

<p>1a. What is the name of the head of this household? - Enter name in first column. Yes* No</p> <p>b. What are the names of all other persons who live here? - List all persons who live here.</p> <p>c. I have listed (Read names.) Is there anyone else staying here now, such as friends, relatives, or roomers? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d. Have I missed anyone who USUALLY lives here but is now away from home? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>e. Do any of the people in this household have a home anywhere else? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>f. Are any of the persons in this household now on full-time active duty with the Armed Forces of the United States? <input type="checkbox"/> Yes (Delete) <input type="checkbox"/> No * Apply household membership rules.</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">1a. First name 1</td> <td style="width:20%;">RACE</td> </tr> <tr> <td></td> <td>1 W</td> </tr> <tr> <td></td> <td>2 N</td> </tr> <tr> <td></td> <td>3 OT</td> </tr> <tr> <td>Last name</td> <td>SEX</td> </tr> <tr> <td></td> <td>1 M</td> </tr> <tr> <td></td> <td>2 F</td> </tr> </table>	1a. First name 1	RACE		1 W		2 N		3 OT	Last name	SEX		1 M		2 F														
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2. How is -- related to -- (head of household)?	2. Relationship																												
3. How old was -- on his last birthday? - Enter Age and circle Race and Sex	3. HEAD AGE																												
<p>C</p> <p>I. When appropriate, enter the number of Hospitalizations, Doctor Visits, and days lost from work. Check the Home Care box.</p> <p>II. Record each condition in the person's column, with the question number (s) where it was reported.</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">H (NP)</td> <td style="width:25%;">DV (14)</td> <td style="width:25%;">HC (Yes)</td> <td style="width:25%;">WL (5e)</td> </tr> <tr> <td><input type="checkbox"/> None (NP)</td> <td><input type="checkbox"/> None (NP)</td> <td><input type="checkbox"/> No (NP)</td> <td><input type="checkbox"/> None (5f)</td> </tr> <tr> <td colspan="4">Q. No. Condition</td> </tr> <tr> <td colspan="4">-----</td> </tr> <tr> <td colspan="4">-----</td> </tr> <tr> <td colspan="4">-----</td> </tr> <tr> <td colspan="4">-----</td> </tr> </table>	H (NP)	DV (14)	HC (Yes)	WL (5e)	<input type="checkbox"/> None (NP)	<input type="checkbox"/> None (NP)	<input type="checkbox"/> No (NP)	<input type="checkbox"/> None (5f)	Q. No. Condition				-----				-----				-----				-----			
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Q. No. Condition																													

