chart, THEN ask 6d for next ADL with "Yes" in 1.		(7) 21 1 <input type="checkbox"/> 0-3 month Inj/Op ONLY } (Next page) 2 <input type="checkbox"/> Old age } 3 <input type="checkbox"/> _____ Condition - Enter in ADL box on Condition Summary Chart, THEN ask 6d for next ADL with "Yes" in 1.	
FOOTNOTES							

FORM 196-1 (88) (1984) (3-13-84)

Section R1. ACTIVITIES OF DAILY LIVING (ADL'S), Continued

7a. Do you have difficulty controlling your bowels?	<input type="checkbox"/> Yes <input type="checkbox"/> No (7c)	22
b. How frequently do you have this difficulty — daily, several times a week, once a week, or less than once a week?	<input type="checkbox"/> Daily <input type="checkbox"/> Several times a week <input type="checkbox"/> Once a week <input type="checkbox"/> Less than once a week <input type="checkbox"/> DK	23
c. Do you have a colostomy or a device to help control bowel movements?	<input type="checkbox"/> Yes <input type="checkbox"/> No (8)	24
d. Do you need help from another person in taking care of this device?	<input type="checkbox"/> Yes <input type="checkbox"/> No	25
8a. Do you have difficulty controlling urination?	<input type="checkbox"/> Yes <input type="checkbox"/> No (8c)	26
b. How frequently do you have this difficulty — daily, several times a week, once a week, or less than once a week?	<input type="checkbox"/> Daily <input type="checkbox"/> Several times a week <input type="checkbox"/> Once a week <input type="checkbox"/> Less than once a week <input type="checkbox"/> DK	27
c. Do you have a urinary catheter or a device to help control urination?	<input type="checkbox"/> Yes <input type="checkbox"/> No (R1)	28
d. Do you need help from another person in taking care of this device?	<input type="checkbox"/> Yes <input type="checkbox"/> No	29
R1	Mark first appropriate box	30
Mark if known	<input type="checkbox"/> Respondent is a proxy <input type="checkbox"/> Sample person has only been seen in a bed or chair <input type="checkbox"/> Telephone interview <input type="checkbox"/> All other (Next page)	31
9. Because of a health or physical problem, do you usually — a. Stay in bed all or most of the time?	<input type="checkbox"/> Yes (10) <input type="checkbox"/> No	32
b. Stay in a chair all or most of the time?	<input type="checkbox"/> Yes (10) <input type="checkbox"/> No (Next page)	32
10a. What (other) condition causes you to stay in [bed/a chair]? Ask if injury or operation: When did (the [injury] occur? / you have the operation?) Enter injury if over 3 months ago. Ask or reask 10b, if 0–3 months injury or operation. Ask if operation over 3 months ago: For what condition did you have the operation? Enter condition.	<input type="checkbox"/> Old age (10c)	33
b. Besides (condition), is there any other condition which causes this?	<input type="checkbox"/> Yes (Reask 10a and b) <input type="checkbox"/> No (10d)	33
c. Is this caused by any (other) specific condition?	<input type="checkbox"/> Yes (Reask 10a and b) <input type="checkbox"/> No	33
Ask if multiple conditions, including old age, are listed in 10a. Otherwise, mark appropriate box or transcribe the only listed condition.	<input type="checkbox"/> 0–3 month Inj/Op ONLY } (Next page) <input type="checkbox"/> Old age <input type="checkbox"/> _____	33
d. Which of these conditions, that is (read conditions in 10a) would you say is the MAIN cause of your staying in [bed/a chair] all or most of the time?	Condition — Enter "9" in ADL box on Condition Summary Chart, THEN next page.	33

Section R2. INCIDENTAL ACTIVITIES OF DAILY LIVING (IADL'S)

Read to respondent — Now I will ask about some other activities. Tell me about doing them by yourself.

<p>11. Because of a health or physical problem, do you have ANY difficulty —</p> <p><i>Ask if "Doesn't do":</i> Is this because of a HEALTH or PHYSICAL problem? <i>If "Yes," mark box 1; if "No," mark box 3.</i></p> <p><i>Ask 12—14 for each IADL marked "Yes" in 11.</i></p>	<p align="center">(1) 34</p> <p>Preparing your own meals?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Doesn't do for other reason</p>	<p align="center">(2) 46</p> <p>Shopping for personal items, (such as toilet items or medicines)?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Doesn't do for other reason</p>																															
<p>12. By yourself, how much difficulty do you have (IADL), some, a lot, or are you unable to do it?</p>	<p align="center">36</p> <p>1 <input type="checkbox"/> Some 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable</p>	<p align="center">47</p> <p>1 <input type="checkbox"/> Some 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable</p>																															
<p>13. Do you receive help from another person in (IADL)?</p>	<p align="center">36</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (12 for next IADL with "Yes" in 11)</p>	<p align="center">48</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (12 for next IADL with "Yes" in 11)</p>																															
<p>14a. Who gives this help?</p> <p><i>Anyone else?</i></p> <p>----- <i>Mark the S/C/P box without asking if ONLY help is from spouse, children/parents. THEN 12 for next IADL with "Yes" in 11.</i></p> <p>b. Is this help paid for?</p> <p><i>Ask if necessary: Which helpers are paid?</i></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Source of help 14a.</td> <td style="width:25%;">Paid 14b.</td> <td style="width:25%;">Source of help 14a.</td> <td style="width:25%;">Paid 14b.</td> </tr> <tr> <td align="center">37-40</td> <td align="center">41-44</td> <td align="center">49-52</td> <td align="center">53-56</td> </tr> <tr> <td>HH member</td> <td>0 <input type="checkbox"/> S/C/P</td> <td>HH member</td> <td>0 <input type="checkbox"/> S/C/P</td> </tr> <tr> <td>1 <input type="checkbox"/> Relative</td> <td>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</td> <td>1 <input type="checkbox"/> Relative</td> <td>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</td> </tr> <tr> <td>2 <input type="checkbox"/> Nonrelative</td> <td>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</td> <td>2 <input type="checkbox"/> Nonrelative</td> <td>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</td> </tr> <tr> <td>Non-HH member</td> <td></td> <td>Non-HH member</td> <td></td> </tr> <tr> <td>3 <input type="checkbox"/> Relative</td> <td>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</td> <td>3 <input type="checkbox"/> Relative</td> <td>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</td> </tr> <tr> <td>4 <input type="checkbox"/> Nonrelative</td> <td>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</td> <td>4 <input type="checkbox"/> Nonrelative</td> <td>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</td> </tr> </table>	Source of help 14a.	Paid 14b.	Source of help 14a.	Paid 14b.	37-40	41-44	49-52	53-56	HH member	0 <input type="checkbox"/> S/C/P	HH member	0 <input type="checkbox"/> S/C/P	1 <input type="checkbox"/> Relative	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Relative	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	2 <input type="checkbox"/> Nonrelative	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	2 <input type="checkbox"/> Nonrelative	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	Non-HH member		Non-HH member		3 <input type="checkbox"/> Relative	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	3 <input type="checkbox"/> Relative	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	4 <input type="checkbox"/> Nonrelative	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	4 <input type="checkbox"/> Nonrelative	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
Source of help 14a.	Paid 14b.	Source of help 14a.	Paid 14b.																														
37-40	41-44	49-52	53-56																														
HH member	0 <input type="checkbox"/> S/C/P	HH member	0 <input type="checkbox"/> S/C/P																														
1 <input type="checkbox"/> Relative	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Relative	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No																														
2 <input type="checkbox"/> Nonrelative	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	2 <input type="checkbox"/> Nonrelative	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No																														
Non-HH member		Non-HH member																															
3 <input type="checkbox"/> Relative	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	3 <input type="checkbox"/> Relative	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No																														
4 <input type="checkbox"/> Nonrelative	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	4 <input type="checkbox"/> Nonrelative	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No																														
<p>15a. What (other) condition causes the trouble in (read IADL(s))?</p> <p><i>Ask if injury or operation:</i> When did [the (injury) occur? / you have the operation?] <i>Enter injury if over 3 months ago.</i></p> <p><i>Ask or reask 15b, if 0-3 months injury or operation.</i></p> <p><i>Ask if operation over 3 months ago:</i> For what condition did you have the operation? <i>Enter condition.</i></p>	<p><input type="checkbox"/> Old age (15c)</p>																																
<p>b. Besides (condition), is there any other condition which causes the trouble in (read IADL(s))?</p>	<p><input type="checkbox"/> Yes (Reask 15a and b) <input type="checkbox"/> No (15d)</p>																																
<p>c. Is the trouble in (read IADL(s)) caused by any (other) specific condition?</p>	<p><input type="checkbox"/> Yes (Reask 15a and b) <input type="checkbox"/> No</p>																																
<p><i>If multiple conditions, including old age, are listed in 15a, ask 15d for each IADL with a "Yes" in 11. Otherwise, mark appropriate box or transcribe the only listed condition.</i></p> <p>d. Which of these conditions, that is (read conditions in 15a) would you say is the MAIN cause of the trouble in (IADL)?</p>	<p align="center">(1) 46</p> <p>1 <input type="checkbox"/> 0-3 month Inj/ Op ONLY 2 <input type="checkbox"/> Old age</p> <p>Ask 15d for next IADL with "Yes" in 11</p> <p>3 <input type="checkbox"/> _____</p> <p><i>Condition — Enter in IADL box on Condition Summary Chart, THEN ask 15d for next IADL with "Yes" in 11.</i></p>	<p align="center">(2) 57</p> <p>1 <input type="checkbox"/> 0-3 month Inj/ Op ONLY 2 <input type="checkbox"/> Old age</p> <p>Ask 15d for next IADL with "Yes" in 11</p> <p>3 <input type="checkbox"/> _____</p> <p><i>Condition — Enter in IADL box on Condition Summary Chart, THEN ask 15d for next IADL with "Yes" in 11.</i></p>																															

FOOTNOTES

Section R2. INCIDENTAL ACTIVITIES OF DAILY LIVING (IADL'S), Continued

Section R2. INCIDENTAL ACTIVITIES OF DAILY LIVING (IADL'S), Continued							
(3) 68		(4) 70		(5) 82		(6) 84	
Managing your money, (such as keeping track of expenses or paying bills)? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Doesn't do for other reason		Reask 11 Using the telephone? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Doesn't do for other reason		Doing heavy housework, (like scrubbing floors, or washing windows)? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Doesn't do for other reason		Doing light housework, (like doing dishes, straightening up, or light cleaning)? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Doesn't do for other reason	
69		71		83		85	
1 <input type="checkbox"/> Some 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable		1 <input type="checkbox"/> Some 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable		1 <input type="checkbox"/> Some 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable		1 <input type="checkbox"/> Some 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable	
80		72		84		86	
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (12 for next IADL with "Yes" in 11)		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (12 for next IADL with "Yes" in 11)		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (12 for next IADL with "Yes" in 11)		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (15)	
Source of help 14a.		Paid 14b.		Source of help 14a.		Paid 14b.	
81-84		85-88		89-92		93-100	
HH member <input type="checkbox"/> S/C/P 1 <input type="checkbox"/> Relative ... 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 2 <input type="checkbox"/> Nonrelative ... 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Non-HH member 3 <input type="checkbox"/> Relative ... 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 4 <input type="checkbox"/> Nonrelative ... 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		HH member <input type="checkbox"/> S/C/P 1 <input type="checkbox"/> Relative ... 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 2 <input type="checkbox"/> Nonrelative ... 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Non-HH member 3 <input type="checkbox"/> Relative ... 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 4 <input type="checkbox"/> Nonrelative ... 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		HH member <input type="checkbox"/> S/C/P 1 <input type="checkbox"/> Relative ... 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 2 <input type="checkbox"/> Nonrelative ... 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Non-HH member 3 <input type="checkbox"/> Relative ... 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 4 <input type="checkbox"/> Nonrelative ... 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		HH member <input type="checkbox"/> S/C/P 1 <input type="checkbox"/> Relative ... 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 2 <input type="checkbox"/> Nonrelative ... 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Non-HH member 3 <input type="checkbox"/> Relative ... 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 4 <input type="checkbox"/> Nonrelative ... 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
(3) 89		(4) 91		(5) 93		(6) 105	
1 <input type="checkbox"/> 0-3 month Inj/ Op ONLY 2 <input type="checkbox"/> Old age Ask 15d for next IADL with "Yes" in 11 3 <input type="checkbox"/> _____ Condition - Enter in IADL box on Condition Summary Chart, THEN ask 15d for next IADL with "Yes" in 11.		1 <input type="checkbox"/> 0-3 month Inj/ Op ONLY 2 <input type="checkbox"/> Old age Ask 15d for next IADL with "Yes" in 11 3 <input type="checkbox"/> _____ Condition - Enter in IADL box on Condition Summary Chart, THEN ask 15d for next IADL with "Yes" in 11.		1 <input type="checkbox"/> 0-3 month Inj/ Op ONLY 2 <input type="checkbox"/> Old age Ask 15d for next IADL with "Yes" in 11 3 <input type="checkbox"/> _____ Condition - Enter in IADL box on Condition Summary Chart, THEN ask 15d for next IADL with "Yes" in 11.		1 <input type="checkbox"/> 0-3 month Inj/ Op ONLY } Next page 2 <input type="checkbox"/> Old age } 3 <input type="checkbox"/> _____ Condition - Enter in IADL box on Condition Summary Chart, THEN next page.	
FOOTNOTES							

FORM 105 1/58 (1984) 3 13 841

Section S. NURSING HOME STAY, HELP WITH CARE, AND HOSPICE		RY 72 3-4
1a. Have you ever been a resident or patient in a nursing home?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (S2)	5
b. How many DIFFERENT TIMES have you been a resident or patient in a nursing home?	_____ Number of times	6-7
c. When were you admitted (the FIRST time)?	_____ 19 _____ Month Year	8-11
d. When were you discharged (the LAST time)?	Month Year 19 _____	12-16
e. How long were you in the nursing home (the LAST time)?	00 <input type="checkbox"/> Less than 1 month _____ Number of months	16-17
S1 Refer to 1d	1 <input type="checkbox"/> Date discharged is since the 12-month reference date (1f) 8 <input type="checkbox"/> All other (S2)	18
1f. How many weeks in the past 12 months, that is, since (12 month date) a year ago, were you in a nursing home?	00 <input type="checkbox"/> Less than 1 week _____ Number of weeks	19-20
S2 Refer to age	1 <input type="checkbox"/> Sample person is 55-64 (2) 2 <input type="checkbox"/> Sample person is 65 or older (1g)	21
1g. Are you now on a waiting list to go into a nursing home?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	22
2a. Is there a friend, relative, or neighbor who would take care of you for a few DAYS, if necessary? (Include the people you live with.) Mark one box only.	Yes - Who is this person? 2 <input type="checkbox"/> No HH member 3 <input type="checkbox"/> Relative 4 <input type="checkbox"/> Nonrelative OR Non-HH member 5 <input type="checkbox"/> Relative 6 <input type="checkbox"/> Nonrelative	23
b. Is there a friend, relative, or neighbor who would take care of you for a few WEEKS, if necessary? (Include the people you live with.) Mark one box only.	Yes - Who is this person? 2 <input type="checkbox"/> No HH member 3 <input type="checkbox"/> Relative 4 <input type="checkbox"/> Nonrelative OR Non-HH member 5 <input type="checkbox"/> Relative 6 <input type="checkbox"/> Nonrelative	24
<i>Skip to Section T if a proxy</i> 3a. Are you familiar with the term "HOSPICE," that is, a service for the terminally ill?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No/DK (Section T)	25
b. Is there a hospice or an in-home hospice service in the [metropolitan area/county] that you could use if you needed one?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	26
FOOTNOTES		

FORM HS-1 (58) (1984) (3-13-84)

Section T. HEALTH OPINIONS

T1	Respondent	<input type="checkbox"/> Self response (1) <input type="checkbox"/> Proxy (T2)	27
Read to respondent — Now I'd like to ask your personal opinions about health related matters.			28
1.	How good a job do you feel you are doing in TAKING CARE of your health? Would you say excellent, very good, good, fair, or poor?	<input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good	<input type="checkbox"/> Fair <input type="checkbox"/> Poor
2.	Compared with 1 year ago, would you say that your health is now better, worse, or about the same as it was then?	<input type="checkbox"/> Better <input type="checkbox"/> Worse <input type="checkbox"/> Same	29
3.	During the PAST YEAR, has your overall health caused you a great deal of worry, some worry, hardly any worry, or no worry at all?	<input type="checkbox"/> A great deal of worry <input type="checkbox"/> Some worry	<input type="checkbox"/> Hardly any worry <input type="checkbox"/> No worry at all
4a.	Compared to other people your age, would you say you are physically more active, less active, or about as active?	<input type="checkbox"/> More active <input type="checkbox"/> Less active <input type="checkbox"/> About as active (5)	30
b.	Is that [a lot more or a little more active/a lot less or a little less active]?	<input type="checkbox"/> Lot more <input type="checkbox"/> Little more	<input type="checkbox"/> Lot less <input type="checkbox"/> Little less
5a.	Compared to your own level of physical activity 1 year ago, would you say you are now more active, less active, or about the same as you were then?	<input type="checkbox"/> More active <input type="checkbox"/> Less active <input type="checkbox"/> About the same (6)	31
b.	Is that [a lot more or a little more active/a lot less or a little less active]?	<input type="checkbox"/> Lot more <input type="checkbox"/> Little more	<input type="checkbox"/> Lot less <input type="checkbox"/> Little less
6.	How much control do you think YOU have over your future health? Would you say you have a great deal of control, some, very little, or none at all?	<input type="checkbox"/> A great deal of control <input type="checkbox"/> Some control	<input type="checkbox"/> Very little control <input type="checkbox"/> None at all
7.	Do you feel that you get as much exercise as you need, or less than you need?	<input type="checkbox"/> As much as needed <input type="checkbox"/> Less than needed	32
8.	Do you follow a REGULAR routine of physical exercise?	<input type="checkbox"/> Yes <input type="checkbox"/> No	33
9.	How often do you walk a mile or more at a time, without resting? (Note: One mile equals 8-12 blocks.) Probe if necessary: About how many days a week is that?	<input type="checkbox"/> Every day <input type="checkbox"/> 4-6 days a week <input type="checkbox"/> 2-3 days a week	<input type="checkbox"/> 1 day a week <input type="checkbox"/> Less than 1 day a week <input type="checkbox"/> Never
10a.	People find that they sometimes have more trouble remembering things as they get older. In the PAST YEAR, about how often did you have trouble remembering things - frequently, sometimes, rarely, or never?	<input type="checkbox"/> Frequently <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never (11)	34
b.	Compared with a year ago, does this now happen more often, less often, or about the same?	<input type="checkbox"/> More often <input type="checkbox"/> Less often <input type="checkbox"/> About the same	35
11a.	People find that they sometimes get confused as they get older. In the PAST YEAR, about how often did you get confused - frequently, sometimes, rarely, or never?	<input type="checkbox"/> Frequently <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never (T2)	36
b.	Compared with a year ago, does this now happen more often, less often, or about the same?	<input type="checkbox"/> More often <input type="checkbox"/> Less often <input type="checkbox"/> About the same	37
T2	Type of interview	<input type="checkbox"/> Self-personal <input type="checkbox"/> Self-telephone <input type="checkbox"/> Proxy personal <input type="checkbox"/> Proxy telephone	38
		} Go to Condition Summary Chart (T3)	
T3	a. Proxy Reason	<input type="checkbox"/> Sample person temporarily absent <input type="checkbox"/> Sample person mentally/physically incapable of responding (Explain) <input type="checkbox"/> Other (Explain)	39
b. Enter person number of proxy respondent, or mark box.		<input type="checkbox"/> Non-HH member _____ Proxy Person No.	40-46
		} Go to Condition Summary Chart	

Section U. SUPPLEMENT CONDITION PAGES

CONDITION A

3-4
5-8

1. Name of condition

2. When did you last see or talk to a doctor or assistant about your (condition)?

- o Interview week (Reask 2)
1 2-wk. ref. pd.
2 Over 2 weeks, less than 6 mos.
3 6 mos., less than 1 yr.
4 1 yr., less than 2 yrs.
5 2 yrs., less than 5 yrs.
6 5 yrs. or more
7 Dr. seen, DK when
8 DK if Dr. seen
9 Dr. never seen (3b)

3a. Did the doctor or assistant call the (condition) by a more technical or specific name?