<p>If 17 years old or over, ask:</p> <p>4. Is -- now married, widowed, divorced, separated, or never married? - Mark one box for each person</p> <p>If person under 17 is or has been married, mark the "Und. 17" box and give marital status in a footnote.</p>	<p>4.</p> <p>0 <input type="checkbox"/> Und. 17 3 <input type="checkbox"/> Never married</p> <p>1 <input type="checkbox"/> Married 4 <input type="checkbox"/> Divorced</p> <p>2 <input type="checkbox"/> Widowed 5 <input type="checkbox"/> Separated</p>																												
<p>H</p> <p>If related persons 19 years old or over are listed in addition to the respondent; say: We would like to have all adults who are at home take part in the interview. Is your --, your --, etc., at home now? If other eligible respondents are at home, ask: Would you please ask --, --, etc., to join us?</p>	<p>0 <input type="checkbox"/> Under 19 years</p> <p>1 <input type="checkbox"/> At home</p> <p>2 <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)</p> <p>The first few questions refer to the past two weeks, that is, the 2 weeks outlined in red on that calendar,</p> <p>beginning Monday, _____, and ending this past Sunday, _____.</p>																													
<p>5a. During those two weeks, did -- stay in bed because of any illness or injury?</p> <p>b. During that two-week period, how many days did -- stay in bed all or most of the day?</p> <p>If 17 years old or over ask:</p> <p>c. During those two weeks, how many days did illness or injury keep -- from work? For female add: Not counting work around the house.</p> <p>If 6 - 16 years old ask:</p> <p>d. During those two weeks, how many days did illness or injury keep -- from school?</p> <p>Ask only if bed days AND work loss or school loss.</p> <p>e. On how many of these -- days lost from work (school) did -- stay in bed all or most of the day?</p> <p>f. (BESIDES the days in bed and days lost from work, school) were there any days during the past 2 weeks that -- had to cut down on the things he usually does because of health?</p> <p>g. (Again, not counting the days in bed and days lost from work, school), how many (other) days did he have to cut down for as much as a day?</p>	<p>5a.</p> <p><input type="checkbox"/> Yes (5b)</p> <p><input type="checkbox"/> No (5c or d)</p> <p>b. _____ days (5c or d)</p> <p>c. _____ days } Item C</p> <p><input type="checkbox"/> None</p> <p>d. _____ days (5e)</p> <p><input type="checkbox"/> None (5f)</p> <p>e. _____ days } 5f</p> <p><input type="checkbox"/> None</p> <p>f. <input type="checkbox"/> Yes (5g) <input type="checkbox"/> No (6a)</p> <p>g. _____ days (6a or NP)</p> <p><input type="checkbox"/> None (6a or NP)</p>																												
<p>If 1+ days in Q.5, ask 6, otherwise go to next person</p> <p>6a. What condition caused -- to } stay in bed miss work miss school cut down during the past 2 weeks?</p> <p>b. Did any other condition cause him to (stay in bed, miss work, miss school, cut down) during that period?</p> <p>c. What condition?</p>	<p>6a.</p> <p>Enter conditions in Item C Ask 6b and c</p> <p>b. <input type="checkbox"/> Yes (6c) <input type="checkbox"/> No (6a or NP)</p> <p>c. Enter conditions in Item C Reask 6b</p>																												
<p>7a. During the past 2 weeks, did anyone in the family go to a dentist? <input type="checkbox"/> Yes (7b) <input type="checkbox"/> No (9)</p> <p>b. Who was this? - Mark "Dental Visit" box in person's column.</p> <p>c. During the past 2 weeks, did anyone else in the family visit a dentist? <input type="checkbox"/> Yes (Reask 7b and c) <input type="checkbox"/> No (7d)</p> <p>For each person with "Dental Visit," ask:</p> <p>d. During the past 2 weeks, how many times did -- visit a dentist?</p>	<p>b.</p> <p><input type="checkbox"/> Dental visit (7c)</p> <p>d. _____ No. of dental visits (NP)</p>																												
<p>If dental visit, ask:</p> <p>8a. For what (other) condition did -- visit the dentist? - Enter condition in 8a</p> <p>b. Did -- visit the dentist for any (other) (specific) condition?</p> <p>For each condition in 8a, ask:</p> <p>c. During the past 2 weeks was -- sick because of his . . . ?</p>	<p>8a.</p> <p><input type="checkbox"/> Exam. or cleaning } (8b)</p> <p>b. <input type="checkbox"/> Yes (8a) <input type="checkbox"/> No cond. (NP)</p> <p><input type="checkbox"/> No (8c)</p> <p>c. <input type="checkbox"/> Yes (Item C) } (NP or 8c)</p> <p><input type="checkbox"/> No</p>																												
<p>9a. Has anyone in the family been a patient in a hospital during the past 2 weeks? <input type="checkbox"/> Yes (9b) <input type="checkbox"/> No (11)</p> <p>b. Who was this? - Mark "In hospital" box in person's column</p> <p>c. During the past 2 weeks was anyone else a patient in a hospital? <input type="checkbox"/> Yes (Reask 9b and c) <input type="checkbox"/> No (10)</p>	<p>9a.</p> <p><input type="checkbox"/> In hospital (Item C and 9c)</p>																												
<p>If hospitalized, ask:</p> <p>10a. For what condition was -- in the hospital?</p> <p>b. While -- was in the hospital did he talk to a doctor about any other condition?</p> <p>c. What condition?</p>	<p>10a.</p> <p>Enter condition in Item C</p> <p>b. <input type="checkbox"/> Yes (10c) <input type="checkbox"/> No (NP)</p> <p>c. Enter condition in Item C Reask 10b and c</p>																												

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

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

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

If "Yes," ask b and c

b. Who was this?

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

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

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

3 <input type="checkbox"/> Past 2 wks not reported (Q.11 and 14) 15. 4 <input type="checkbox"/> 2 weeks - 6 months 5 <input type="checkbox"/> Over 6-12 months _____ Years 0 <input type="checkbox"/> Nev. <input type="checkbox"/>	3 <input type="checkbox"/> Past 2 wks not reported (Q.11 and 14) 4 <input type="checkbox"/> 2 weeks - 6 months 5 <input type="checkbox"/> Over 6-12 months _____ Years 0 <input type="checkbox"/> Never <input type="checkbox"/>	3 <input type="checkbox"/> Past 2 wks not reported (Q.11 and 14) 15. 4 <input type="checkbox"/> 2 weeks - 6 months 5 <input type="checkbox"/> Over 6-12 months _____ Years 0 <input type="checkbox"/> Nev. <input type="checkbox"/>	3 <input type="checkbox"/> Past 2 wks not reported (Q.11 and 14) 4 <input type="checkbox"/> 2 weeks - 6 months 5 <input type="checkbox"/> Over 6-12 months _____ Years 0 <input type="checkbox"/> Never <input type="checkbox"/>	3 <input type="checkbox"/> Past 2 wks not reported (Q.11 and 14) 15. 4 <input type="checkbox"/> 2 weeks - 6 months 5 <input type="checkbox"/> Over 6-12 months _____ Years 0 <input type="checkbox"/> Nev. <input type="checkbox"/>
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During the past 12 months has anyone in the family had - If "Yes," ask b and c	Yes	No	During the past 12 months has anyone in the family had - If "Yes," ask b and c	Yes	No	During the past 12 months has anyone in the family had - If "Yes," ask b and c	Yes	No
G. Yellow jaundice?			N. Gastritis?			U. Frequent constipation?		
H. Any other liver trouble?			O. Frequent indigestion?			V. Any other bowel trouble?		
I. Diabetes?			P. Any other stomach trouble?			W. Any other intestinal trouble?		
J. Any disease of the pancreas?			Q. Enteritis?			X. Cancer of the stomach, colon or rectum?		
K. Ulcer?			R. Diverticulitis?			Y. During the past 12 months has anyone in the family had any other condition of the digestive system? If "Yes," ask: Who was this? - What is the condition? (Enter in Item C)		
L. Hernia or rupture?			S. Colitis?					
M. A disease of the esophagus?			T. Spastic Colon?					