- 1 Yes 2 No 3 DK

Ask 3b if "Yes" in 3a, otherwise transcribe condition name from item 1 without asking:

b. What did he or she call it? (Specify)

- 1 Color Blindness (NC) 3 Vasectomy (5)
2 Cancer (3e) 4 Other (3c)

c. What was the cause of your (condition in 3b)? (Specify)

Mark box if accident or injury 0 Accident/injury (5)
d. Did the (condition in 3b) result from an accident or injury?

- 1 Yes (5) 2 No

Ask 3e if the condition name in 3b includes any of the following words:

Table with 4 columns: Ailment, Cancer, Disease, Problem. Rows include Anemia, Asthma, Attack, Bad, Condition, Cyst, Defect, Mesasle, Tumor, Rupture, Growth, Trouble, Ulcer.

e. What kind of (condition in 3b) is it? (Specify)

Ask 3f only if allergy or stroke in 3b-e:
f. How does the (allergy/stroke) NOW affect you? (Specify)

For Stroke, fill remainder of this condition page for the first present effect. If additional present effects, enter in Condition Summary Chart each one that is not already in the Condition Summary Chart. If in C2 in HIS-1, enter condition number and transcribe when editing; if not, fill additional supplement page(s) during interview.

Ask 3g if there is an impairment (refer to Card CP2) or any of the following entries in 3b-f:

Table with 4 columns: Abscess, Ache (except head or ear), Bleeding (except menstrual), Blood clot, Boil, Cancer, Cramps (except menstrual), Cyst, Damage, Growth, Hemorrhage, Infection, Inflammation, Neuralgia, Neuritis, Pain, Palsy, Paralysis, Rupture, Sore(ness), Stiff(ness), Tumor, Ulcer, Varicose veins, Weak(ness).

g. What part of the body is affected? (Specify)

Show the following detail:

- Head skull, scalp, face
Back/spine/vertebrae upper, middle, lower
Side left or right
Ear inner or outer; left, right, or both
Eye left, right, or both
Arm shoulder, upper, elbow, lower or wrist; left, right, or both
Hand entire hand or fingers only; left, right, or both
Leg hip, upper, knee, lower, or ankle; left, right, or both
Foot entire foot, arch, or toes only; left, right, or both

Except for eyes, ears, or internal organs, ask 3h if there are any of the following entries in 3b-f:

- Infection Sore Soreness

3h. What part of the (part of body in 3b-g) is affected by the (infection/sore/soreness) - the skin, muscle, bone, or some other part? (Specify)

Ask if there are any of the following entries in 3b-f:

- Tumor Cyst Growth

4. Is this (tumor/cyst/growth) malignant or benign?

- 1 Malignant 2 Benign 3 DK

5. a. When was your (condition in 3b/3f) first noticed?

- 1 2-week ref. pd.
2 Over 2 weeks to 3 months
3 Over 3 months to 1 year
4 Over 1 year to 5 years
5 Over 5 years

b. When did you (name of injury in 3b)?

Ask probes as necessary: (Was it on or since (first date of 2-week ref. period) or was it before that date?) (Was it less than 3 months or more than 3 months ago?) (Was it less than 1 year or more than 1 year ago?) (Was it less than 5 years or more than 5 years ago?)

U1 (K3) 1 Missing extremity or organ in 3b/3f (U2) 2 Other (12)

2a. Do you still have this condition?

- 1 Yes (U2) 2 No

b. Is this condition completely cured or is it under control?

- 2 Cured 3 Under control (U2) 4 Other (Specify)

c. About how long did you have this condition before it was cured?

- 000 Less than 1 month OR Number 1 Months 2 Years

d. Was this condition present at any time during the past 12 months?

- 1 Yes 2 No

U2 (K4) 1 Not an accident/injury (NC) 2 First accident/injury for this person (17b) 3 Other (17b)

Ask if box 3, 4, or 5 marked in item 5

17b. What part of the body is affected now? How is your (part of body) affected? Same acc. as Cond. Are you affected in any other way?

Table with 2 columns: Part(s) of body, Present effects. Includes row 24.

* Enter part of body in same detail as for 3g. ** If multiple present effects, enter in Condition Summary Chart each one that is not the same as 3b above or is not already in the Condition Summary Chart. If in C2 in HIS-1, enter condition number and transcribe when editing; if not, fill additional supplement page(s) during interview.

U3 a. Indicate status of this condition page. 1 Transcribed from HIS-1 condition page. 2 Obtained in SOA interview

b. When editing, transcribe source data for this condition from the appropriate line in the Condition Summary Chart.

Table with columns: EYE LTR, EAR LTR, EVER LTR, 12 MO. LTR, ADL NUMBERS, IADL NUMBERS, CP. Includes row 26-37, 38-43, 44-45.

Card M

1. Job layoff, job loss, or any reasons related to unemployment
2. Can't obtain insurance because of poor health, illness, or age
3. Too expensive, can't afford health insurance
4. Dissatisfied with previous insurance
5. Don't believe in insurance
6. Have been healthy, not much sickness in the family, haven't needed health insurance
7. Covered by some other health plan
8. Some other reason — Specify

Medicare
Card M

(Cut along broken line)

HS 50112841 (2-82)

CARD SOA 1

1. Social Security
2. Railroad Retirement
3. A private employer or union pension
4. A government employee pension — Federal, State, or local
5. Military retirement
6. Some other source — Specify

Check names for Medicaid
Card SOA 1

(Cut along broken line)

HS 50112841 (2-82)

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Appendixes

Contents

I.	Data collection procedures	157
II.	1982 survey revisions.....	158
	Introduction	158
	Background	158
	1982 NHIS changes and comparison of 1981 and 1982 estimates	159
III.	Estimation procedures	171
	Point estimates	171
	Variances	172
	Weights on public use data tapes	174
IV.	Topical index to questionnaire items, by year	176

List of appendix figures

I.	Summary of National Health Interview Survey changes regarding physician contacts: Before and since 1982.....	160
II.	Summary of National Health Interview Survey changes regarding hospitalizations: Before and since 1982	161
III.	Summary of National Health Interview Survey changes regarding limitation of activity: Before and since 1982	162
IV.	Summary of National Health Interview Survey changes regarding days of disability: Before and since 1982.....	164
V.	Summary of National Health Interview Survey changes regarding acute conditions: Before and since 1982	168
VI.	Adjustment for noninterviews	171
VII.	The 60 age-sex-race cells in the National Health Interview Survey	172

List of appendix tables

I.	Number of physician contacts per 100 persons per year, by place of visit and type of doctor seen: United States, 1980-83.....	161
II.	Percent of persons with 1 hospital episode or more, by age and sex: United States, 1980-83	162
III.	Days of disability per person per year, by type of disability, age, and sex: United States, 1980-83	165
IV.	Number of restricted-activity days per person per quarter, standard errors, and ratio of 1982 to 1981 estimates, by quarter: United States, 1981-82	166
V.	Number of days of disability per 100 persons per quarter for old and new data processing edits, standard errors, and ratio of new to old estimates, by type of disability: Quarter 1, 1982	166
VI.	Number of restricted-activity days, standard errors, and ratio of 1982 to 1981 estimates, by condition group: United States, 1981-82.....	167
VII.	Number of disability days associated with acute conditions per 100 persons per year and disability days per person per year, standard errors, and ratio of 1982 to 1981 estimates, by type of disability: United States, 1981-82	167
VIII.	Days of disability associated with acute conditions per 100 persons per year, by type of disability, age, and sex: United States, 1980-83.....	167
IX.	Number of acute conditions per 100 persons per year, by condition group, age, and sex: United States, 1980-83... ..	169
X.	Number of acute conditions per 100 persons per year, standard errors, and ratio of 1982 to 1981 estimates, by whether medically attended and condition group: United States, 1981-82.....	170

XI. Number of acute conditions per 100 persons per quarter, standard errors, and ratio of 1982 to 1981 estimates, by medical attention status and condition group: United States, 1981-82	170
XII. Number, proportion of children who received care within an adequate interval, estimates of standard errors, and design effects, by selected characteristics of children and youths under 18 years of age: National Health Interview Survey, 1975-76 annual average.....	174

Appendix I

Data collection procedures

Data are collected through a personal household interview conducted by interviewers employed and trained by the U.S. Bureau of the Census according to procedures specified by the National Center for Health Statistics.

All adult members of the household 17 years of age and over who are at home at the time of the interview are invited to participate and to respond for themselves. Information for children and for adults not at home during the interview is provided by a responsible adult family member (19 years of age and over) residing in the household. Between 65 and 70 percent of the adults 17 years of age and over are self-respondents. Generally, a random subsample of adult household members is selected to respond for themselves to questions on current health topics.

Nationally, there are approximately 150 interviewers trained and directed by health survey supervisors in each of the 12 U.S. Bureau of the Census regional offices. The supervisors are career civil service employees whose primary responsibility is the National Health Interview Survey. The interviewers are part-time employees selected through an examination and testing process. Interviewers receive thorough training in basic interviewing procedures and in the concepts and procedures unique to the National Health Interview Survey.

Depending on the family size and the nature and extent of health conditions of family members, the length of interview ranges from 20 to 90 minutes. On average, the interviews require about 50 minutes in the household.

Appendix II

1982 survey revisions

Introduction

In 1982, the Division of Health Interview Statistics (DHIS) implemented a number of major changes in the National Health Interview Survey (NHIS). Changes involved the questionnaire, definitions of some of the health variables measured, and data processing specifications. As a result of these modifications, many of the estimates routinely produced by this survey, which had remained relatively stable over time, changed significantly. This appendix includes a description of and rationale for the major changes that were made. Selected key estimates collected before and after the changeover are compared, and some explanation of the differences is presented. Background information about the survey's program for periodic appraisals is included, along with a description of the sequence of events that led to its most recent redesign effort.

Not all of the changes in the 1982 estimates were anticipated or can be explained fully, but the following description will aid data users in better understanding the 1982 and subsequent NHIS data sets. Figures I–V contain brief synopses of the changes and selected key statistics produced from both versions.

Background

NHIS officially began data collection in 1957 and has remained in continuous operation since that time. In its early years, the NHIS procedures were steadily undergoing change because the survey mechanism was somewhat experimental. In later years, however, changes were restricted and, for the most part, made only at regular intervals. This approach reflects a long-range plan developed shortly after the survey was undertaken that provided for an evaluation of the design and format of NHIS approximately every 10 years.

The rationale for regularly scheduled major redesign efforts has several bases. It recognizes the need to be responsive to different data requirements and new methodologies, and it provides an orderly process for implementing such modifications. It also ensures some degree of continuity in survey concepts over an extended time period to facilitate trend analysis.

The first major revision of NHIS procedures was implemented in July 1967, after the survey had completed its first 10-year cycle of data collection. A description of this first evaluation effort, including the rationale for the changes, the modifications made, and the subsequent data results, are documented in Series 2, Number 48, in the *Vital and Health Statistics* series (4).

Plans for a second major revision of NHIS began in 1978 following another 10-year period when changes to the survey were restricted. The primary objectives identified for this second redesign effort were as follows:

1. Modify survey concepts, as required, to reflect current and known future data requirements
2. Reduce nonsampling errors caused by interviewers and respondents by simplifying the format and administration of the questionnaire and improving the techniques used to convey to respondents the specific nature of the information being requested
3. Improve the flow of the interview by eliminating repetitive or inapplicable questions
4. Reduce the core component of the questionnaire to allow more interview time for rotating supplemental topics

During the planning stage of the second major NHIS redesign effort, input was received from a number of different sources. On the recommendation of the National Committee on Vital and Health Statistics, suggested changes were obtained from a panel of experts outside the National Center for Health Statistics (NCHS). This peer review group, or technical consultant panel on NHIS, was specifically charged with evaluating how well the survey was meeting its legislative mandate. Recommendations for changes also were sought from NCHS personnel who had knowledge of the survey.

Several pilot studies were undertaken during 1978 and 1979 to test a revised NHIS questionnaire instrument and related documents. The studies were conducted under contract by a private research firm and by the U.S. Bureau of the Census.

The first of these studies, conducted in the Washington, DC, area, provided the DHIS staff an opportunity to make a subjective assessment of the revised questionnaire's concepts, procedures, and overall feasibility. However, before major changes in the ongoing NHIS could be implemented, a quantitative assessment of the revised document and related materials also was needed. Therefore, the National Pilot Study, specifically designed to provide a data base for a comparative analysis of selected estimates produced from the current and revised NHIS questionnaires, was conducted in the final three months of 1979.

Selected results from the National Pilot Study appear in a paper presented at the 1981 annual meeting of the American Public Health Association (5). The paper focused on a com-

parison of three health variables: limitation of activity, physician visits, and days of disability.

Results from the National Pilot Study, along with observations made from earlier field tests, provided sufficient evidence to conclude that, for many of the health measures, the revised questionnaire represented an improved data collection instrument.

However, the revised NHIS questionnaire that was finally fielded in January 1982 differed somewhat from the National Pilot Study questionnaire, as some modifications were made to those questions where problems were found. The disability day questions underwent the greatest change. For this reason, several estimates from the National Pilot Study differ from estimates later produced from the 1982 NHIS questionnaire.

For persons interested in a more indepth description of this second evaluation effort, specific details are presented in Series 1, No. 18, in the *Vital and Health Statistics* series (2).

1982 NHIS changes and comparison of 1981 and 1982 estimates

This section contains a summary, by topic area, of questionnaire and other changes that may have contributed to the differences found between the 1981 and 1982 NHIS estimates. The rationale for the changes that were adopted is also given. Five major NHIS health variables for which statistics are routinely produced are addressed. They are physician contacts, hospitalizations, limitation of activity, days of disability, and acute and chronic conditions. For a description of all of the changes made to the 1982 NHIS questionnaire, see Series 1, No. 18 (2).

The computer editing changes most likely to have had an effect on the 1982 estimates shown in this report also are described. Although the 1982 computer edit specifications used many of the same kinds of edits employed previously, the differences between the questionnaires themselves necessitated a complete redesign of the data processing specifications. Some of the modifications made to the computer edit specifications also reflected current opinion about how to edit certain items.

A comparison of selected key statistics for the 1981 and 1982 periods is included for each major health variable. Where differences were found, an attempt has been made to explain these findings. In addition, selected estimates for these health variables are presented in more detail in tables I–III, VIII, and IX. Most of these estimates, which cover the period 1980–83, are by sex and selected age groups. The 1980 estimates provide some indication of the stability of the specific 1981 and 1982 estimates being compared. Most NHIS estimates remain relatively stable over time, but some rates, particularly rates of acute conditions, fluctuate seasonally as well as from year to year. The 1983 estimates, although provisional, provide additional evidence as to whether any differences found between the 1981 and 1982 figures actually represent differences that can be expected to continue in future years.

Physician contacts

Questionnaire changes

The changes in the physician contact probe questions itemized here reflect the basic philosophy that influenced many

of the 1982 revisions—that respondents need to be fully aware of any specific inclusions or exclusions that relate to the health variables about which they are asked to report.