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

<p>26a. Has -- been in a hospital at any time since a year ago?</p> <p>b. How many times was -- in a hospital since a year ago?</p>	<p>26a. <input type="checkbox"/> Yes (26b) <input type="checkbox"/> No (Item C)</p> <p>b. _____ Times (Item C and NP)</p>
<p>27a. Has anyone in the family been in a nursing home, convalescent home or similar place since a year ago? <input type="checkbox"/> Yes (27b) <input type="checkbox"/> No (28)</p> <p>b. Who was this? - Mark "Yes" in person's column. For each "Yes" marked, ask:</p> <p>c. During that period, how many times was -- in a nursing home or similar place?</p>	<p>27a. [Shaded]</p> <p>b. <input type="checkbox"/> Yes</p> <p>c. _____ Times (Item C)</p>
<p>(Examine ages of all persons listed). For each child 1 year old or under, ask:</p> <p>28a. When was -- born? If on or after the date stamped in 26a, ask 28b.</p> <p>b. Was -- born in a hospital? If "Yes" and no hospitalizations entered in his column, enter "1" in 26 and Item C. If "Yes" and a hospitalization is reported for the mother and baby ask 28c.</p> <p>c. Is this hospitalization included in the number you gave me for --? If "No," correct entries in Q. 26 and Item C.</p>	<p>28a. Month Day Year</p> <p>b. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>If person is 55 years old or over, ask: The following questions refer to different kinds of personal care some people need at home:</p> <p>29a. Does -- need any help at home with injections, shots or other treatments?</p> <p>b. Does -- need any help in bathing, dressing or putting on his shoes?</p> <p>c. Does -- need anyone's help at home when walking up stairs or getting from room to room?</p> <p>d. Does -- need any help at all in caring for himself?</p> <p>e. During the past 12 months, has -- received any care at home from a nurse?</p> <p>f. During this 12-month period, about how many visits did a nurse make to care for --?</p> <p>g. Were any of these visits during the past 2 weeks?</p>	<p><input type="checkbox"/> Under 55 (Item C) <input type="checkbox"/> 55 or over (29a)</p> <p>29a. <input type="checkbox"/> Yes (Item C) <input type="checkbox"/> No</p> <p>b. <input type="checkbox"/> Yes (Item C) <input type="checkbox"/> No</p> <p>c. <input type="checkbox"/> Yes (Item C) <input type="checkbox"/> No</p> <p>d. <input type="checkbox"/> Yes (Item C) <input type="checkbox"/> No</p> <p>e. <input type="checkbox"/> Yes (29f & g) <input type="checkbox"/> No (Item C)</p> <p>f. _____ Times</p> <p>g. <input type="checkbox"/> Yes (Item C) <input type="checkbox"/> No (Item C)</p>
<p>These next questions are about motor vehicle accidents, that is, accidents, involving cars, trucks, buses, motorcycles, and so forth. We are interested in all types of motor vehicle accidents even if no one was injured.</p> <p>30a. During the past 12 months, has -- been in a motor vehicle accident either as a (driver), passenger or pedestrian?</p> <p>b. How many motor vehicle accidents has -- been in during the past 12 months?</p> <p>c. On what date(s) did the accident(s) happen?</p> <p>d. Was -- in any other motor vehicle accident during the past 12 months?</p>	<p>30a. <input type="checkbox"/> Yes (30b) <input type="checkbox"/> No (NP)</p> <p>b. _____ Number of accidents</p> <p>c. Month Day Year</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>d. <input type="checkbox"/> Yes (30c & d) <input type="checkbox"/> No (NP)</p>
<p>For all persons 14 years of age and older, ask:</p> <p>31a. Has -- driven a motor vehicle during the past 12 months?</p> <p>b. How many years has -- been driving?</p>	<p>31a. x0 <input type="checkbox"/> Under 14 yrs.(NP) <input type="checkbox"/> Yes (31b) <input type="checkbox"/> No (NP)</p> <p>b. 00 <input type="checkbox"/> Less than 1 year _____ Number of years</p>
<p>R Q. 5-31</p> <p>For persons 19 years old or over, show who responded for (or was present during the asking of) Q. 5-31. If persons responded for self, show whether entirely or partly. For persons under 19 show who responded for them. If eligible respondent is "at home" but did not respond for self, enter the reason in a footnote.</p>	<p>1 <input type="checkbox"/> Responded for self-entirely</p> <p>2 <input type="checkbox"/> Responded for self-partly</p> <p>Person _____ was resp. <input type="checkbox"/></p>

CONDITION 1

1. Person number _____

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

Name of condition _____

Ask for all conditions.

2. Did -- ever at any time talk to a doctor about his . . . ?

1 Yes 2 No

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

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

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

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

WASHINGTON USE

Question No. _____

Do not ask for Cancer.

b. What was the cause of . . . ?

Condition diag. code _____

Accident or injury (4)

Number of this condition _____

If the entry in 3a or 3b includes the words: Asthma "Ailment", Cyst "Attack", Growth "Condition", Measles "Defect", Rupture "Disease", Tumor "Disorder", Ulcer "Trouble" } Ask: _____

c. What kind of . . . is it?

1 Chronic 2 Acute

For ALLERGY OR STROKE, ask:

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

Total conditions _____

For any entry that includes the words:

e. What part of the body is affected?

Accident - 1st injury

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

Show the following detail:

1 Yes 2 No

Ear or eye . . . one or both

Req. hospital

Head skull, scalp, face

1 Yes 2 No

Back upper, middle, lower

Other accident

Arm shoulder, upper, elbow, lower, wrist, hand; one or both

1 Adv. Reac. 2 Other

Leg hip, upper, knee, lower, ankle, foot; one or both

I.C. or Dum. code _____

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

FILL QUESTIONS 4-8 FOR ALL ACCIDENTS OR INJURIES

4a. Did the accident happen during the past 2 years or before that time?

During past 2 years (4b)
 Before 2 years (5a)

6a. Was a car, truck, bus, or other motor vehicle involved in the accident in any way?

1 Yes (6b) 2 No (7)

b. When did the accident happen?

Enter month and year: Mark one box.

Month	Year

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

b. Was more than one vehicle involved?

Yes No

c. Was it (either one) moving at the time?

1 Yes 2 No

7. Where did the accident happen?

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

Ask for all accidents or injuries:

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

Part(s) of body _____

Kind of injury _____

If accident happened BEFORE 3 months, ask:

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

Part(s) of body _____

Present effects _____

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

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

Mark for all conditions	<input type="checkbox"/> First eye cond.(9) <input type="checkbox"/> Not first eye cond.(10a) <input type="checkbox"/> Not an eye cond. (10a) <input type="checkbox"/> Under 6 (10a)	
	9. Can -- see well enough to read ordinary newspaper print with glasses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ask question 10a for all conditions.	10a. During the past two weeks, did his . . . cause him to cut down on the things he usually does? b. Did he have to cut down for as much as a day?	<input type="checkbox"/> Yes <input type="checkbox"/> No (15a) <input type="checkbox"/> Yes <input type="checkbox"/> No (15a)
Ask questions 11 and 12 if "Yes" marked in question 10b.	11. How many days did he have to cut down during that 2-week period? 12. During that 2-week period, how many days did his . . . keep him in bed all or most of the day?	___ Days ___ Days 00 <input type="checkbox"/> None
Ask question 13 if person is 6-16 years old.	13. How many days did his . . . keep him from school during that 2-week period?	___ Days 00 <input type="checkbox"/> None
Ask question 14 if person is 17 years old or over.	14. How many days did his . . . keep him from work during that 2-week period? (For females add) not counting work around the house?	___ Days 00 <input type="checkbox"/> None
Ask question 15 for all conditions.	15a. When did he first notice his . . .? - Was it during the past 3 months or before that time? b. Did he first notice it during the past two weeks or before that time? c. Which week, last week or the week before?	<input type="checkbox"/> During 3 mos. (15b) <input type="checkbox"/> More than 3 mos. ago (16) <input type="checkbox"/> Past 2 wks. (15c) 4 <input type="checkbox"/> More than 2 wks. ago (AA) 1 <input type="checkbox"/> Last week 2 <input type="checkbox"/> Wk before } (AA)
Ask Q.16 only if cond. was first noticed "more than 3 mos. ago."	16. Did -- first notice it during the past 12 months or before that time?	5 <input type="checkbox"/> 3-12 months 6 <input type="checkbox"/> More than 12 mos. ago
AA	Continue if this condition started "more than 3 mos. ago" or is in this list: STOP for all other conditions and for accidents, injuries, and pregnancies.	Cancer, any kind Cirrhosis of the liver Colitis Diverticulitis Enteritis Fatty liver Gallstones Hemorrhoids Hernia, any kind Piles Rupture, any kind Ulcer, any kind
INTERVIEWER CHECK ITEM: <input type="checkbox"/> "Yes" in question 2 (18) <input type="checkbox"/> "No" in question 2 (17)		
Ask if "No" in question 2.	17. During the past 12 months what did -- do or take for his . . .? Anything else? Write in and mark →	<input type="checkbox"/> Medicine (24) <input type="checkbox"/> Treatm't (24) <input type="checkbox"/> Restraint (24) <input type="checkbox"/> Noth.(24)
Ask if "Yes" in question 2.	18. After -- first noticed something was wrong, how long was it before he talked to a doctor about it? (Estimate is acceptable) 19. Before -- talked to a doctor about his . . ., what did he do or take for this condition? Anything else? Write in and mark →	0 <input type="checkbox"/> Discovered by Doct or (20) 2 ___ Days 4 ___ Months 3 ___ Weeks 5 ___ Years <input type="checkbox"/> Medicine <input type="checkbox"/> Treatment <input type="checkbox"/> Restraint <input type="checkbox"/> Nothing
	20a. Does -- NOW take any medicine or treatment for his . . .? b. Was any of this medicine or treatment recommended by a doctor?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (21) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	21. Has he EVER had surgery for this condition?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	22. Has he EVER been hospitalized for this condition?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	23. During the past 12 months, about how many times has -- seen or talked to a doctor about his . . .?	___ Times 000 <input type="checkbox"/> None
Ask for all conditions past AA.	24. About how many days during the past 12 months, has this condition kept him in bed all or most of the day?	___ Days 000 <input type="checkbox"/> None
If "other" in 25a and bothered at all, ask 25b. If not bothered at all go to 25c.	25a. How often does his . . . bother him - all of the time, some of the time, or never? (Mark one box) b. When it does bother him, is he bothered a great deal, some, or very little? (Mark one box and go to next cond.) c. Does -- still have his . . .? d. Is this condition completely cured or is it under control? e. About how long did -- have this condition before it was cured?	1 <input type="checkbox"/> All the time (25b) 0 <input type="checkbox"/> Never (25c) 2 <input type="checkbox"/> Some time (25b) 3 <input type="checkbox"/> Other 1 <input type="checkbox"/> Great deal 2 <input type="checkbox"/> Some 3 <input type="checkbox"/> Very little 4 <input type="checkbox"/> Other (Specify) 1 <input type="checkbox"/> Yes (Next condition) 0 <input type="checkbox"/> No (25d) 2 <input type="checkbox"/> Cured (25e) 3 <input type="checkbox"/> Und. cont. (Next cond.) 4 <input type="checkbox"/> Other - Specify (Next cond.) 0 <input type="checkbox"/> Less than one month ___ months ___ year(s)