The conceptual definition of what constitutes a physician contact did not change in 1982 (figure I). However, the probe questions, which elicit reporting of physician contacts in the 2-week period and provide the framework on which the estimated volume and number of contacts per person per year are based, were changed to describe more explicitly the kinds of contacts respondents should report. Some examples follow:

1. In 1982 the term “medical doctor” was further defined for respondents with the addition of the following statement: “Include all types of doctors, such as dermatologists, psychiatrists, and ophthalmologists, as well as general practitioners and osteopaths.”
2. Previously, specific types of services performed during physician contacts were mentioned to aid respondents’ recall (“... go to a doctor’s office or clinic for shots, x rays, tests, or examinations”). In 1982 more emphasis was placed on where the visit took place (“... receive health care at home or go to a doctor’s office, clinic, hospital, or some other place”).
3. Contact with nurses or other medical persons working under the direction of a medical doctor was always included in the DHIS definition of a doctor contact. However, 1982 was the first time that contacts of this type were specifically referred to in the probe questions.
4. The probe question about telephone calls to doctors to receive medical advice was expanded to inquire also about calls to nurses and others for prescriptions or test results.

These changes were implemented with the intention of increasing the reporting of those kinds of physician contacts that respondents are most likely to forget, be reluctant to mention, or not think to report.

Data processing changes

The editing procedure used in 1982 differed for physician contact records for which the date of the doctor contact could not be determined. Previously, records with unknown dates and records with dates identified as outside the 2-week reference period were treated in the same way. They were assigned a code of “week unknown” and were left on the final doctor contact record file, but they were not subsequently used in any tabulations run to generate doctor contact estimates. In 1982, in contrast, doctor contact records with unknown dates were assigned to the code category “in past 2 weeks, don’t know when” and were used to calculate the doctor contact estimates. Records with dates outside the reference period were deleted from the file altogether.

Results

The average number of physician contacts per person per year increased from 4.6 to 5.2 visits from 1981 to 1982 (table I). This difference of about 13 percent is similar to the difference found between the estimates obtained from the National Pilot Study and substantiates the concern that DHIS has underestimated certain types of contacts in the past. As expected,

	<i>Before 1982</i>	<i>Since 1982</i>
Definition:	Consultation with a physician in person or by telephone for examination, diagnosis, treatment, or advice. Service can be provided by the physician or by a nurse or other person acting under a physician's supervision. "Physician" includes doctors of medicine and osteopathic physicians.	No change.
Questionnaire:	3 probe questions asked about— 1. Number of times a medical doctor was seen. 2. Visits to a doctor's office or clinic for shots, x rays, tests, or examinations. 3. Medical advice from a doctor over the telephone.	The probe questions were changed to include— 1. An additional statement defining "medical doctors" as including "all types of doctors such as dermatologists, psychiatrists, and ophthalmologists as well as general practitioners and osteopaths." 2. Reference to where the visit took place instead of to the type of services received, i.e., "... receive health care at home or go to a doctor's office, clinic, hospital, or some other place?" 3. An additional statement about contacts with nurses or other medical persons working under the direction of a medical doctor. 4. An additional statement about telephone calls to nurses (and others) to obtain prescriptions or test results.
Data processing:	Doctor contact records with unknown date of contact were left on the final data tape but not used to produce doctor contact estimates.	Doctor contact records with unknown date of contact are assigned to the category "in past 2 weeks, don't know when" and are included when processing doctor contact estimates.
Estimates:		

<i>Type of contact</i>	<i>1981</i>		<i>1982</i>		<i>Percent change 1982-81</i>
	<i>Rate</i>	<i>Standard error</i>	<i>Rate</i>	<i>Standard error</i>	
	Number per person per year				
All physician contacts	4.6	0.1	5.2	0.1	+13
	Number per 100 persons per year				
Home visits	2.9	0.1	10.0	0.8	+345
Telephone calls	53.3	1.7	74.1	2.1	+39
Dermatologist	8.9	0.7	10.5	0.8	+18
Psychiatrist	5.5	0.5	8.9	0.7	+62
Ophthalmologist	11.7	0.8	18.2	1.1	+56
Osteopath	1.9	0.3	3.3	0.5	+74

Figure 1. Summary of National Health Interview Survey changes regarding physician contacts: Before and since 1982

overall reporting was increased by changing the questions to more completely describe the kinds of physician contacts respondents were to report.

In 1982 the rate of telephone doctor contacts was 74.1 per 100 persons, up from 53.3 per 100 persons reported in 1981. This difference clearly reflects the effect of the more definitive probe question used in 1982, which queried specifically about getting "any medical advice, prescriptions, or test results over the phone from a medical doctor, nurse, or anyone working with or for a medical doctor." The proportion of visits at home that were specifically asked about in the 1982 doctor contact probes also showed an increase in reporting from a rate of 2.9 home visits per 100 persons to 10.0 visits per 100 persons. The increase in the rate of visits to other places mainly reflects a change in the interviewer instructions. Interviewers were told to classify group-practice clinics and health maintenance organizations in this category instead of in the doctor's office category, as was done previously. The rate of doctor contacts for some kinds of medical specialists previously thought to be under-reported (dermatologists, psychiatrists, ophthalmologists, and

osteopaths) also increased in 1982 as a result of changes to the doctor contact probe questions.

Hospitalizations

Questionnaire changes

The following changes were made to the hospitalization probe questions in 1982 (figure II):

1. The term "overnight" was added to keep respondents from reporting outpatient hospital visits.
2. The probe question about stays in nursing or convalescent homes, previously used as an extra screener to pick up missed short-stay hospitalizations, was dropped. Few additional hospitalizations had been detected through this question.
3. The hospital probe question was moved to the beginning of the interview. It was viewed as a good introductory health-related question to begin a health interview, and it also provided the interviewer with useful information that could

Table I. Number of physician contacts per 100 persons per year, by place of visit and type of doctor seen: United States, 1980-83

Place of visit and type of doctor	1980	1981	1982	1983 ¹
Number of physician visits per 100 persons per year				
All visits	475.4	461.5	516.3	507.6
Place of visit				
Doctor's office	322.8	320.1	296.1	285.4
Telephone	57.8	53.3	74.1	74.7
Home	3.1	2.9	10.0	10.2
Hospital (emergency room, outpatient clinic)	61.5	60.9	60.7	62.9
Company clinic	3.1	2.4	5.8	5.3
Other	25.1	20.2	53.2	54.4
Type of doctor				
Dermatologist	8.3	8.9	10.5	9.8
Psychiatrist	4.9	5.5	8.9	8.7
Ophthalmologist	11.3	11.7	18.2	17.5
Osteopath	2.1	1.9	3.3	2.9
Pediatrician	46.3	44.5	45.4	46.0
Obstetrician-gynecologist	34.3	32.3	36.3	34.8
Internist	52.2	50.8	61.1	55.6
General practitioner	225.6	217.9	204.5	206.9
Other and unknown	90.5	87.9	128.2	125.5

¹Provisional.

be used later when asking respondents questions about physician contacts in the past year.

There also were several differences in the detailed hospital page questions. Previously, information was obtained about the reason for each hospitalization. However, it is generally recognized that more complete and accurate hospital diagnosis information is obtained through the NCHS National Hospital Discharge Survey. This item, therefore, was modified for 1982. To continue to have the capability to produce NHIS discharge estimates for all hospitalizations excluding deliveries, the question "For what condition did — enter the hospital?" was left on the questionnaire. However, except for hospitalizations

occurring in the previous 2 weeks, interviewers no longer record a detailed description of the condition for which the person entered the hospital, and coders use this item only to identify whether the hospitalization was for a delivery.

Data processing changes

Beginning in 1982, NHIS discontinued coding the specific condition for which a person entered the hospital. These codes had been one of the items used to identify hospitalizations for deliveries, a category for which DHIS routinely produces estimates. Instead, a separate delivery recode was created for this purpose using coded information from the questionnaire. This recode was inadvertently omitted from the final 1982 Hospital Record, however. For this reason, hospital-specific data, such as average length of stay for hospitalizations with and without deliveries, are not included in the 1982 Current Estimates report.

The delivery recode was used to produce the following categories on the final 1982 Person Record, providing person hospitalization data using these four groups: (1) number of short-stay hospital episodes in the past 12 months, excluding episodes for deliveries; (2) short-stay hospital episode days in the past 12 months, excluding episodes for deliveries; (3) number of short-stay hospital discharges in the past 12 months, excluding discharges for deliveries; (4) days in the past 12 months in short-stay hospitals, excluding discharges for deliveries. Information on hospital discharges and days in (3) and (4) are based on experiences in the 6 months prior to interview.

Results

The hospitalization estimates for 1981 and 1982 remained essentially the same—10.2 and 10.3 percent of persons with one hospital episode or more (table II). Slightly changing the wording of the hospital probe question and its location to the beginning of the interview and dropping the additional nursing home screener question did not appear to affect reporting.

	Before 1982		Since 1982		
Definition:	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.		No change.		
Questionnaire:	3 probe questions asked about whether— 1. Anyone was a patient in a hospital. 2. Anyone was in a nursing home, convalescent home, or similar place. 3. Any child 1 year or under was born in a hospital.		Changes included— 1. Relocating the hospital probe question to the beginning of the questionnaire document. 2. Adding "overnight" to the phrase "was ——— a patient in a hospital (overnight) . . . ?" 3. Deleting the nursing home stay probe question.		
Data processing:	The specific condition causing the hospitalization was coded.		The condition causing hospitalization is used only to determine whether the hospitalization was for a delivery.		
Estimates:			1981		1982
	<i>Item</i>	<i>Percent of persons</i>	<i>Standard error</i>	<i>Percent of persons</i>	<i>Standard error</i>
	Persons with 1 hospitalization or more	10.2	0.1	10.3	0.1
					<i>Percent change 1982-81</i>
					+1

Figure II. Summary of National Health Interview Survey changes regarding hospitalizations: Before and since 1982

Table II. Percent of persons with 1 hospital episode or more, by age and sex: United States, 1980-83

Age and sex	1980	1981	1982	1983 ¹
Percent of persons with 1 hospital episode or more				
All persons	10.4	10.2	10.3	10.1
Age				
Under 17 years	5.2	5.1	4.7	4.7
17-24 years	11.0	10.6	9.8	9.7
25-34 years	12.2	11.7	11.5	11.0
35-44 years	9.6	8.9	9.2	8.8
45-64 years	11.6	11.9	12.0	11.8
65 years and over	18.3	18.0	19.9	19.9
Sex				
Male	8.6	8.2	8.4	8.2
Female	12.1	12.1	12.0	11.9

¹Provisional.

Limitation of activity

Questionnaire changes

This health variable received fairly extensive revisions in 1982 (figure III). The changes having the greatest impact are as follows:

1. The limitation of activity variable was changed to classify all individuals based on the ability to perform activities that are usual for their age group. The criteria for determining activity limitation changed most significantly for the elderly. Previously, persons 65 years of age and over who did not report their major activity as keeping house were classified according to their ability to work. The revised version bases major activity limitation for all persons 71 years of age and over on (a) the ability to manage personal care needs, such as eating, bathing, dressing, and getting around one's own home, and (b) the ability to

	Before 1982		Since 1982			
Definition:	The extent to which a person's usual activities (for example, playing, working, keeping house, going to school) are limited at present because of a chronic condition or disability. The 4 degrees of activity limitation are—		All persons are now classified according to their ability to perform activities normal for their age group. For older persons, the concept changed from ability to work or keep house to ability to take care of one's personal care needs.			
	<ol style="list-style-type: none"> 1. Unable to carry on major activity. 2. Limited in amount or kind of major activity. 3. Not limited in major activity but otherwise limited. 4. Not limited in activities. 					
Questionnaire:	Different questions were used for preschool and school-age children, housewives, workers, and persons whose usual activities were "something else." For example, housewives were asked whether they could keep house at all, were limited in the amount or kind of housework they could do, or were limited in the kind or amount of other activities because of health. The phrases used to describe the types of health problems to include as causing a limitation were "because of (his) health" and "because of a disability or health."		In the previous version, persons 65 years and over whose usual activity was "something else" were asked about their ability to work. Major activity limitation for persons over 70 years of age is now based on—			
			<ol style="list-style-type: none"> 1. Ability to manage one's own personal care needs, such as eating, bathing, dressing, or getting around home. 2. Ability to handle other routine needs, including everyday household chores, doing necessary business, shopping, or getting around for other purposes. 			
			The phrase used to describe the types of health problems causing a limitation reads: "because of any impairment or health problem." A limitation of activity question about the ability to work is asked for all persons of working age (18-70 years). Limitation of activity questions are now located near the beginning of interview.			
Estimates:			1981		1983 ¹	
	<i>Age and activity limitation</i>	<i>Percent of persons</i>	<i>Standard error</i>	<i>Percent of persons</i>	<i>Standard error</i>	
					<i>Percent change 1983-81</i>	
	Activity limitation	14.4	0.1	14.3	0.1	-1
	Under 17 years	3.8	0.1	5.0	0.2	+32
	17-44 years	8.4	0.2	8.7	0.2	+4
	45-64 years	23.9	0.4	24.3	0.4	+2
	65 years and over	45.7	0.8	40.2	0.7	-12
	Major activity limitation	10.9	0.1	9.9	0.1	-9
	Under 17 years	2.0	0.1	3.6	0.2	+80
	17-44 years	5.4	0.1	5.9	0.1	+9
	45-64 years	19.1	0.4	18.4	0.4	-4
	65 years and over	39.2	0.8	25.4	0.6	-35.

¹No activity-limitation estimates available for 1982.

Figure III. Summary of National Health Interview Survey changes regarding limitation of activity: Before and since 1982

handle other routine needs, including everyday household chores, doing necessary business, shopping, and getting around for other purposes. This revised concept, which replaces "work" with activity more commonly associated with older persons, was introduced to provide more realistic classification criteria for this age group.

2. An additional limitation of activity classification based on the ability to work was included for all persons of working age (18–70 years of age), reflecting the considerable change that the usual activity roles of men and women have undergone since the survey's onset. This added item enables the data user to classify all persons of working age by a single measure (the ability to work). It also resolves a concern with the earlier version: Women who did not work because of a health problem but who could keep house were not classified as limited in their major activity, whereas men with this same set of circumstances were, by definition, limited in their major activity.
3. The specific age ranges for the limitation groups were changed. (For instance, the school-age population, for which major activity limitation is defined in terms of school activities, was changed from 6–16 to 5–17 years of age.) Now age categories more closely correspond to commonly accepted age groups associated with the preschool, school-age, working, and retired populations.
4. The phrases used in the limitation of activity questions—"because of . . . health" and "because of a disability or health"—were changed to "because of any impairment or health problem." This more clearly informs respondents that they should report activity limitations resulting from all kinds of handicaps as well as health conditions.
5. Because of increased availability of specialized instruction and special classes for some children with learning or other disabilities, the activity limitation questions for the school-age population now include specific reference to the use of and need for these programs.
6. The limitation of activity question set now appears near the beginning of the interview. This change was made so that questions with similar reference periods would be asked in sequence.

Results

Unfortunately, no activity limitation estimates are available for 1982 because of an oversight that occurred when finalizing some of the revised activity limitation questions for the 1982 questionnaire. Specifically, the DHIS activity limitation definition states that only limitations resulting from chronic conditions or impairments are included. However, no question was included for determining the condition(s) causing the limitations of some persons 60–70 years of age. Because the specific condition information for these persons was not available, it was not possible to edit out any limitations caused only by an acute illness episode. It was decided not to publish any activity limitation estimates for 1982 because they would not be comparable with estimates produced in subsequent years. This error was corrected in 1983.

A comparison of the 1981 estimates and 1983 provisional estimates shows the same percent of persons with an activity

limitation for both years—about 14 percent (figure III). However, there are noticeable differences between 1981 and 1983 in the percents with an activity limitation for children (from 4 to 5 percent) and older persons (from 46 to 40 percent). Similarly, the differences in the percents of persons in these age groups who are limited in their major activity are substantial. For example, the percent of children limited in their major activity increased from 2 percent in 1981 to 3.6 percent in 1983. Proportionately, about one-third fewer persons 65 years and over were classified as limited in their major activity in 1983 as in 1981 (25 versus 39 percent). The differences between these estimates reflect a pattern consistent with the kinds of changes made to the limitation of activity questions.

Days of disability

Questionnaire changes

The final version of the disability day questions introduced in 1982 represents a compromise between the version tested in the National Pilot Study and the disability day questions used prior to 1982. Before 1982, the disability day questions initially were asked about every person: For those persons with days reported, the condition(s) causing these days was obtained. These same questions then were repeated later in the interview for all reported conditions. This procedure was necessary to link specific days of disability with each condition. In the version tested in the 1979 National Pilot Study, repetition of these questions was eliminated by designing the initial questions so that specific days of disability could be determined on a condition-by-condition basis.

Following the Pilot Study, however, several concerns were expressed about the impact these questionnaire changes would have on the subsequent disability day estimates. It was thought that some respondents might forget to report all conditions associated with their disability days. Also, the format of the questions designed to identify which days of disability were associated with each condition (when multiple conditions were reported) was somewhat complicated. Nevertheless, there was a consensus that the flow of the interview using the revised questionnaire was greatly improved by not having to repeat these questions for every reported condition.

Given these considerations, a modified approach was adopted in 1982 to obtain disability day estimates associated with specific conditions (figure IV). As with the pre-1982 version, each person initially was asked the disability day questions and the condition(s) that caused disability days. Persons who reported no disability days in the 2-week period or who reported one day or more of disability but only one condition were not asked the disability day questions again. The 2-week disability day questions, however, were asked again later in the interview for every reported condition for persons who initially reported one day or more and also reported two conditions or more during the interview.

This modified procedure reduced repetitive questioning, simplified the approach to determine which days of disability were associated with multiple conditions, and provided respondents who had multiple conditions and days of disability an opportunity to report days previously forgotten.

Before 1982

Since 1982

Definition: Disability is a term used to describe any temporary or long-term reduction of a person's activity as a result of an acute or chronic condition. Four types of disability (or restricted-activity) days are identified in the National Health Interview Survey:

1. *Cut-down day:* A day on which a person cuts down on usual activities for the whole day because of an illness or injury.
2. *Bed day:* A day on which a person stays in bed for all or most of the day because of illness or injury.
3. *Work-loss day:* A day on which a currently employed person does not work at a job or business for at least half of the normal workday because of a specific illness or injury.
4. *School-loss day:* A day on which a child does not attend school because of an illness or injury.

The time period used to define a cut-down day, bed day, work-loss day, and school-loss day has changed to "more than half of the day."

Questionnaire: The disability day questions first were asked for all persons on an individual basis and answers were recorded in the appropriate person's columns. The questions also appeared on the detailed condition pages and were asked for all conditions reported in the interview to determine which condition(s) caused which type of disability day(s). The work-loss day questions were asked of all adults 17 years of age or over. The questions on work-loss and school-loss days did not contain a description of the time period used to define these days.

A separate page containing the disability day questions is completed for every person. These questions also appear on the detailed condition pages, but, unlike the previous version, they are used only when the person with the condition has initially reported 1 disability day or more and 2 conditions or more. The work-loss questions are asked only of currently employed persons 18 years of age or over. Unlike the previous version, the time period describing what constitutes a cut-down, bed, work-loss, or school-loss day is the same for each type of disability day and is specified in the questions.

Data processing: The number of disability days reported to questions on the detailed condition pages was used to override responses to the person disability day questions reported earlier in the interview. Work-loss days reported for persons not currently employed were used to derive a person's total number of restricted-activity days.

In contrast to the earlier procedure, days of disability reported for a specific condition now cannot exceed the total number of person days initially reported for that person. Because work-loss day questions are asked only of the currently employed, days for persons not currently employed are not available to use in calculating a person's overall number of restricted-activity days, as was done previously.

Estimates:

Type of disability day	1981		1982		Percent change 1982-81
	Rate	Standard error	Rate	Standard error	
Disability days					
Days per person per year					
Restricted-activity days.....	19.1	0.4	14.3	0.3	-25
Bed days.....	6.9	0.2	6.4	0.2	-7
Work-loss days ¹	4.9	0.1	4.6	0.1	-6
Disability days associated with acute conditions					
Days per 100 persons per year					
Restricted-activity days.....	959.1	24.7	644.0	17.7	-33
Bed days.....	419.0	13.2	295.5	10.1	-29
Work-loss days ¹	337.4	11.5	274.9	10.0	-19

¹For currently employed persons.

Figure IV. Summary of National Health Interview Survey changes regarding days of disability: Before and since 1982

Other changes to the disability day question set included the following:

1. The work-loss day questions were asked only for currently employed persons. This modification has the obvious benefit of eliminating unnecessary questions that, in the past, had caused some problems when asked of persons who did not work.
2. The description of the period of time constituting a work-loss or school-loss day, a bed day, or a cut-down day was clarified and made consistent for all types of disability

days. Specifically, in 1982 "days of disability" were described for respondents as days in which they stayed in bed, missed work or school, or otherwise cut down on their other activities for more than half the day. This differed from the earlier version, in which no qualifications were given in the work-loss or school-loss questions. Further, the bed day question used prior to 1982 contained the phrase "all or most of the day," but other cut-down days were defined for respondents as days in which they "cut down for as much as a day." Using the same time period (more than half the day) to define each type of disability

day and incorporating it into the questions was done to improve the disability day estimates produced.

3. The age groups used for the questions on work-loss and school-loss days were changed to 18 years and over and 5–17 years, respectively, to more closely correspond to the usual ages of persons engaged in those activities.
4. The placement, format, and order of the disability day questions also changed. In 1982 these questions preceded the questions on 2-week physician contacts, and information was recorded on a separate page for each family member instead of in columns. The relocation of the disability day probe questions was done to group together sets of questions with similar reference periods and was not expected to affect reporting. The new page format for recording responses was expected to reduce recording and coding errors and to improve the overall quality of reporting. Interviewers were more likely to ask all the questions as worded for each family member instead of modifying them into “family-style” questions, as was sometimes done with the column format. The reordering of the disability day questions, work-loss first instead of bed days, was done to more easily integrate the current employment questions added to this page in 1982.

Data processing changes

Before 1982, discrepancies between the total number of person days and the condition days of disability that were reported were resolved as follows:

1. If any condition had a greater number of restricted-activity days than was calculated for that person's total number of restricted-activity days, the person's restricted-activity, bed, and work-loss or school-loss days were replaced with the number of days from the condition record listing the largest number of restricted-activity days.
2. If a person who initially reported 1 day or more of disability had no condition records with days, the person's days were changed to zero.
3. If the sum of restricted-activity days from all condition records for a person was less than the person's restricted-activity days, the person's restricted-activity days were changed to agree with the summed number of days.

In contrast, in 1982, if a greater number of restricted-activity days was reported for any condition than the person had for total number of restricted-activity days, the condition restricted-activity days were decreased to agree with the person's originally reported number. Similarly, if a greater number of bed, work-loss, or school-loss days were reported for a condition than the person had originally reported, the condition days were changed accordingly. This procedure was adopted so that condition days of disability were derived in a way consistent with the approach used for persons not reporting two conditions or more. Specifically, persons originally reporting no days of disability or only one condition were not given another opportunity to report any days previously forgotten.

Another difference between the disability day edits for the two periods involved the work-loss day question. In the prior period, work-loss days reported for persons who were not

currently employed were used to derive the person's total number of restricted-activity days. Because the revised questionnaire limits work-loss day questions to the currently employed population, these days, unless reported as cut-down days, do not exist in 1982.

A final change to the disability day edits involved the specifications for editing out-of-range numbers of days (days in excess of 2 weeks). Codes of 15 days or more previously were edited to 14 days; in 1982 these codes were edited to 0 days. This change was made after looking at a number of individual records and determining that these out-of-range codes were, for the most part, the result of off-line keying or other errors and not actually reported days.

Results

Person days of disability—The average number of restricted-activity days per person per year fell from 19.1 to 14.3 days from 1981 to 1982 (table III). The differences between the average number of bed days per person (6.9 compared with 6.4 days) and the number of work-loss days per person (4.9 compared with 4.6 days) were not as great.

Table III. Days of disability per person per year, by type of disability, age, and sex: United States, 1980–83

Type of disability, age, ¹ and sex	1980	1981	1982	1983 ²
Restricted activity				
All persons	19.1	19.1	14.3	14.5
Age:				
Under 17 (18) years	11.6	10.5	8.7	9.6
17 (18)–24 years	12.5	12.0	8.6	8.5
25–44 years	16.5	16.7	11.6	11.6
45–64 years	26.5	27.5	20.2	19.3
65 years and over	39.2	39.9	31.6	32.1
Sex:				
Male	17.1	17.3	12.5	12.3
Female	21.0	20.7	16.0	16.5
Bed disability				
All persons	7.0	6.9	6.4	6.7
Age:				
Under 17 (18) years	5.2	4.8	4.0	4.5
17 (18)–24 years	4.7	4.9	3.8	3.7
25–44 years	6.1	5.6	5.1	4.9
45–64 years	8.4	9.0	8.4	8.5
65 years and over	13.8	14.0	14.7	16.7
Sex:				
Male	5.9	5.8	5.4	5.7
Female	8.0	7.9	7.3	7.6
Work loss ³				
All persons 17 (18) years and over	5.0	4.9	4.6	4.2
Age:				
17 (18)–24 years	4.6	4.1	3.9	3.5
25–44 years	4.9	4.8	4.3	4.1
45–64 years	5.4	5.7	5.6	4.8
65 years and over	3.9	4.2	5.3	5.2
Sex:				
Male	4.9	4.6	4.1	3.7
Female	5.1	5.3	5.2	4.9

¹Ages in parentheses were implemented beginning in 1982.

²Provisional.

³For currently employed persons.

The decline of about 25 percent in the estimate of restricted-activity days was not anticipated. Therefore, investigations were undertaken in an attempt to explain the drop. It was concluded that the difference resulted from a number of contributing factors rather than from a single cause. The following possible explanations for the differences were examined.

With the newly designed questions, interviewers and coders made errors in administering the questionnaire, recording answers, and coding data entries. This temporary decline would reverse itself after interviewers and coders became more familiar with the new questionnaire.

To investigate this explanation, the 1981 and 1982 quarterly estimates were compared for person days of restricted activity (table IV). Analysis of these data is based on comparability ratios. For instance, the ratio of 0.71 for quarter 1 indicates that the 1982 NHIS sample yielded 29 percent fewer restricted-activity days per person than did the 1981 quarter 1 sample.

This comparison revealed a greater difference between the quarter 1 estimates for 1982 and 1981 than between the 1982 and 1981 estimates for quarters 2 and 4. However, differences in quarter 3 resembled those in quarter 1, so the findings seem to refute the hypothesis that the differences were the result of interviewer unfamiliarity with the new design. Furthermore, the 1983 rate remained at about the same level as the 1982 rate (14.5 restricted-activity days per person in 1983 compared with 14.3 days in 1982).

A second explanation is that repositioning the disability day questions after the hospitalization and activity limitation questions and changing the order and wording of the questions influenced respondents to report only the more severe kinds of illnesses and injuries that caused days of disability.

To evaluate whether respondents were less likely to report less serious acute illnesses or injuries in 1982 than in 1981, and therefore have fewer days of disability, a comparison was made between the proportion of acute conditions reported with

and without medical attention and with less than 3 or 3 days or more of restricted activity. This analysis revealed that, for whatever reason—questionnaire placement, wording, or other—a higher proportion of acute conditions reported in 1982 than in 1981 had medical attention (60 percent compared with 54 percent). This finding probably also reflects improved reporting of physician contacts in 1982 because of changes in that portion of the questionnaire.

However, of acute conditions not medically attended, there was a higher proportion with only 1 or 2 days of restricted activity in 1982 (74 percent) than in 1981 (70 percent). Further, the proportion of acute conditions that had medical attention and restricted activity was higher in 1981 than in 1982 (37 percent compared with 32 percent of all acute conditions). These somewhat contradictory results make it difficult to conclude that the less serious acute conditions tended to be underreported in 1982.

A third explanation is that a change in the computer edits that disallowed changing the reported person days of disability to agree with subsequent reporting of condition disability days resulted in an overall decrease in days.

To determine whether the 1982 decision to accept the initial reporting of person days of disability and not edit that entry based on later reporting of condition days of disability affected the overall estimates, the 1982 quarter 1 data file was run using both methods. The results are shown in table V. The new edit which did not “back-edit,” did not significantly affect the estimate produced for person days of disability and does not explain the difference between 1981 and 1982.

A fourth possible explanation examined is that other factors, including a milder flu season in 1982 than in 1981, resulted in the lower reporting. Restricted-activity day estimates associated with all acute conditions and acute conditions except flu were compared for the two years (table VI). The ratio was not affected by excluding flu in the restricted-activity day estimates for the two years.

Table IV. Number of restricted-activity days per person per quarter, standard errors, and ratio of 1982 to 1981 estimates, by quarter: United States, 1981–82

Quarter	1981		1982		1982–81 ratio
	Days per person	Standard error	Days per person	Standard error	
Quarter 1	5.5	0.16	3.9	0.12	0.71
Quarter 2	4.5	0.14	3.6	0.12	0.80
Quarter 3	4.5	0.14	3.1	0.10	0.69
Quarter 4	4.6	0.14	3.7	0.12	0.80

Table V. Number of days of disability per 100 persons per quarter for old and new data processing edits, standard errors, and ratio of new to old estimates, by type of disability: Quarter 1, 1982

Type of disability	Old edit		New edit		New-old edit ratio
	Days per 100 persons	Standard error	Days per 100 persons	Standard error	
Restricted activity	384.0	12.1	394.7	12.4	1.03
Bed	182.4	7.4	176.7	7.3	0.97
Work loss	130.6	6.9	131.1	6.9	1.00

Table VI. Number of restricted-activity days, standard errors, and ratio of 1982 to 1981 estimates, by condition group: United States, 1981-82

Condition group	1981		1982		1982-81 ratio
	Days in thousands	Standard error	Days in thousands	Standard error	
All acute conditions.....	2,158,450	55,640	1,462,670	40,177	0.68
All acute conditions except influenza.....	1,730,198	46,700	1,210,044	34,836	0.70

Table VII. Number of disability days associated with acute conditions per 100 persons per year and disability days per person per year, standard errors, and ratio of 1982 to 1981 estimates, by type of disability: United States, 1981-82

Type of disability	1981		1982		1982-81 ratio
	Days	Standard error	Days	Standard error	
Per 100 persons per year					
Restricted activity.....	959.1	24.7	644.0	17.7	0.67
Bed.....	419.0	13.2	295.5	10.1	0.71
Work loss.....	337.4	11.5	274.9	10.0	0.81
Per person per year					
Restricted activity.....	19.1	0.4	14.3	0.3	0.75
Bed.....	6.9	0.2	6.4	0.2	0.93
Work loss.....	4.9	0.1	4.6	0.1	0.94

Other explanations for the difference between the restricted-activity day estimates also were considered. For instance, work-loss days reported by persons not currently employed were used in 1981 to calculate restricted-activity days. In 1982 people who were not currently employed were not asked about work loss, so these "days" were not obtained and, therefore, were not part of the 1982 restricted-activity day estimate. To measure the effect of this difference, a rough approximation was determined of the proportion of 1981 restricted-activity days derived only from work-loss days reported by persons not currently employed who reported no other type of disability day. (This second qualification was important to derive a conservative approximation of the impact of this estimate because work-loss days that were also bed days would, by definition, contribute to the overall restricted-activity estimate in both years.) Approximately 73 million of such work-loss days were reported. They represented less than 2 percent of the total number of restricted-activity days reported in 1981. Had these days not been included in the 1981 restricted-activity day estimate, the rate would have changed from 19.1 to 18.8 days per person per year.

Disability days associated with acute conditions—A comparison of the disability day estimates associated with acute conditions for 1981 and 1982 revealed even greater differences than were found between the person disability day estimates for this period (tables VII and VIII). These results suggest that underreporting occurred with proportionately greater frequency for restricted-activity, bed, and work-loss days associated with acute conditions than for days of disability associated with chronic conditions. In 1981, 50 percent of all reported restricted-activity days were caused by acute conditions. In 1982, the proportion of days attributed to acute conditions dropped to 45 percent.

The types of comparisons made to investigate the reasons for the difference between the 1981 and 1982

Table VIII. Days of disability associated with acute conditions per 100 persons per year, by type of disability, age, and sex: United States, 1980-83

Type of disability, age, ¹ and sex	1980	1981	1982	1983 ²
Days of disability per 100 persons per year				
Restricted activity				
All persons.....	986.9	959.1	644.0	721.9
Age:				
Under 6 (5) years.....	1,195.5	1,060.7	723.5	948.1
6 (5)-16 (17) years.....	979.6	828.7	645.1	761.5
17 (18)-44 years.....	980.6	985.0	629.4	648.9
45 years and over.....	940.7	966.3	643.5	739.6
Sex:				
Male.....	869.9	834.1	580.8	611.4
Female.....	1,095.9	1,075.6	702.9	825.0
Bed disability				
All persons.....	426.6	419.0	295.5	334.9
Age:				
Under 6 (5) years.....	581.6	527.1	368.1	466.7
6 (5)-16 (17) years.....	462.8	418.6	299.0	357.9
17 (18)-44 years.....	413.5	410.5	290.6	292.6
45 years and over.....	380.1	399.6	281.9	345.0
Sex:				
Male.....	353.6	346.3	259.7	273.0
Female.....	494.6	486.7	329.0	392.7
Work loss ³				
All persons 17 (18) years and over.....	347.7	337.4	274.9	272.4
Age:				
17 (18)-44 years.....	367.6	355.5	281.2	205.8
45 years and over.....	305.0	296.4	261.1	103.6
Sex:				
Male.....	327.4	298.7	233.2	227.9
Female.....	374.7	388.9	329.7	330.3

¹Ages in parentheses were implemented beginning in 1982.

²Provisional.

³For currently employed persons.

estimates of person days of disability also were made for the estimates of disability days associated with acute conditions. The conclusions reached were similar. Changes in the data processing specifications between 1981 and 1982, a milder flu season, and interviewers' unfamiliarity with the questionnaire document did not appreciably affect reporting. The primary explanation for the difference appears to be found in changes to the questionnaire format and question wording.

Acute and chronic conditions

Questionnaire changes

During both periods, acute conditions were elicited by reporting doctor contacts and disability days occurring in the 2-week period preceding the interview (figure V). However, as described earlier, the sets of questions used to obtain information on doctor contacts and disability days were different in 1981 and 1982.

The different levels of reporting of doctor contacts and days of disability for the two periods had an indirect impact on the estimated number of acute conditions even though, technically, the concept of an acute condition did not change.

Before 1982, interviewers recorded *all* reported "volunteered" conditions, that is, conditions reported on questions not designed to pick up conditions. In the revised version, no volunteered conditions reported during the interview are recorded by interviewers.

The six lists of conditions from which the NHIS chronic condition prevalence estimates are derived were similar for both periods, except for "cancer of any kind," which was added in the 1982 version.

There have been numerous requests for cancer prevalence

estimates. Although several of the chronic condition checklists included specific kinds of cancers, the NHIS questionnaire did not have the capability to produce an overall prevalence estimate for this condition. Recent research has shown that this statistic can be reliably produced from a household interview survey (6).

Changes were made to the NHIS detailed condition page questions in which more detailed information is obtained about chronic and acute conditions reported in the interview. Most of the changes involved either dropping selected questions for the purpose of shortening the length of the interview or modifying the instrument to simplify its administration. The following types of condition-specific information are no longer obtained: use of medicine or treatment, surgery ever undergone, number of work-loss days in past 12 months, number of contacts with physicians in past 12 months, and frequency and degree of bother caused by condition. (For a complete description of the specific changes made, see Series 1, No. 18 (2).)

Data processing changes

The International Classification of Diseases code assigned to every reported condition was edited for the first time in 1982. Most impossible codes that were detected were corrected, but this new procedure created some additional rejected condition records when a feasible code could not be determined.

The computerized list of conditions considered always chronic or always acute, regardless of onset, was expanded and revised.

Results

Another difference that was not anticipated based on the 1979 National Pilot Study findings involved incidence rates of

	Before 1982		Since 1982			
Definition:	An acute condition is defined as a condition that has lasted less than 3 months and involved either medical attention or restricted activity. For purposes of producing incidence estimates, acute conditions are limited to those whose onset occurred during the 2 weeks prior to the interview week.		No change.			
Questionnaire:	Acute conditions were elicited from the reporting of doctor visits and disability days occurring in the 2-week period preceding the interview.		There are changes to the physician contact and disability day question sets from which acute conditions are derived. (See Physician contact and Disability day sections.)			
Data processing:			International Classification of Diseases codes assigned to conditions are now edited. There is now an updated computerized list of conditions considered always acute, regardless of onset. The NHIS acute condition recode is also revised. Most changes involve adding more categories for conditions of sufficient size and interest to warrant showing them apart from the "other" categories to which they previously were assigned.			
Estimates:			1981		1982	
			Number per 100 persons per year	Standard error	Number per 100 persons per year	
	Item				Standard error	
					Percent change 1982-81	
	Acute conditions.....	212.4	6.3	167.1	3.9	-21

Figure V. Summary of National Health Interview Survey changes regarding acute conditions: Before and since 1982

acute conditions. In 1982 there were 167 reported acute conditions per person per year, compared with 212 conditions in 1981; this represented about a 21-percent difference (table IX). A similar comparison between the rates excluding flu produced about a 17-percent difference. Substantial differences occurred among all age groups, although the greatest difference between the rates, 28 percent, was for persons aged 17-44 years. Rates of acute digestive conditions, like those for flu, differed the most. About one-third fewer acute digestive conditions were reported in 1982 than in 1981, but because they represent less than 4 percent of all acute conditions, the decrease did not greatly affect the total rate.

Because acute condition information is derived from reported days of disability, as well as from physician contacts, and because the 1982 disability day rates were well below the 1981 estimates, it is not surprising that the 1982 acute condition rates differed as much as they did. In the previous discussion focusing on factors affecting the 1982 disability day estimates, it was pointed out that a higher proportion of reported acute conditions that year had medical attention. This finding is consistent with the overall increase in reporting of doctor contacts for that year. Further, the estimated number of medically attended acute conditions that had no associated restricted activity increased in 1982—from about 86.5 million conditions (38 per 100 persons) in 1981 to 107.5 million (47 per 100 persons), an increase of about 25 percent. However, other findings do not support the idea that the less severe kinds

of acute conditions as measured by total days of associated disability (1 or 2 days versus 3 days or more) were those most underreported.

Table X shows the 1981 and 1982 rates of acute conditions per 100 persons by whether medical attention was received. The 1982 rates are significantly below the rates for 1981 regardless of whether a physician was seen, but the greatest difference is clearly among acute conditions that were not medically attended.

Furthermore, differences in the reporting of acute conditions do not appear to be caused by the interviewers' and coders' unfamiliarity with the questionnaire document. A comparison of these rates by quarter found no consistent pattern of improved reporting over time (see table XI). Additionally, the provisional 1983 acute condition rate of 175 conditions per 100 persons is still 18 percent below the rate obtained in 1981.

Changes in the 1982 computer edit specifications for acute conditions also were examined to determine what impact they might have had on the estimates. As described earlier, under certain circumstances some condition records are changed from acute to chronic and vice versa. Further, less serious acute conditions (those having neither medical attention nor days of disability) are deleted from the files.

For quarter 1 of 1980 and 1982, a count was made of condition records for which either the acute-chronic code was changed or a less serious acute condition record was deleted

Table IX. Number of acute conditions per 100 persons per year, by condition group, age, and sex: United States, 1980-83

Condition group, age, and sex	1980	1981	1982	1983 ¹
All acute conditions				
All persons	222.2	212.4	167.1	174.7
Age:				
Under 6 years	399.8	380.0	320.7	348.1
6-16 years	293.0	275.9	229.1	242.8
17-44 years	222.6	217.6	157.6	160.5
45 years and over	130.6	120.6	101.4	106.1
Sex:				
Male	204.1	202.2	155.9	162.7
Female	239.0	221.9	177.6	185.9
All acute conditions except influenza				
All persons	170.0	162.7	134.2	136.6
Age:				
Under 6 years	345.7	323.0	277.9	293.0
6-16 years	219.5	212.8	182.5	188.3
17-44 years	167.5	163.5	122.5	121.7
45 years and over	95.2	86.8	81.6	83.0
Sex:				
Male	158.0	154.4	125.3	126.7
Female	181.1	170.5	142.5	145.9
Acute condition group				
Infective and parasitic diseases	24.6	23.6	18.8	20.3
Respiratory conditions	116.2	111.9	79.7	85.0
Upper respiratory conditions	57.0	55.7	41.0	40.5
Influenza	52.2	49.7	33.0	38.1
Other respiratory conditions	7.0	6.5	5.7	6.3
Digestive system conditions	11.4	9.7	6.5	7.6
Injuries	33.4	33.2	27.2	27.5
All other acute conditions	36.6	34.1	34.9	34.4

¹Provisional.

Table X. Number of acute conditions per 100 persons per year, standard errors, and ratio of 1982 to 1981 estimates, by whether medically attended and condition group: United States, 1981-82

<i>Medical attention status and condition group</i>	<i>1981</i>		<i>1982</i>		<i>1982-81 ratio</i>
	<i>Conditions per 100 persons per year</i>	<i>Standard error</i>	<i>Conditions per 100 persons per year</i>	<i>Standard error</i>	
Medically attended					
All acute conditions.....	115.8	3.7	100.0	2.6	0.86
All acute conditions except influenza	100.8	3.3	89.3	2.4	0.89
Not medically attended					
All acute conditions.....	96.7	3.1	67.2	1.9	0.69
All acute conditions except influenza	61.9	2.2	44.8	1.4	0.72

Table XI. Number of acute conditions per 100 persons per quarter, standard errors, and ratio of 1982 to 1981 estimates, by medical attention status and condition group: United States, 1981-82

<i>Medical attention status, condition group, and quarter</i>	<i>1981</i>		<i>1982</i>		<i>1982-81 ratio</i>
	<i>Conditions per 100 persons per quarter</i>	<i>Standard error</i>	<i>Conditions per 100 persons per quarter</i>	<i>Standard error</i>	
Medically attended					
All acute conditions:					
Quarter 1	36.6	1.1	28.9	1.2	0.79
Quarter 2	26.2	1.1	24.1	1.1	0.92
Quarter 3	24.7	1.1	20.9	1.0	0.85
Quarter 4	28.3	1.2	26.0	1.1	0.92
All acute conditions except influenza:					
Quarter 1	27.9	1.2	24.1	1.1	0.86
Quarter 2	24.7	1.1	22.1	1.0	0.90
Quarter 3	23.3	1.1	19.6	0.9	0.84
Quarter 4	24.9	1.1	23.7	1.1	0.94
Not medically attended					
All acute conditions:					
Quarter 1	33.6	1.4	21.2	1.0	0.63
Quarter 2	16.6	0.8	12.6	0.7	0.76
Quarter 3	17.1	0.9	12.0	0.7	0.70
Quarter 4	29.5	1.2	21.3	1.0	0.72
All acute conditions except influenza:					
Quarter 1	17.4	0.9	12.9	0.7	0.74
Quarter 2	12.8	0.7	9.1	0.6	0.70
Quarter 3	12.1	0.7	9.1	0.6	0.75
Quarter 4	19.7	0.9	13.8	0.7	0.70

during the editing process. After adjusting the 1982 figures for one missing week of data, about 80 fewer acute condition records were found to have been created by these edit procedures in quarter 1, 1982, than in quarter 1, 1980. (Quarter 1, 1980, was used in this comparison rather than quarter 1, 1981, because the former period had similar levels of flu.) Had these

records been included, the ratio for the 1980 and 1982 quarterly acute condition incidence estimates would have changed from 0.72 to 0.74, not enough to provide an adequate explanation for the differences found. It appears that respondents are simply reporting fewer acute conditions as a result of changes in the 1982 probe questions designed to elicit this information.

Appendix III

Estimation procedures

Point estimates

The National Health Interview Survey (NHIS) is designed to make inferences about the civilian noninstitutionalized population of the United States. To do so it is necessary to inflate the sample counts to national estimates.

Four basic operations were involved for the data for each elementary unit (household, person, condition, hospitalization, and doctor visit) collected from 1973 through 1984:

- *Probability of selection inflation*—The data for each elementary unit were multiplied by the reciprocals of the probabilities of selection at each step in the design: primary sampling unit (PSU), segment, and household.
- *Nonresponse adjustment*—The data for each elementary unit were inflated by a multiplication factor to adjust for units where an interview was not obtained.
- *First-stage ratio adjustment*—The data for each elementary unit were ratio adjusted to the 1970 population within 12 race-residence classes within each geographic region.
- *Poststratification by age-sex-race*—The data for each elementary unit were ratio adjusted within each of 60 age-sex-race cells to an independent estimate of the population of each cell by a multiplication factor applied to the weight of each elementary unit (household, person, condition, hospitalization, and doctor visit). These independent estimates are prepared by the U.S. Bureau of the Census.

The probability of selection inflation is carried out each week. After the incoming reports are passed through controls to ensure that the data input to the computers are consistent with sample design, properly coded, and capable of being tabulated, a series of mechanical edits is carried out on the computers. These edits make the questionnaire internally consistent, and adjust or account for item nonresponse.

Into each record of an elementary unit (person, household, condition, and hospitalization) basic sampling inflation factors are inserted. This step takes account of all stages of sampling. The factor is the reciprocal of the combined sampling fraction, which varies among tabulation areas.

These steps are carried out weekly and provide a tape of edited and adjusted sample data for each week of the 13 weeks of the quarter. Therefore, the "scale" of data at this point is 1/13th of universe totals. Weekly data then are merged into quarterly totals. The nonresponse adjustment, first-stage ratio adjustment, and poststratification are performed for each quarter (13 weeks).

Despite intensive followup efforts, reports on some households in the sample had not been received at the tabulation cutoff. The noninterview rate usually was very low. Less than 5 percent of the households did not respond—1 percent refusal and the rest for all other reasons, such as no one at home after repeated callbacks. Nevertheless, any estimating procedure must necessarily impute values for statistics for which measurement had been intended for a sample household for which no interview is obtained.

Adjustment for noninterviews was accomplished by a calculation that assumes respondents within a particular segment for a quarter represent the nonrespondents in that segment. In the rare instance in which less than half a segment is interviewed, the noninterview adjustment is modified by evidence from reports over the entire tabulation area. An illustration of the process is given for a hypothetical tabulation area in figure VI. Data for the five households in segment 2 are multiplied by the factor 1.2000 so that the five represent the six households intended for interview in the segment. Segment 4 in the example is of the unusual type in which less than half the households in the segment were interviewed, which leads to a further adjustment at the tabulation area level after a preliminary one has been made at the segment level. The tabulation area adjustment factor is the ratio of total households scheduled for interview to total households scheduled for interview minus the "excess" noninterviews; that is, the factor in the example is 220/218, or 1.0092. Data for all reporting households in the hypothetical tabulation area are multiplied by this factor to account for the two-household "excess" of noninterviews.

Statistical theory demonstrates that a ratio estimate for a statistic generally is superior to an ordinary inflation estimate if there is correlation between the numerator and the denominator of the ratio. Also, if Y' and X' are ordinary inflation estimates of two characteristics of a population, Y and X , respectively, and if the "true" total X is known independently, then the ratio estimate $Y'' = (Y'/X')X$ is a better estimate of Y than is Y' , if there is correlation between Y' and X' . In this form of estimate, the quantity (X/X') becomes a calibration factor for the survey.

This principle is utilized at two stages in NHIS. In the first-stage ratio adjustment it was used to reduce sampling variance among PSU's. Estimates of the 1970 population that

Segment number	Households scheduled for interview	Households not interviewed	Segment adjustment factor	Excess non-interviews
1	6	0	1.0000	0
2	6	1	1.2000	0
3	8	0	1.0000	0
4	4	3	2.0000	2
...
...
...
Tabulation area total	220	10	...	2

Figure VI. Adjustment for noninterviews

would have been obtained from a complete enumeration of only the 376 sample PSU's were compared with official 1970 population counts for each of 12 race-residence classes within each of the four geographic regions. A multiplication factor was applied to the weight of each elementary unit. This brought the sample data into closer conformity with population controls for the universe; introduced only trivial, if any, bias into the estimate; and reduced sampling variance.

Advantages of the ratio-estimating process were exploited further by the introduction of a second calibrating or ratio factor, the poststratification, which brought the estimates of the U.S. population derived from NHIS into agreement with independently determined controls for 60 age-sex-race classes of the civilian noninstitutionalized population of the United States.

The last poststratification factor is probably the one most important to users because the independent estimates are the same as those used for the Current Population Survey (CPS). Thus the national population estimates for these characteristics from the two surveys are the same, which greatly enhances comparability for users of data from both surveys.

The CPS is conducted the first week of every month, and independent national estimates of the civilian non-institutionalized population are produced for each month. NHIS is conducted weekly and is designed to produce quarterly estimates as well as annual ones. In practice, the estimate for the CPS conducted in the middle month of the quarter was used for the NHIS quarterly estimate. The NHIS quarters and the dates of the estimates are

<i>NHIS quarter</i>	<i>Population estimates</i>
January–March	February 1
April–June	May 1
July–September	August 1
October–December	November 1

The 60 age-sex-race cells are shown in figure VII. Note that the race categories were changed from white and other to black and other beginning in 1980. The change was made to improve the precision of the estimates for the smaller black population.

Variations

One of the advantages of a probability sample is that an estimate of the reliability of the results can be made from the sample itself. The form of the variance estimator depends on the sample design and the estimation procedures. It is desirable that the variance estimator be unbiased (and it should be consistent if not unbiased) and that it have a small sampling error. It is also desirable for computation to be simple.

At the time NHIS was designed, there had been relatively little work on methods of estimating variances for surveys with complex sample designs. Computers were slow, awkward, and had little memory. Computer software was virtually nonexistent. Nevertheless, the decision was made to present sampling errors in all reports based on NHIS data. Calculating and presenting sampling errors for the national estimates from NHIS in all reports was a great advance in the presentation and interpretation of data.

	<i>Race</i>			
	<i>1979 and earlier</i>			
	<i>White</i>		<i>Other</i>	
	<i>1980 and later</i>			
<i>Other</i>		<i>Black</i>		
<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>	
Under 1 year.....				
1–4 years.....				
5–9 years.....				
10–14 years.....				
15–16 years.....				
17–19 years.....				
20–24 years.....				
25–29 years.....				
30–34 years.....				
35–44 years.....				
45–49 years.....				
50–54 years.....				
55–64 years.....				
65–74 years.....				
75 years and over.....				

Figure VII. The 60 age-sex-race cells in the National Health Interview Survey

The presentation of sampling errors in statistical reports is not a simple matter. Two major decisions must be made. The first is how to calculate the variances. The second is how to present them. The method used for estimating the variances for the statistics presented in the Series 10 reports has changed over time. The method of presenting them, charts of relative standard errors for classes of variables, has remained relatively constant.

Initially variances for NHIS were calculated by a technique called the random group method (7). The method was used first for data collected in 1957. The variance charts constructed in 1961 based on the random group method of variance estimation were used until the late 1960's, when some of them were replaced by charts based on the Keyfitz estimation procedure (8). For data collected in 1972, the Keyfitz estimation procedure was used to calculate new variance curves.

When the redesigned sample for the survey was implemented in 1973, new estimates of variances were needed. Balanced half-sample replication had been considered before, and early work on the method had been supported by the National Center for Health Statistics (NCHS) (9). In the meantime there had been further work (10) and a computer program had been written to apply the technique to the data from the National Health Examination Survey (NHES, now NHANES). However, at that time no one knew how to form orthogonal patterns when there were as many PSU's as there were in NHIS. That problem was solved when George Schnack formed the orthogonal patterns for more than 100 strata (11). The computer program was extended so that it could be applied to NHIS (12). Using

this program, variances were calculated for data collected in 1973 (12). Those calculations are the basis for the relative standard error charts published in Series 10 reports for data from 1973 through 1984.

The problem of presenting variances for a great number of statistics in limited space was solved by publishing charts of relative standard errors for classes of statistics.

A report on the research on the Keyfitz procedure (8) also gave the argument for presenting curves for classes of estimates:

Instead of presenting variances for each statistic, the data can be grouped and "average variances" given. . . . Grouping the statistics is not easy, but two points to consider are that the survey characteristics such as prevalence of any diseases represented in a group should have similar design effects and that the groups should cover the possible range of variation in the data. (13)

Instead of presenting the individual estimates for each cell in the tables, a set of relative variance curves was drawn using the empirical relationship between the size of the estimate and the relative variance of the estimate. The formulas and the procedures for estimating the parameters are given in Hansen, Hurwitz, and Madow (14). The procedures, using a function of the form, $v_x^2 = a + b/x'$, are illustrated in the case study on the CPS.

The curves of relative standard errors (the square root of the relative variances) are published in Series 10 reports from NHIS for 1980 through 1984. There are curves for wide-range, medium-range, and narrow-range response variables to allow for the differing distributions of the variables and their design effects. The curves were calculated for each of the recall periods used on the questionnaire and for each period of data collection from one quarter through 2 years.

A narrow-range statistic is defined for this purpose as (a) an estimate of the number of people in the population with a characteristic, such as the number of high school graduates or the number in excellent health, and (b) an estimate for which the response is usually 0 or 1 but may take on the value of 2 or very rarely 3, such as the number of hospital episodes in a year.

A medium-range statistic is defined for this purpose as an estimate that will rarely lie outside the range 0-5, such as the number of doctor visits in 2 weeks.

A wide-range statistic is defined for this purpose as an estimate that often will lie outside the range 0-5, such as the number of days of restricted activity in 2 weeks or the number of contacts with a physician in a year.

The total number of persons in the U.S. civilian non-institutionalized population or in an age-sex-race class or combination of classes used for poststratification is not subject to sampling error because these numbers are adjusted to demographically adjusted decennial census figures supplied by the U.S. Bureau of the Census (12). Also, when the number of people in one of those classes is the denominator for a rate, the denominator has no sampling error.

The curves of relative standard errors serve a useful purpose by allowing the reader to obtain an estimate of the varia-

bility of the statistic of interest quickly; however, they may not be sufficient for relational analysis for several reasons. One is that a number of approximations and assumptions were required to derive relative standard errors that (a) would be applicable for the large number of data items obtained from NHIS, (b) could be prepared at reasonable cost, and (c) could be presented in relatively little space. As a result, the charts provide estimates of the approximate relative standard errors rather than an estimate for each specific estimate. Second, although they take the size of the denominator into account, they do not take the differential effects of the clustered design into account; that is, two population groups of the same size may have different design effects. A limitation in using the curves is that the analysts cannot incorporate covariances in the analysis where it is appropriate.

An example of the differences in design effects for populations of similar size is shown in table XII for the proportion of children with medical care within an interval. There are approximately 22 million children in families with six members or more in the household and there are approximately the same number in families in which the head has 13 years of education or more. Nevertheless, as can be seen in table XII, the design effect for children in the first category is 3.41, and for the second it is 1.62. The standard error of the proportion of children with medical care for the first group is twice that for the latter.

Each time the curves have been recalculated, they have been used without modification in succeeding years until the sample is redesigned as if there had been no change in the distribution of the population or the dependent variables over an extended time period. The effect of the changes over time may not be trivial. In evaluating the change from 1973 through 1979, Givens found that the weighted relative standard errors for each of the eight curves he evaluated showed consistent increases over time because of the attrition in sample size (15). Moreover, the values predicted from the curves differed from the computed values. In 1980, which was a special case because 4 weeks were eliminated from the sample, one-third of the variance estimates were in error by more than 20 percent.

Also, it is important to note that NHIS was designed with one sample PSU selected from each stratum (there is more than one if the stratum is a non-self-representing stratum and the PSU is a rotation cluster containing more than one PSU, although it is still treated as one and there is only one in any given year). The methods usually used for estimating the variances assume two PSU's in each stratum. Therefore, pseudo-strata, each containing two PSU's, had to be created to calculate the variances. This was done in the self-representing strata by dividing each stratum into two PSU's so that it was a stratum with two PSU's. The non-self-representing strata were paired with one another and a pseudo-PSU number was assigned to one member of the pair, and that number plus 1 to the other (11).

The pseudo-PSU's are on all public use data tapes for data collected in 1980 or later. They enable the interested tape user to estimate variances and standard errors for a variety of statistics using one of several commercially available computer programs (16-19). They do not enable the user to replicate

Table XII. Number, proportion of children who received care within an adequate interval, estimates of standard errors, and design effects, by selected characteristics of children and youths under 18 years of age: National Health Interview Survey, 1975–76 annual average

Characteristic	Number in thousands	Proportion with adequate interval	Standard error		Design effect	
			Simple random sample	Complex	SE	Variance
Total	73,234	0.8566	0.001295	0.002152	1.66	2.76
Family size						
1–3 persons	12,789	0.9090	0.002543	0.002693	1.06	1.12
4 persons	21,063	0.8963	0.002101	0.002687	1.28	1.64
5 persons	17,081	0.8598	0.002656	0.003170	1.19	1.42
6 persons or more	22,301	0.7864	0.002744	0.005067	1.85	3.41
Education of head of family						
0–11 years	24,771	0.7953	0.002563	0.004240	1.65	2.74
12 years	25,888	0.8678	0.002105	0.002960	1.41	1.98
13 years or more	21,874	0.9161	0.001875	0.002383	1.27	1.62
Family income						
\$0–\$4,999	8,418	0.8186	0.004200	0.005437	1.29	1.68
\$5,000–\$9,999	15,171	0.8231	0.003098	0.004678	1.51	2.28
\$10,000–\$14,999	17,558	0.8543	0.002663	0.003760	1.41	1.99
\$15,000 or more	26,697	0.8932	0.001891	0.002822	1.49	2.23
Age of child						
0–5 years	21,130	0.8789	0.002244	0.002796	1.25	1.55
6–11 years	24,298	0.8693	0.002157	0.003257	1.51	2.27
12–17 years	27,806	0.8287	0.002265	0.003284	1.45	2.11
Standard metropolitan statistical area						
Yes	53,324	0.8701	0.001456	0.002415	1.66	2.75
No	19,910	0.8204	0.002720	0.004562	1.68	2.81

NOTE: SE = standard error.

SOURCE: Kovar MG. A methodological study of factors associated with whether children receive adequate medical care. Institute of Statistics Mimeo Series No. 1428. Chapel Hill, North Carolina: University of North Carolina. 1982.

the variance estimation procedure used by NCHS for the Series 10 reports. The NCHS balanced half-sample replication program takes poststratification into account (12). To do so, the balanced half-sample replicates must be used and those replicates, which take up a great deal of space, are not on the public use tapes.

Tape users should also note that the variance estimation methods based on a Taylor-series approximation (16,18,19) cannot be used directly for estimating the variances of medians. The balanced half-sample methods can be used.

For data collected prior to 1980, the published curves of relative standard errors must be used. These are adequate for many analyses, and many users of the data will prefer using them regardless of when the data were collected. Instructions for using the charts are given in NCHS Series 10 publications. To familiarize themselves with the estimation procedures for a given data year, the data user should consult the technical appendix in the Series 10 report for the data year of interest.

Weights on public use data tapes

Core questions

For estimates of the population of persons with attributes (such as persons limited in activity, in poor health, or with one

bed day or more during the year), the four quarterly weights are averaged to produce the annual weight. This is labeled “basic weight” on the public use data tapes. Weights for one quarter, 6 months, 1 year, and 2 years of data collection are on the public use data tapes. Weights for longer periods of time can be constructed by averaging the annual weights over the desired time period.

For estimates of events with 2-week recall periods (such as the number of disability days, doctor visits, or acute conditions), events are added to produce the annual estimate. This is labeled “6.5 weight” on the public use data tapes. The weight is 6.5 because 13 weeks in the quarter divided by 2 weeks of recall equals 6.5.

Example—A user wanting to estimate the number of people limited in activity should use the basic weight if using data from a full year of data collection.

Example—A user wanting to estimate the number of bed days (2-week recall) should use the 6.5 weight.

Example—A user wanting to estimate the number of bed days per person limited in activity should use the 6.5 weight for the numerator and the basic weight for the denominator.

Special core questions

Because six different lists of chronic conditions were used beginning in 1978, with respondents in one-sixth of the house-

holds being asked each list, special weights had to be developed to provide national estimates of the prevalence of chronic conditions. A factor, which is also on the public use tapes, is multiplied by the basic person weights to produce weights approximately six times as large.

Similarly, the recall period used for the number of hospital discharges and days in short-stay hospitals published in Series 10 reports is 6 months. Therefore, the weight is double the basic person weight (that is, the semiannual weight), if the user wants to duplicate the published estimate. That can be done from the information on the hospital tape.

However, the user of the public use data tapes should be careful to note that the published number of hospital episodes during the year is based on a 12-month recall question, so the appropriate weight for episodes and the associated days is the basic person weight.

Supplements

The questions on many supplements were asked about all household members at the time of the interview. The weights

for questions on those supplements are the same as the ones for equivalent core questions.

In other cases, there was subsampling for the supplement or response rates were different (as when supplements were left to be mailed in or only a fraction of the people in the household were asked the question). The weights for questions on those supplements are different from those for core questions.

For example, questions about smoking were asked of one-third of the adults in the last 6 months of 1980. The weights reflect the subsampling. The Child Health Supplement questions were asked about only one child in each family in 1981. The weights for that supplement also reflect the subsampling and differ from the basic weights by a factor approximately equal to the inverse of the number of children under age 18 in the household.

Thus, each supplement is given appropriate weights, and the public use data tapes are released separately from the core questionnaire tapes.

Appendix IV

Topical index to questionnaire items, by year

<u>Topic</u>	<u>Questionnaire item</u>	<u>Year</u>
<u>Activity Level</u>		
	Would you say that you are physically more active, less active, or about as active as other persons your age	1983
<u>AFDC</u>		
	Receive assistance through Aid To Families With Dependent Children (AFDC)	1980, 1982, 1984
<u>Aging</u>		
	Aging respondent stays in bed all or most of the time because of health or physical problems	1984
	Aging respondent stays in chair all or most of the time because of health or physical problems	1984
	Health or physical conditions that cause aging respondent to stay in bed or chair	1984
	Was aging respondent injured	1984
	When did injury for Aging respondent occur	1984
	Did aging respondent have an operation	1984
	Aging respondent has difficulty preparing own meals	1984
	Aging respondent has difficulty shopping for personal items (such as toilet items or medicine)	1984
	Aging respondent receives help from another person	1984
	Who provides help to aging respondent	1984
	Is help for aging respondent paid for	1984
	Health or physical condition that causes aging respondent to have difficulty preparing own meals	1984
	Aging respondent has difficulty managing own money (such as keeping track of expenses or paying bills)	1984
	Aging respondent has difficulty using the telephone	1984
	Aging respondent has difficulty doing heavy housework (like scrubbing floors or washing windows)	1984
	Aging respondent has difficulty doing light housework (like doing dishes, straightening up, or light cleaning)	1984
	Aging respondent has ever been a resident or patient in a nursing home	1984
	Number of times aging respondent has been resident or patient in nursing home	1984
	How does aging respondent's health today compare with her or his health 1 year ago	1984
	How much worry has aging respondent's overall health caused her or him during the past year	1984
	How active is aging respondent compared with others of the same age	1984
	Has aging respondent's level of physical activity increased or decreased from 1 year ago.	1984
	How much control does aging respondent have over his or her future health	1984

<u>Topic</u>	<u>Questionnaire item</u>	<u>Year</u>
<u>Aging (continued)</u>		
	Does aging respondent get as much exercise as needed, or less	1984
	Does aging respondent follow a regular routine of physical exercise	1984
	How often does aging respondent walk a mile or more at a time without resting	1984
	In the past year, how often did aging respondent have trouble remembering things	1984
	In the past year, how often did aging respondent get confused	1984
	Last time aging respondent saw or talked to a doctor or assistant about (condition)	1984
	Cause of aging respondent's (condition)	1984
	Did aging respondent's (condition) result from an accident or injury	1984
	What did doctor or assistant call aging respondent's (condition)	1984
	How does allergy/stroke now affect aging respondent	1984
	When was aging respondent's (condition) first noticed	1984
	Does aging respondent still have this condition	1984
	Is aging respondent's (condition) completely cured or under control	1984
	How long did aging respondent have this (condition) before it was cured	1984
	Was aging respondent's (condition) present at any time during past 12 months	1984
	What part of aging respondent's body is affected now and how	1984
	When was aging respondent admitted for the first time at nursing home	1984
	When was the last time aging respondent was discharged from nursing home	1984
	How long was aging respondent in nursing home the last time	1984
	How many weeks in the past 12 months was aging respondent in nursing home	1984
	Is aging respondent now on a waiting list to go into nursing home	1984
	Does aging respondent have friend, relative, or neighbor who would take care of aging respondent for a few weeks if necessary	1984
	Is aging respondent familiar with the term "hospice," a service for the terminally ill	1984
	Is there a hospice or an in-home hospice service in the metropolitan area or county that aging respondent could use if needed	1984
	How good a job does aging respondent feel she or he is doing in taking care of his or her health	1984
	Marital status of aging respondent	1984
	Children of aging respondent	1984

<u>Topic</u>	<u>Questionnaire item</u>	<u>Year</u>
<u>Aging (continued)</u>		
	Sex of children of aging respondent	1984
	How quickly children of aging respondent can get to respondent	1984
	How often aging respondent sees children	1984
	How often aging respondent talks to children on telephone	1984
	How often aging respondent receives mail from children	1984
	Aging respondent routinely receives money from children to help with living expenses or pay bills	1984
	Number of living brothers (including adopted) aging respondent has	1984
	Number of living sisters (including adopted) aging respondent has	1984
	Length of time aging respondent lived in present home	1984
	Aging respondent has to go up or down a step to get into home from outside	1984
	Aging respondent's home has more than one floor or level	1984
	Aging respondent's bathroom, bedroom, and kitchen all on the same floor or level	1984
	Aging respondent's home has a walk-in shower	1984
	Aging respondent lives with other household members because respondent needs to share living expenses	1984
	Aging respondent lives with other household members because respondent has health or physical problem	1984
	Aging respondent's home now: owned or being bought	1984
	rented for money	
	occupied without payment of rent money	
	Who owns aging respondent's home	1984
	Is aging respondent's home fully paid for	1984
	Principal still owed on aging respondent's mortgage	1984
	Amount of principal still owed on aging respondent's mortgage	1984
	Present value of aging respondent's home	1984
	Who pays rents for aging respondent's home	1984
	Aging respondent's use of community services in past 12 months:	1984
	use a senior center	
	use special transportation for the elderly	
	have meals delivered to home by an agency	
	eat meals in a special place for senior citizens	
	use a homemaker's services	
	use a service that makes routine telephone calls to check on health of elderly people	
	use a visiting nurse service	
	use a health aide who comes into the home	
	use adult day care or day care for the elderly	
	Aging respondent does volunteer work	1984

<u>Topic</u>	<u>Questionnaire item</u>	<u>Year</u>
<u>Aging (continued)</u>		
	How often aging respondent does volunteer work	1984
	In past 2 weeks, aging respondent:	1984
	got together socially with friends or neighbors	
	talked with friends or neighbors on telephone	
	got together with relative other than those in household	
	talked with relative other than those in household	
	went to church or temple for services or other activities	
	went to show or movie, sports events, club meeting, classes or other group activities	
	Aging respondent ever worked at a job or business	1984
	Aging respondent ever worked at a job or business since age 45	1984
	Aging respondent worked at job or business in the past 12 months	1984
	Number of weeks aging respondent worked at job or business in the past 12 months	1984
	Number of hours a week aging respondent worked at all jobs worked during past 12 months	1984
	Aging respondent completely retired, partly retired, or not retired at all	1984
	Aging respondent retired more than once	1984
	How long has it been since aging respondent's last retirement	1984
	At last retirement, aging respondent retired because of a health or physical problem	1984
	Aging respondent receives retirement income from:	1984
	Social Security	
	railroad retirement	
	private employer or union pension	
	government employee pension	
	military retirement	
	other sources	
	How long aging respondent has been receiving retirement income	1984
	Aging respondent receives retirement because of work experience or because respondent is a dependent or survivor of someone else	1984
	Aging respondent receives disability payment	1984
	Aging respondent receives disability payments because of respondent disability or because respondent is dependent or survivor of someone else	1984
	How long aging respondent has been receiving disability payments	1984
	Aging respondent ever received any disability payment from Social Security	1984
	Aging respondent has difficulty with following activities (by oneself and not using aids):	1984
	walking for a quarter of a mile	

<u>Topic</u>	<u>Questionnaire item</u>	<u>Year</u>
<u>Aging (continued)</u>		
	walking up 10 steps without resting	
	standing for 2 hours	
	sitting for 2 hours	
	stooping, crouching, or kneeling	
	reaching up over head	
	reaching out	
	using fingers to grasp or handle	
	lifting or carrying 25 pounds	
	lifting or carrying 10 pounds	
Kinds of work aging respondent could do now if jobs were available		1984
Aging respondent has following eye conditions:		1984
	cataracts	
	glaucoma	
	color blindness	
	detached retina or other conditions of the retina	
	blindness in one or both eyes	
	trouble seeing with one or both eyes even when wearing glasses	
Aging respondent uses eyeglasses		1984
Aging respondent uses prescribed eyeglasses		1984
Aging respondent uses contact lenses		1984
Aging respondent ever had operations for cataracts		1984
Aging respondent has lens implant		1984
Aging respondent uses a magnifying glass to read or do other close work		1984
Aging respondent sees well enough to recognize features of people if they are within 2 or 3 feet		1984
Aging respondent sees well enough to watch TV 8 to 12 feet away		1984
Aging respondent sees well enough to read newspaper print		1984
Aging respondent sees well enough to step off a curb or down a step		1984
Aging respondent sees well enough to recognize a friend walking on the other side of the street		1984
Status of aging respondent's vision:		1984
	no trouble seeing	
	a little trouble seeing	
	a lot of trouble seeing	
Aging respondent has tinnitus or ringing in the ears		1984
Aging respondent has deafness in one or both ears		1984
Aging respondent has trouble hearing with one or both ears		1984
Aging respondent uses a hearing aid		1984
With hearing aid, aging respondent hears most of the things people say		1984
Status of aging respondent's hearing with hearing aid:		1984
	no trouble hearing	
	a little trouble hearing	
	a lot of trouble hearing	

<u>Topic</u>	<u>Questionnaire item</u>	<u>Year</u>
<u>Aging (continued)</u>		
Has aging respondent ever had:		1984
	osteoporosis	
	a broken hip	
	hardening of the arteries or arteriosclerosis	
	hypertension or high blood pressure	
	rheumatic fever	
	rheumatic heart disease	
	coronary heart disease	
	angina pectoris	
	a myocardial infarction	
	any other heart attack	
	a stroke or cerebrovascular accident	
	Alzheimer's disease	
	cancer of any kind	
Aging respondent had following conditions during the		1984
	past 12 months:	
	diabetes	
	aneurysm	
	blood clots	
	varicose veins	
Aging respondent has fallen during past 12 months		1984
How many times has aging respondent fallen during past		1984
	12 months	
Aging respondent has fallen during past 12 months		1984
	because of dizziness	
Aging respondent has trouble with dizziness		1984
Aging respondent has trouble biting or chewing food		1984
Aging respondent able to do certain activities of		1984
	daily living by self and without using	
	special equipment:	
	bathing or showering	
	dressing	
	eating	
	getting into and out of bed or chair	
	walking	
	getting outside	
	using the toilet	
Aging respondent receives help from another person in		1984
	activities of daily living	
Who helps aging respondent in activities of daily		1984
	living	
Aging respondent uses special equipment or aids		1984
Aging respondent has difficulty controlling bowels		1984
Aging respondent has colostomy or a device to help		1984
	control bowel movement	
Aging respondent needs help from another person in		1984
	taking care of colostomy or other device	
Aging respondent has difficulty controlling urination		1984

<u>Topic</u>	<u>Questionnaire item</u>	<u>Year</u>
<u>Aging (continued)</u>		
	How frequently does aging respondent have difficulty controlling urination	1984
	Aging respondent has urinary catheter or a device to help control urination	1984
	Aging respondent needs help from another person in taking care of urinary catheter	1984
<u>Alcohol (see also Drinking)</u>		
	Not counting small tastes, how old were you when you started drinking alcoholic beverages	1983
	Tell me whether you have ever had any of the following conditions even if you have mentioned them before: hypertension or high blood pressure hardening of the arteries tachycardia, arrhythmia, or rapid heartbeat arthritis and rheumatism convulsions or seizures blackouts shortness of breath insomnia or sleeplessness hepatitis any disease of the pancreas an ulcer, other than a skin ulcer any gastrointestinal bleeding diabetes heart attack or heart failure coronary heart disease stroke or hemorrhage of the brain angina pectoris cancer yellow jaundice fatty liver cirrhosis of the liver any other liver trouble DT's or delirium tremens alcoholism	1983
<u>Armed Forces (see also Disability)</u>		
	Have disability related to service in Armed Forces of United States	1982
	Receive compensation for disability from Veterans Administration	1982
<u>Blood Pressure (see also High-Blood Pressure)</u>		
	Ever told by doctor have high blood pressure	1982
	How long since blood pressure taken	1982

<u>Topic</u>	<u>Questionnaire item</u>	<u>Year</u>
<u>Breast Cancer Prevention</u>		
	How long since breast exam by doctor or other health professional	1982
<u>Child Health</u>		
	Child lived with biological father for at least 3 months	1981
	Child lived with biological mother for at least 3 months	1981
	Child's relationship to household member	1981
	Average hours per week child is with caretaker	1981
	How long has child lived with respondent	1981
	How often child sees biological father	1981
	How often child sees biological mother	1981
	Last time child lived with biological father for at least 3 months	1981
	Last time child lived with biological mother for at least 3 months	1981
	Month and year child moved to this home	1981
	Number of times child moved	1981
	Others taking care of child	1981
	Place where child is taken care of	1981
	Was child first, second, or third born	1981
	Who in household cares for child	1981
	Who takes child to doctor	1981
	Child's biological father now living or deceased	1981
	Child's biological mother now living or deceased	1981
	Child's biological mother's current address	1981
	How long has child's biological mother been separated	1981
	Number of children child's biological mother has ever had	1981
	Number of miles between child's current home and previous home	1981
	Number of times child's biological mother married	1981
	Year each time child's biological mother's marriage ended	1981
	Reasons and year each time child's biological mother's marriage ended	1981
	Year each time child's biological mother married	1981
	What time does child usually go to bed on school nights	1981
	How many hours does child usually sleep each night	1981
	Does Child usually take naps during the day	1981
	How many hours in all (counting naps and night-time sleep) does child usually sleep each day	1981
	During past 12 months has child walked in sleep	1981
	How many times has child walked in sleep during the past 12 months	1981

<u>Topic</u>	<u>Questionnaire item</u>	<u>Year</u>
<u>Child Health (continued)</u>		
	Does child usually sleep in one room or in different rooms	1981
	Does child usually sleep in a room alone or share a room	1981
	Who else usually sleeps in the room with child	1981
	When riding in a car, does child wear seat belt or restraint all or most of the time, some of the time, once in a while, or never	1981
	Child behavior problems index (often true, sometimes true, not true):	1981
	has sudden changes in mood or feelings	
	feels or complains that no one loves child	
	is rather high strung, tense, or nervous	
	cheats or tells lies	
	is too fearful or anxious	
	argues too much	
	has difficulty concentrating, cannot pay attention for long	
	is easily confused, seems to be in a fog	
	bullies, or is cruel or mean to others	
	is disobedient at home	
	does not seem to feel sorry after misbehaves	
	has trouble getting along with other children	
	has trouble getting along with teachers	
	is impulsive, or acts without thinking	
	feels worthless or inferior	
	is not liked by other children	
	has a lot of difficulty getting mind off certain thoughts, has obsessions	
	is restless or overly active, cannot sit still	
	is stubborn, sullen, or irritable	
	has a very strong temper and loses it easily	
	is unhappy, sad, or depressed	
	is withdrawn, does not get involved with others	
	breaks things on purpose, deliberately destroys own or others' things	
	clings to adults	
	cries too much	
	demand a lot of attention	
	is too dependent on others	
	feels others are out to get him or her	
	hangs around with kids who get into trouble	
	is secretive, keeps things to himself or herself	
	worries too much	
	Child being breastfed at present time	1981
	Was child ever breastfed	1981
	How old was child when breastfeeding completely stopped	1981
	Taking birth control pills while breastfeeding child	1981
	Child given formula or regular milk	1981

<u>Topic</u>	<u>Questionnaire item</u>	<u>Year</u>
<u>Child Health (continued)</u>		
	How old was child when first fed formula or regular milk on a daily basis	1981
	Child given any solid food, commercially prepared strained and junior table food, or the non liquid foods	1981
	How old was child when first ate solid food	1981
	Child turns head from side to side when lying on stomach	1981
	Child's eyes follow moving object at all	1981
	Child lifts head off flat surface when lying on stomach	1981
	Child's eyes follow moving object all the way from one side to another	1981
	Child smiled at someone when someone talked to or smiled at child without touching child	1981
	How old was child when child first smiled at someone when someone talked or smiled at child	1981
	Has child ever raised head and chest from surface when lying on stomach and resting weight on lower arms or hands	1981
	While lying on back and being pulled up to a sitting position, did child ever hold head stiffly so that it did not hang back	1981
	Child laughs out loud without being tickled or touched	1981
	Child turns head around to look at something	1981
	Child held moderate-size object such as block or rattle in one hand	1981
	Child looked around for a toy that was lost or not nearby	1981
	Child ever rolled over on purpose	1981
	How old was child when first rolled over	1981
	Has child ever pulled from a sitting to standing position and supported own weight with legs stretched out	1981
	Has child ever sat alone with no help except for leaning forward on hands or with just a little help from someone else	1981
	Child seems to enjoy looking in mirror	1981
	Child ever said recognizable words such as "Mama" or "Dada"	1981
	How old was child when first said any recognizable words	1981
	Given child's height, is child underweight, right weight, or overweight	1981
	Does child wear glasses or contact lenses	1981
	Has child ever had teeth straightened, braces or bands on teeth	1981

<u>Topic</u>	<u>Questionnaire item</u>	<u>Year</u>
<u>Child Health (continued)</u>		
	Child's teeth need to be straightened	1981
	Has doctor or dentist ever said that child's teeth need to be straightened	1981
	Does child have any fillings	1981
	How many of child's teeth have fillings	1981
	Child's use of medicines, pills, or ointments:	1981
	pain relievers	
	cough medicines	
	cold medicines	
	asthma or allergy pills	
	topical steroids	
	skin ointments	
	laxatives or medicines for the stomach	
	vitamins or minerals	
	tranquilizers or sedatives	
	antibiotics	
	other pills, ointments, or medicines	
	If child used medicine what was the main health problem	1981
	Was there a prescription from a doctor for child	1981
	Did doctor recommend that child take the medicine	1981
	How often did child take or use medicine during past 3 months	1981
	What was child doing in past 12-months going to school or something else	1981
	In terms of health, would child be able to go to school	1981
	Would child have to attend a certain type of school because of health	1981
	Would child be limited in school attendance because of health	1981
	What is the main condition that causes child not to be able to go to school, have to go to a certain type of school, or be limited in school attendance	1981
	Was child's condition first noticed during past 3 months or over 3 months ago	1981
	Has child ever attended school	1981
	Child now in school or on vacation	1981
	Grade child is in	1981
	Does child go to a special class or get special help in school because of a disability or health problem	1981
	Child needs to attend a special class or get special help in school because of a disability or health problem	1981
	Why did child stop going to school	1981
	How long ago did child stop school	1981

<u>Topic</u>	<u>Questionnaire item</u>	<u>Year</u>
<u>Child Health (continued)</u>		
	During past 12 months how many days was child absent from school because of illness	1981
	Has child repeated grade(s)	1981
	What grade(s) did child repeat	1981
	Why did child repeat grade(s)	1981
	Has child ever been suspended, excluded or expelled from school	1981
	How many times has child been suspended, excluded, or expelled from school	1981
	How long ago was the last time child was suspended, excluded, or expelled from school	1981
	Has anyone from school asked someone to come in to talk about child's problem(s)	1981
	How long ago was the last time anyone from school asked someone to talk about child's problems	1981
	Overall what kind of student is child now: one of best, above the middle, in the middle, below the middle, near the bottom	1981
	How does respondent feel child is doing in school doing really well, doing about as well as other children, could be doing better	1981
	During past 12 months has child ever wet the bed	1981
	About how many times has child wet the bed in the past 12 months	1981
	Does child suck thumb or finger during the day or night	1981
	Has child ever run away from home	1981
	How many times has child run away from home	1981
	How old was child the last time ran away	1981
	Does child take any medicines or drugs to help control activity or behavior	1981
	Has child ever seen a psychiatrist, psychologist, or psychoanalyst about any emotional, mental, or behavior problem	1981
	Is child still seeing psychiatrist, psychologist, or psychoanalyst	1981
	When was last time child saw psychiatrist, psychologist, or psychoanalyst: more than 12 months ago or within the past 12 months	1981
	During past 12 months has anyone suggested child needed help for an emotional, mental, or behavior problem	1981
	Social effects on family members caused by child's ill health: family moved to a different home family member not been able to take a job family member quit or changed jobs family member forced to take a job when otherwise would not have	1981

<u>Topic</u>	<u>Questionnaire item</u>	<u>Year</u>
<u>Child Health (continued)</u>		
	family member left home	
	family member gotten a divorce or legal separation	
	family been under severe problems making ends meet	
	family or family member made some (other) major change in regular ways of life	
	what (other) changes were made	
	Did family move to be nearer to services for child, because the family could not afford to stay where it was, or other reason	1981
	Child ever dressed himself or herself without help, except for tying shoes and buttoning back of dress	1981
	Has child ever counted out loud up to 10	1981
	Have child's teeth broken through the gums	1981
	Age when child's first tooth came in	1981
	Is child completely toilet trained	1981
	Age when child was completely toilet trained	1981
	Age of child's biological mother at child's birth	1981
	Age of child's biological father at child's birth	1981
	Was child born in a hospital or some other place	1981
	How many nights was child's biological mother in the hospital during child's birth	1981
	How many nights was child in the hospital (at birth)	1981
	Weight of child at birth	1981
	Child weighed more than 5½ pounds (or less)	1981
	Child weighed more than 9 pounds (or less)	1981
	Child born at time expected or earlier or later	1981
	How much earlier or later than expected was child born	1981
	How many hours was child's biological mother in labor	1981
	Child's biological mother given any medicine, shots, or gas while in labor	1981
	How was medicine given to child's biological mother during labor	1981
	Child's biological mother given any medicine, shots, or gas during delivery	1981
	How was medicine given to child's biological mother during delivery	1981
	Was child's biological mother given anything else during delivery	1981
	Was child delivered by cesarean section	1981
	Reason for delivering child by cesarean section	1981
	Child born head first or feet first	1981
	Was child's delivery normal or were there any complications or problems	1981
	What type of problems or complications came about as result of child's delivery	1981

<u>Topic</u>	<u>Questionnaire item</u>	<u>Year</u>
<u>Child Health (continued)</u>		
	Did child receive any newborn care in an intensive care unit, premature nursery, or in any other type of special care facility	1981
	How many nights did child stay in the special care facility	1981
	Was child ever circumcised	1981
	Number of weeks child's biological mother was pregnant when first suspected pregnancy	1981
	Child's biological mother saw or talked to doctor to determine if pregnant	1981
	Number of weeks child's biological mother was pregnant when saw or talked to doctor to determine if pregnant	1981
	Weight of child's biological mother just before pregnancy	1981
	Amount of pounds child's biological mother gained or lost during pregnancy	1981
	Child ever crawled when left lying on stomach	1981
	Age when child first crawled	1981
	Child ever sits for 10 minutes without support	1981
	Child ever pulls to standing position without help from another person	1981
	Child ever recognizes own name when someone says it	1981
	Child ever picks up small objects using only thumb and first finger	1981
	Child ever waves goodbye without help from another person	1981
	Age when child first waved goodbye	1981
	Child ever stood alone on feet for 10 seconds without holding on to anything or another person	1981
	Age when child first stood alone	1981
	Child said 2 recognizable words besides "Mama" and "Dada"	1981
	Child ever walked at least 2 steps with one hand held or holding on to something	1981
	Child's behavior shows knowledge of name of common objects when somebody else names them out loud	1981
	Child ever crawled up at least 2 stairs or steps	1981
	Child ever said name of familiar object	1981
	Child ever walked at least 2 steps without holding on to anything or another person	1981
	Age when child first walked 2 steps	1981
	Child ever without crying pointed, pulled, or made sounds to indicate wanting something	1981
	Child ever made line with crayon or pencil	1981
	Has child ever run	1981
	Child ever walked up at least 2 stairs with one hand or holding the railing	1981
	Child ever let someone know, without crying, that diapers were wet or soiled	1981

<u>Topic</u>	<u>Questionnaire item</u>	<u>Year</u>
<u>Child Health (continued)</u>		
	Child ever fed himself without spilling much	1981
	Child ever walked upstairs without holding on to a rail	1981
	Child ever spoke in a partial sentence of 3 words or more	1981
	Child ever said first and last name together without help	1981
	Has child ever walked upstairs with no help, stepping on each step with only one foot	1981
	Child ever pedaled a tricycle at least 10 feet	1981
	Child knows own age and sex	1981
	Child ever washed and dried hands without help except for turning the water on and off	1981
	Child ever done a somersault without help from anybody	1981
	Child ever drawn picture of a man or women with at least 2 parts of body besides a head	1981
	Child ever gone to toilet alone	1981
	Child ever played with several children at the same time	1981
	Child ever said name of at least 4 colors	1981
	Child's biological mother stayed in hospital 1 night at any time during pregnancy other than during birth	1981
	Number of times child's biological mother stayed in hospital 1 night any time during pregnancy other than during birth	1981
	Reason child's biological mother stayed in hospital overnight at any time during pregnancy other than during birth.	1981
	Doctor ever told child's biological mother to remain in bed 1 week or more during pregnancy	1981
	Reason doctor told child's biological mother to remain in bed 1 week or more during pregnancy	1981
	Length of time child's biological mother stayed in bed during pregnancy	1981
	Child's biological mother ever had miscarriage before pregnant with child	1981
	Number of previous miscarriages of child's biological mother	1981
	Time of most recent miscarriage prior to child's birth	1981
	Child's biological mother stayed in hospital overnight since birth of child	1981
	Child's biological mother stayed in hospital overnight since birth of child for diabetes or sugar diabetes	1981
	Child's biological mother takes insulin shots	1981

<u>Topic</u>	<u>Questionnaire item</u>	<u>Year</u>
<u>Child Health (continued)</u>		
	Child's biological mother ever had surgery	1981
	Type of surgery performed on child's biological mother	1981
	Number of months child's biological mother pregnant at child's birth	1981
	Did child ever have (condition):	1981
	hepatitis	
	yellow jaundice	
	any other liver trouble	
	colitis	
	any other bowel trouble	
	an ulcer	
	a hernia or rupture	
	any other condition of the digestive system	
	asthma	
	hay fever or allergies	
	tonsillitis or enlargement of the tonsils or adenoids	
	tuberculosis	
	pneumonia	
	any other respiratory, lung, or pulmonary condition	
	arthritis of any kind or rheumatism	
	curvature of the spine	
	clubfoot	
	any other condition affecting the bone, cartilage, muscle, or tendon	
	eczema or psoriasis	
	trouble with acne	
	any kind of skin allergy	
	any other kind of skin trouble	
	repeated ear infections	
	deafness in one or both ears	
	any other trouble hearing with one or both ears	
	blindness in one or both eyes	
	cataracts	
	any other trouble seeing with one or both eyes even when wearing glasses	
	a cleft palate or harelip	
	stammering or stuttering	
	any other speech defect	
	autism or has ever been autistic	
	palsy or cerebral palsy	
	paralysis of any kind	
	mental retardation	
	epilepsy	
	repeated convulsions, seizures, or blackouts	
	migraine	
	frequent or severe headaches	
	meningitis	
	chorea or St. Vitus' dance	

<u>Topic</u>	<u>Questionnaire item</u>	<u>Year</u>
<u>Child Health (continued)</u>		
	nephritis	
	urinary tract infection	
	any other kidney trouble	
	diabetes	
	goiter or other thyroid trouble	
	cystic fibrosis	
	anemia or sickle cell anemia	
	a heart murmur	
	cancer of any kind	
	high blood pressure	
	rheumatic fever	
	rheumatic heart disease	
	congenital heart disease	
	any other heart trouble	
	How many times did child have (condition)	1981
	How long did child's (condition) last	1981
	Does child now have:	1981
	a missing finger, hand, arm, toe, foot, or leg,	
	permanent stiffness or any deformity of the	
	back, foot, or leg	
	permanent stiffness or any deformity of the	
	finger, hand, or arm	
<u>Contact with Family and Friends</u>		
	Number of times went out to visit friends, relatives, or neighbors during a 2-week period	1980
	Number of visits from friends, relatives, or neighbors during a 2-week period	1980
<u>Dental Care</u>		
	Anyone in family who has lost all of his or her teeth	1983
	For each person with "lost all teeth":	1983
	have false teeth	
	have upper plate, lower plate, or both	
	usually wear plate(s) while eating	
	usually wear plate(s) when not eating	
	need new false teeth	
	false teeth need refitting	
	Anyone in family uses fluoride drops, tablets, or any other fluoride supplements that are swallowed	1983
	Anyone in family uses fluoride mouth rinse that is not swallowed	1983
	Anyone in family uses toothpaste with fluoride	1983
	How old when first went to dentist	1982
	During those 2 weeks did anyone in family go to dentist (include all types of dentists, orthodontists, oral surgeons, dental hygienists)	1983

<u>Topic</u>	<u>Questionnaire item</u>	<u>Year</u>
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Dental Care (continued)

	During those 2 weeks, how many times did sample person go to dentist	1983
	When sample person went to dentist (the last time/ the time before that) did sample person have:	1983
	x ray taken	
	tooth filled	
	tooth pulled	
	other oral surgery	
	fluoride treatment	
	teeth cleaned	
	teeth straightened-orthodontia	
	treatment for gums	
	work done on a complete denture	
	work done on a partial denture	
	work done on a bridge	
	work done on a crown or cap	
	work done on a root canal	
	an examination	
	something else	
	During visit did sample person see a regular dentist or dental specialist	1983
	What kind of dental specialist	1983
	How long did it take to get to dentist this time	1983
	During past 12 months how many visits to dentist	1983
	How long since last went to dentist	1983

Diabetes

	Diabetes or sugar diabetes	1981
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Disability

	Disability related to service in the Armed Forces	1984
	Usually stays in bed due to health problems	1980
	Does not drive car because of disability or health problem or some other reason	1980

Doctor Visit

	Routine physical examination by doctor in past 12 months	1982
	Did doctor advise sample person to stay in bed (more than half day because of illness or injury) during that time	1983
	Was doctor service a telephone call, home visit, or other	1983

<u>Topic</u>	<u>Questionnaire item</u>	<u>Year</u>
<u>Drinking (see also Alcohol)</u>		
	In your entire life have you had at least 12 drinks of any kind of alcoholic beverage	1983
	In any one year have you had at least 12 drinks of any kind of alcoholic beverage	1983
	Did you have a drink during the 2-week period	1983
	During that period, when did you last have a drink	1983
	When was your last drink prior to that 2-week period	1983
	During that 2-week period, on how many days did you drink any beer	1983
	During that 2-week period, on the day(s) when you drank beer, about how many beers did you drink a day	1983
	During that 2-week period what was the total number of beers you drank	1983
	About how many ounces were in a typical can or bottle or glass of beer that you drank during that period	1983
	During that 2-week period, on how many days did you drink any wine	1983
	During that 2-week period, on the days you drank wine, about how many glasses of wine did you drink a day	1983
	During that 2-week period, what was the total number of glasses of wine you drank	1983
	About how many ounces of wine were in a typical glass that you drank during that period	1983
	During that 2-week period, on how many days did you drink any liquor such as whiskey, rum, gin, or vodka	1983
	During that 2-week period, on the day(s) when you drank liquor, about how many drinks did you have a day	1983
	During that 2-week period what was the total number of drinks of liquor you had	1983
	About how many ounces of liquor were in a typical drink you had during that period	1983
	During the 2-week period, on how many days altogether did you drink alcoholic beverages, that is, beer, wine, or liquor	1983
	During that 2-week period, did you have more than (largest number of beer, wine, or liquor) drinks on a single day	1983
	During that 2-week period, on how many days did you have more than (largest number of beer, wine, or liquor) drink(s) of beer, or wine, or liquor	1983
	What was the largest number of drinks you had on any one of those days	1983
	On how many days during that 2-week period did you have (largest number of drinks on any one day) drinks	1983

<u>Topic</u>	<u>Questionnaire item</u>	<u>Year</u>
<u>Drinking (continued)</u>		
	How many drinks did you have on that day	1983
	Was the amount of drinking during that 2-week period typical of your drinking during the past 12 months	1983
	Was the amount of your drinking during that 2-week period more or less than your drinking during the past 12 months	1983
	For how many years has this been typical of your drinking	1983
	During the 2-week period (ending with and including the day you had your last drink), on how many days did you drink any beer	1983
	During the 2-week period (ending with and including the day you had your last drink), on the day when you drank beer about how many beers did you drink a day	1983
	During that 2-week period (ending with and including the day you had your last drink), what was the total number of beers you drank	1983
	About how many ounces were in a typical can or bottle or glass of beer that you drank during that period	1983
	During that 2-week period (ending with and including the day you had your last drink), on how many days did you drink any wine	1983
	During that 2-week period (ending with and including the day you had your last drink) about how many glasses of wine did you drink a day	1983
	During that 2-week period (ending with and including the day you had your last drink), what was the total number of glasses of wine you drank	1983
	About how many ounces of wine were in a typical glass that you drank during that period	1983
	During that 2-week period (ending with and including the day you had your last drink), on how many days did you drink any liquor, such as whiskey, rum, gin, or vodka	1983
	During that 2-week period (ending with and including the day you had your last drink), when you drank liquor about how many drinks did you have a day	1983
	During that 2-week period (ending with and including the day you had your last drink) what was the total of drinks of liquor you had	1983
	About how many ounces of liquor were in a typical drink that you had during that period	1983
	During that 2-week period, on how many days altogether did you drink alcoholic beverages	1983
	Was the amount of your drinking during that 2-week period typical of your drinking during the 12 months before your last drink	1983

<u>Topic</u>	<u>Questionnaire item</u>	<u>Year</u>
<u>Drinking (continued)</u>		
	Was the amount of your drinking during that 2-week period more or less than your drinking during the 12 months before your last drink	1983
	For how many years was this typical of your drinking	1983
	During that past year, in how many months did you have at least 1 drink of any alcoholic beverage	1983
	During the year before your last drink, in how many months did you have at least 1 drink of any alcoholic beverage	1983
	During that month/those months, on how many days did you have 9 drinks or more of any alcoholic beverage	1983
	During that month/those months, on how many days did you have 5 drinks or more of any alcoholic beverage	1983
	Was there ever a period in your life when you considered yourself to be a heavy drinker	1983
	For how many years were you a heavy drinker	1983
	When you were a heavy drinker, how many drinks of alcoholic beverages did you have in a week	1983
	Was there ever a period in your life when you considered yourself to be a moderate drinker	1983
	For how many years were you a moderate drinker	1983
	When you were a moderate drinker, how many drinks of alcoholic beverages did you have in a week	1983
	Was there ever a period in your life when you considered yourself to be a light drinker	1983
	For how many years were you a light drinker	1983
	When you were a light drinker, how many drinks of alcoholic beverages did you have in a week	1983
	Was there ever a period in your life when you considered yourself to be a very light, occasional, or infrequent drinker	1983
	For how many years were you a very light, occasional, or infrequent drinker	1983
	When you were a light, occasional, or infrequent drinker, how many drinks of alcoholic beverages did you have in a week	1983
	Do you now consider yourself to be an abstainer or a very light, occasional, or infrequent drinker	1983
	Do you now consider yourself to be an abstainer, or a light, moderate, or heavy drinker	1983
	In a typical week (prior to last drink), on how many days did you drink alcoholic beverages	1983
	On the day(s) when you drank, about how many drinks did you have a day	1983
	For how many years was this typical of your drinking	1983
	What is your main reason for not drinking since (date of last drink prior to 2-week period): no need/not necessary don't care for/dislike it	1983

<u>Topic</u>	<u>Questionnaire item</u>	<u>Year</u>
Drinking (continued)		
	medical/health reasons	
	religious/moral reasons	
	brought up not to drink	
	costs too much	
	family member an alcoholic or problem drinker	
	infrequent drinker	
	other (specify)	
	Have you completely stopped drinking alcoholic beverages	1983
	Some people have problems related to drinking	1983
	Have you ever had a family or marital problem related to your drinking	
	What problem did you have (related to your drinking)	1983
	Did this problem/any of these problems related to your drinking occur in the past 12 months	1983
	Have you ever had a job or work problem related to your drinking	1983
	What problem did you have (related to your drinking)	1983
	Did this problem/any of these problems related to your drinking occur in the past 12 months	1983
	Have you ever had an injury related to your drinking	1983
	What was the injury (related to your drinking)	1983
	Did this injury/any of these injuries related to your drinking occur in the past 12 months	1983
	Did you ever have any (other) health problem related to your drinking	1983
	What was the health problem (related to your drinking)	1983
	Did this problem/any of these problems related to your drinking occur in the past 12 months	1983
	While you were driving, did you ever have a motor vehicle accident or traffic violation related to your drinking	1983
	Which one (motor vehicle accident or traffic violation related to your drinking)	1983
	Did you have a motor vehicle accident or traffic violation related to your drinking in the past 12 months	1983

Eating Habits

	Including evening snacks how often do you eat between meals (almost every day, sometimes, rarely, never)	1983
	How often do you eat breakfast (almost every day, sometimes, rarely, or never)	1983

Employment (see also Health Insurance, Work Hazards)

	Description of work activities	1980
	Kind of work, business or industry	1980
	Looking for work or on layoff from job	1980
	Work at any time in the last week	1980

<u>Topic</u>	<u>Questionnaire item</u>	<u>Year</u>
<u>Employment (see also Health Insurance, Work Hazards) (continued)</u>		
	Work for whom	1980
	How long worked for current employer	1980
	Longest job ever worked:	1980
	kind of work	
	kind of business and industry	
	important work activities	
	For any time during layoff or job loss did respondent receive unemployment insurance benefits	1984
	During past 12 months has respondent been laid off or lost a job	1983, 1984
	How many times has respondent been laid off or lost a job in the past 12 months	1983, 1984
	What month was respondent laid off or lost job	1983, 1984
	Because of job layoff or job loss did anyone in family lose health insurance coverage	1983, 1984
	For any time during layoff or Job loss was respondent without any type of health insurance coverage	1983, 1984
	For how long was respondent without some type of health insurance coverage (layoff or job loss)	1983, 1984
	For any time during layoff or job loss was respondent covered by any health care program such as Medicaid, AFDC, or a military benefit program	1983, 1984
	For how long was respondent covered by some health care program during layoff or job loss	1983
<u>Functional Limitations (see also Aging)</u>		
	Receives help from another person for functional limitations:	1980
	preparing own meals	
	shopping	
	routine household chores	
	handling own money	
<u>Health Care Coverage</u>		
	Have Medicare card	1980, 1982, 1984
	Have Medicaid card	1980, 1982, 1984
	Receive health care paid for by Medicaid	1980, 1982, 1984
	Medicare coverage	1980, 1982, 1984
	Medicare, Part A (hospitals)	1980, 1982, 1984
	Medicare, Part B (doctors)	1980, 1982, 1984
	Covered by any other program providing health care for military dependents or survivors of military persons	1982, 1984
	Covered by any other public assistance program	1982, 1984
<u>Health Insurance (see also Employment)</u>		
	Medical care services paid by health insurance	1980
	Health insurance through employer or union	1980, 1982, 1984

<u>Topic</u>	<u>Questionnaire item</u>	<u>Year</u>
<u>Health Insurance (see also Employment) (continued)</u>		
	Health insurance obtained through some other group	1982
	Health insurance covers doctor's or surgeon's bills	1982
	Health insurance (doctors' coverage)	1980, 1982, 1984
	Health insurance (hospital coverage)	1980, 1982, 1984
	Health insurance plan name	1982
	Reasons not covered by health insurance	1980, 1982, 1984
<u>High Blood Pressure/Condition</u>		
	High blood pressure/hypertension cured or under control	1982
	Now taking any medicine prescribed by doctor for high blood pressure	1982
	Still have high blood pressure/hypertension	1982
	Ever been told by a doctor or other health professional that you had hypertension, sometimes called high blood pressure	1982
<u>Home Care</u>		
	Received care at home from a nurse	1980
	How often must someone be home with person who is disabled or has other health problems:	1980
	most of the time	
	some of the time	
	once in a while	
	never	
	Agencies providing prepared meals	1980
	Received meals prepared outside the home regularly	1980
	Condition(s) causing persons to need help in activities	1980
	Date first noticed condition(s) causing person to need help in activities	1980
	Receives help at home with	1980
	receiving injections or shots	
	physical therapy	
	changing bandages	
	any other nursing or medical treatment	
	Receives help from another person in caring for:	1980
	colostomy	
	urinary catheter	
	other device	
	Receives help from nurse or other health worker	1980
	Receives or needs help at home from another person	1980
	Receives help from others in using public transportation	1980
	Uses telephone without help of another person	1980
	Person's relationship to other household members	1980
	Average number of days per week person visits	1980
	Family pays costs of person	1980

<u>Topic</u>	<u>Questionnaire item</u>	<u>Year</u>
<u>Home Care (continued)</u>		
	Government agency or program helps pay for person's costs	1980
	How many times person visited in past 2 weeks	1980
	Name of government agency or program paying for person's costs	1980
	Number of hours per day person helps	1980
<u>Income</u>		
	Receives disability compensation from Veterans Administration	1984
	Anyone in family receives (any) income from Social Security	1980, 1984
	Reasons receive Social Security payments	1980
	Have Social Security Medicare card	1980, 1982
	Receive Supplemental Security Income (SSI)	1980, 1982
	Combined family income for past 12 months	1980
	Receives income because of work experience or dependent or survivor of someone who worked	1980
	Receives income from:	1980
	railroad retirement	
	military	
	government employee pension	
	private employer or union pension	
<u>Medical Devices</u>		
	Devices to control urination or bowel movement	1980
	colostomy	
	urinary catheter	
	other device	
<u>Place of Residence</u>		
	Number of times moved in past 3 years	1980
	Distance in miles between present address and address 3 years ago	1980
	Address 3 years ago	1980
	Number of persons at address 3 years ago	1980
	Reasons moved to present address:	1980
	changed job	
	retired	
	health	
	other	
	Years at present address	1980
<u>Pregnancy (see also Smoking)</u>		
	At any time during your pregnancy did you have: urinary tract infection	1981

<u>Topic</u>	<u>Questionnaire item</u>	<u>Year</u>
<u>Pregnancy (see also Smoking)</u>		
	measles	
	hypertension or high blood pressure	
	preeclampsia, eclampsia, or convulsions	
	embolism or blood clot	
	abnormal position of the placenta	
	abnormal position of the cord	
	vaginal bleeding	
	sugar in the urine	
	high sugar in the blood	
	diabetes	
	smoking	
	tranquilizers	
<u>Preventive Care</u>		
	How long since chest x ray	1982
	How long since Pap smear test	1982
	How long since electrocardiogram (EKG)	1982
	How long since eyes were examined	1982
<u>Retirement</u>		
	Receive military retirement payments from branch of Armed Forces or pension from Veterans Administration	1982, 1984
<u>Retirement Community</u>		
	Services of retirement community:	1984
	group meals	
	housekeeping or maid service	
	medical services	
	telephone call services to check on your well-being	
	recreational services	
<u>Smoking</u>		
	Number of cigarettes smoked	1980
	Age first smoked	1980
	Brand of cigarettes smoked	1980
	How long since last smoked	1980
	Type of cigarettes smoked	1980
	Do you smoke cigarettes now	1980
	Ever attempted to stop smoking	1980
	Last time tried to stop smoking	1980
	Length of time stopped smoking	1980
	Number of times attempted to stop smoking	1980
	Have you smoked at least 100 cigarettes in your life	1983
	Do you smoke cigarettes now	1983

<u>Topic</u>	<u>Questionnaire item</u>	<u>Year</u>
<u>Smoking (continued)</u>		
	On the average, about how many cigarettes a day do/did you smoke	1983
	About how long has it been since you last smoked cigarettes fairly regularly	1983
	In the past 5 years, have you ever tried to stop smoking cigarettes	1983
	Methods some people used to stop smoking cigarettes which method have you used in the past 5 years: attend a formal program such as SmokeEnders, the American Cancer Society program, or American Lung Association program go to a health professional for help, such as a physician, psychologist, or psychiatrist use special filters or cigarette holders to regulate the amount of smoke inhaled switch to lower tar and nicotine cigarettes stop or try to stop with a few friends, relatives, or acquaintances stop or try to stop entirely on own use some other method	1983
<u>Special Aids</u>		
	Special aids used: artificial arm artificial leg brace of any kind crutches cane or walking stick special shoes wheelchair walker guide dog other aid for getting around	1980
	Hearing aid use	1980
<u>Special Equipment</u>		
	Uses special equipment or receives help from another person with activities of daily living: walking going outside using toilet bathing dressing eating getting into and out of bed and chair	1980

<u>Topic</u>	<u>Questionnaire item</u>	<u>Year</u>
<u>Usual Source of Care/Health Care Place</u>		
	City, county, and state location of health care	1983
	How long did it take to get to health care place	1983
	Why did respondent go to health care place this time:	1983
	place used for nearly all medical care	
	especially good for treating this condition	
	convenient to home	
	convenient to work/shopping	
	referred by a doctor	
	referred by friend/relative	
	only place available	
	health insurance plan requires	
	emergency	
	other (specify)	
<u>Vacation</u>		
	Vacation taken during past 12 months	1980
<u>Vision</u>		
	Use contact lenses	1980
	Eyeglasses use	1980
	Have eyeglasses or contact lenses	1982
<u>Vision Care</u>		
	How long since test for glaucoma	1982
<u>Work Hazards</u>		
	In your present job are you exposed to any risks of accidents or injuries	1983

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