HOSPITAL PAGE

1. Person number →

USE YOUR CALENDAR

Probe

I.C. or Dum.

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

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

Make sure the YEAR is correct

2. When did -- enter the (hospital/nursing home) (the last time)?

Month

Day

Year

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

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

Name

Street

City (or county)

State

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

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

(Total nights in hospital/nursing home) →

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

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

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

Do not include any nights in interview week.

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

If medical name unknown, enter an adequate description.

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

Condition

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

For delivery, ask:
Was this a normal delivery?

If "No" ask:
What was the matter?

Cause

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

Record in
"Condition" box

Kind

Part of body

Ask for all conditions EXCEPT deliveries and births.

7. Was this the first time -- was hospitalized for . . . ?

1 Yes 2 No

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

8a. Were any operations performed on -- during this stay at the (hospital/nursing home)?

Yes
0 No (Item T)

b. What was the name of the operation? Operation

c. Any other operations?

Yes (Describe) No

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

9a. When -- left (name of hospital/nursing home) did he return home or go some other place?

3 Home (10)

4 Some other place (9b)

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

Interviewer: If the place in 9b is a hospital, nursing home or similar place, was a hospital page filled for that stay?

Hospital page filled (Stop) Hospital page not filled (Fill hospital page for unreported stay)

10. After leaving the hospital (nursing home) how many days did -- have to remain in bed all or most of the day?

000 None

xx1 Still in bed

days

11. ALTOGETHER how many days was -- confined to the house after returning home from the hospital (nursing home)?

000 None

xx1 Still confined to house

days

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

DOCTOR VISITS (1)

1. Person number

First Visit	Dum.
Month	Day

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

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

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

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

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

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

FOOTNOTES:

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

X0 <input type="checkbox"/> While inpatient in hospital (STOP)	20 <input type="checkbox"/> Doctor's office	60 <input type="checkbox"/> Health Department	80 <input type="checkbox"/> Other (Specify) →
01 <input type="checkbox"/> Home	30 <input type="checkbox"/> Pre-paid Ins. Group	70 <input type="checkbox"/> Company or Industry	
10 <input type="checkbox"/> Telephone	40 <input type="checkbox"/> Hospital Out-Patient Clinic		
	50 <input type="checkbox"/> Hospital Emergency Room		

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

Dollars	Cents

If bill not received, ask:

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

Dollars	Cents

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

01 General Practitioner Specialist

What kind of specialist is he? →

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

Write in and mark one box

- | | | |
|---|---|---------------|
| 1 <input type="checkbox"/> Diag. or treatment (6b) | 4 <input type="checkbox"/> Eye exam.(glasses) | } (Next D.V.) |
| 2 <input type="checkbox"/> Pre or Post natal care (Next D.V.) | 5 <input type="checkbox"/> Immunization | |
| 3 <input type="checkbox"/> General check-up (Next D.V.) | 6 <input type="checkbox"/> Other | |

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

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

Write in

--	--	--	--

DOCTOR VISITS (2)

1. Person number

First Visit	Dum.
Month	Day

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

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

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

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

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

FOOTNOTES:

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

X0 <input type="checkbox"/> While inpatient in hospital (STOP)	20 <input type="checkbox"/> Doctor's office	60 <input type="checkbox"/> Health Department	80 <input type="checkbox"/> Other (Specify) →
01 <input type="checkbox"/> Home	30 <input type="checkbox"/> Pre-paid Ins. Group	70 <input type="checkbox"/> Company or Industry	
10 <input type="checkbox"/> Telephone	40 <input type="checkbox"/> Hospital Out-Patient Clinic		
	50 <input type="checkbox"/> Hospital Emergency Room		

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

Dollars	Cents

If bill not received, ask:

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

Dollars	Cents

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

01 General Practitioner Specialist

What kind of specialist is he? →

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

Write in and mark one box

- | | | |
|---|---|---------------|
| 1 <input type="checkbox"/> Diag. or treatment (6b) | 4 <input type="checkbox"/> Eye exam.(glasses) | } (Next D.V.) |
| 2 <input type="checkbox"/> Pre or Post natal care (Next D.V.) | 5 <input type="checkbox"/> Immunization | |
| 3 <input type="checkbox"/> General check-up (Next D.V.) | 6 <input type="checkbox"/> Other | |

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

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

Write in

--	--	--	--

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

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

1a. Does -- need help at home --

in walking up stairs or getting from room to room?

in dressing or putting on shoes?

Does -- need help at home -- with bathing (shaving) or other toilet activities?

in eating or having meals served in bed?

Does -- need help at home -- with changing bandages?

in receiving injections?

with other treatments?

If "Yes," ask: What kinds of treatment?

Specify _____

Does -- need help at home -- in changing bed positions?

in exercising or physical therapy?

in cutting toenails?

Does -- get any OTHER help or care here at home?

If "Yes," ask: What kinds of other help or care?

Specify _____

No Yes

1b. Who helps --?

Does anyone else help --?

WASH. USE

No

No

No

No

No

No

No

No

No

No

No

IF PERSON DOES NOT NEED OR RECEIVE CARE

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

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

Any other conditions? _____

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

1 1 month or less

2 Over 1 to 6 months

3 Over 6 to 12 months

4 Over 1 to 3 years

5 Over 3 to 5 years

6 Over 5 years

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

1 All of the time

2 Part of the time

3 Only when providing the needed help or care

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

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

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

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

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

FOOTNOTES:

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

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

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

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

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

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

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

If 65 or over, ask:

33. These next questions are about Social Security Medicare. Does -- have a Medicare card? 33. Und. 65 (NP) ① Yes (NP) No (NP)

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

34. It would be helpful if I could see -- (and --) Medicare card (s) to determine what type of coverage he has (they have). May I please see this (those) card(s)? 34. From card: 1 Hospital } NP
2 Medical }
No card: 4 Can't loc. } NP
5 Refused }
6 Other _____

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

35a. Is -- covered by that part of Social Security Medicare which pays for hospital bills? 35a. Yes No

b. Is -- covered by that part of Medicare which pays for doctor's bills, that is, the Medicare plan for which he or some agency must pay \$3.00 a month? b. Yes (NP) No (NP)

For each person check Table H.I. and Q. 34 and 35 and determine if "Covered" by insurance or Medicare or "Not Covered" by either.

Covered (NP)
 Not covered (36)

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

FOOTNOTES:

WASHINGTON USE ONLY

	H	S	D
No. of plans			
Type of plans			
Cov. of head			

If 17 years old or over, ask:

37a. What is the highest grade -- attended in school? 37a. None Und. 17 (NP)
Elem: 1 2 3 4 5 6 7 8
High: 9 10 11 12
College: 1 2 3 4 5+ _____

b. Did -- finish the -- grade (year)? b. Yes No

Ask for all males 17 years old or over:

38a. Did -- ever serve in the Armed Forces of the United States? 38a. Female (NP)
 Yes (38b) No (NP)

b. Was any of his Service during a war? b. Yes (NP) No } (38c)
 DK

c. Was any of his Service between June 27, 1950, and January 31, 1955? c. Yes (NP) No } (38d)
 DK

d. Was any of his Service after January 31, 1955? d. Yes No DK

Ask for all persons 17 years old or over:

39a. Did -- work at any time last week or the week before? - For females add: Not counting work around the house?

b. Even though -- did not work during these 2 weeks, does he have a job or business?

c. Was he looking for work or on layoff from a job?

d. Which - looking for work or on layoff from a job?

1 Yes (40a) 0 Und. 17 (NP)

2 No (39b and c)

39a. b. 1 Yes (39c) 2 No (39c)

c. Yes (39d) No (Omit 39d)

1 Looking 3 Both

d. 2 Layoff

If "Yes" in 39c only, questions 40a through 40d apply to this person's LAST full-time civilian job.

Ask for all persons with a "Yes" in 39a, b, or c.

40a. Who does (did) -- work for?

b. What kind of business or industry is this?

c. What kind of work is (was) -- doing?

Fill 40d from entries in 40a - 40c, if not clear, ask:

d. Class of worker

Employer

40a.

Industry

b.

Occupation

c.

1 Pv't. pd. 4 Own

2 Gov. Fed. 5 Non-pd.

d.

3 Gov. Oth. 6 Nev. wkld.

INTERVIEWER CHECK ITEM

If person is under 17 years, or not in Labor Force (Q.40a-d blank) check "Not in Labor Force."

If in Labor Force (Q.40 filled) refer to WL in Item C and make appropriate entry.

0 Not in Labor Force or Under 17 (NP)

1 No work-loss days in Labor Force (NP)

Work-loss days _____ (41a)

Earlier you said that -- lost -- days from work during the past 2 weeks - (If self-employed, ask c; for other workers, ask a)

41a. On how many of these -- days that he lost from work was he paid any wages by his employer?

b. On how many of these -- days was he paid his full day's pay?

c. (In addition to this sick leave pay) will -- be paid for some of the income he lost on these days, through some other source, such as, loss of pay insurance, workman's compensation or State temporary disability insurance?

d. Who will pay this? (Enter verbatim response)

e. How much income did he lose because of the -- days lost from work?

f. Is this before or after taxes?

g. How much does -- usually earn per week? If not regularly employed, ask: How much would -- have earned in a week if he wasn't sick?

h. Is this before or after taxes?

41a.

00 None (41c)

____ Days (41b)

b.

00 None (41c) 15 All of them (41g)

____ Days (41c)

c.

Yes (41d)

No (41e)

d.

(41e)

e.

\$ _____

f.

1 Before 2 After

g.

\$ _____

h.

1 Before (NP) 2 After (NP)

42. Which of these income groups represents your total combined family income for the past 12 months - that is yours, your --'s, etc.? (Show Card I) Include income from all sources such as wages, salaries, social security or retirement benefits, help from relatives, rent from property, and so forth.

42.

Group ① 6 G

0 A* 3 D* 7 H

1 B* 4 E* 8 I

2 C* 5 F 9 J

*For each family with A through E checked in question 42, ask:

43a. During the past 12 months, has anyone in the family (you, your --, etc.) received any public assistance, relief, or welfare money from State or local governments?

b. At present, are you or any member of your family receiving any of this aid?

c. What kind of aid is this?

43a.

Mark same box for all related household members

Yes (43b)

0 No (Household page)

b.

1 Yes (43c)

2 No (Household page)

c.

E

If this questionnaire is for an "EXTRA" unit in a B or NTA segment, enter →

Serial No. of original Sample Unit _____

Item No. by which found _____

If in NTA Segment, also enter for FIRST unit listed on property →

SEGMENT LIST

Sheet number

Line number

TABLE X - LIVING QUARTERS DETERMINATIONS AT LISTED ADDRESS

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

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

FOOTNOTES: