

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.

Form NHS-HIS-1 (FY68)
REVISED 9-30-66
Budget Bureau No. 68-R1600
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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

23.3:1 Book ___ of ___ Books

2a. STREET ADDRESS *House No., Street, Apt. No. or other ident.*
City _____ State _____ Zip Code _____
FOR AREA SEGMENTS, ENTER:
Sheet No. _____
Line No. _____

2b. MAILING ADDRESS *If different from 2a* Same as 2a
City _____ State _____ Zip Code _____

3. Ask → WHEN WAS THIS STRUCTURE ORIGINALLY BUILT?
 Do Not Ask Item 3 Before 4-1-60-Continue interview
 After 4-1-60-Go to Q. 10c, ask if required, and end interview.

2c. SPECIAL DWELLING PLACE - Name and Sample Number
Name _____ Sample No. _____

COMPLETE ITEMS 10-16 AT THE END OF THE INTERVIEW

10. Do Not Ask Item 10-Go To Item L
a. Ask: ARE THERE ANY OCCUPIED OR VACANT LIVING QUARTERS BESIDES YOUR OWN IN THIS BUILDING?
 Yes-Fill Table X No
b. Ask: ARE THERE ANY OCCUPIED OR VACANT LIVING QUARTERS BESIDES YOUR OWN ON THIS FLOOR?
 Yes-Fill Table X No
c. Ask: IS THERE ANY OTHER BUILDING ON THIS PROPERTY FOR PEOPLE TO LIVE IN - EITHER OCCUPIED OR VACANT?
 Yes-Fill Table X No

4a. SAMPLE Circle One B-38 B-39 B-40 B-41 B-42 B-43
4b. PSU
Write in and mark _____

5a. SEGMENT NUMBER
Write in and mark _____
b. SEG. TYPE Circle → A B P LSDP

6. SERIAL NUMBER
Write in and mark _____

Item L Rural-Ask items 11 and 12 All other (1)-Go to 13

7. SPECIAL DWELLING PLACE-Type and Code Mark type code
Type _____ Code _____

11. DO YOU OWN OR RENT THIS PLACE?
 Own-Ask 12a Rent-Ask 12b Rent Free-Ask 12a

8. NONINTERVIEW REASON
Type A Ref NOH TA OTH
Type B VNS VS URE AF OTH
Type C Dem Mis ESS 4-1-60 OTH

12a. DOES THIS PLACE HAVE 10 OR MORE ACRES? / Yes-Ask 12c
b. DOES THE PLACE YOU RENT HAVE 10 OR MORE ACRES?.. / No-Ask 12d
c. DURING THE PAST 12 MONTHS DID SALES OF CROPS, LIVESTOCK, AND OTHER FARM PRODUCTS FROM THIS PLACE AMOUNT TO \$50 OR MORE? / Yes (2) No (4)
d. DURING THE PAST 12 MONTHS DID SALES OF CROPS, LIVESTOCK, AND OTHER FARM PRODUCTS FROM THIS PLACE AMOUNT TO \$250 OR MORE? / Yes (3) No (5)

9. TYPE OF LIVING QUARTERS
Mark one circle
Housing Unit Other Unit

12e. LAND USAGE
Mark code from Item L or 12c or 12d
1 2 3 4 5

13. HOW MANY ROOMS ARE IN THIS -- (UNIT)?
COUNT THE KITCHEN BUT NOT THE BATHROOM. Write in and mark

Total Rooms _____

14. HOW MANY BEDROOMS ARE IN THIS -- (UNIT)?
If "None" describe in footnotes Write in and mark

No. of Bedrooms _____

15. WHAT IS THE TELEPHONE NUMBER HERE? Write in and mark

Yes No Dk

16. INTERVIEWER CHECK ITEM: Check questions 22a-22d & 23c on pages 4 & 5.
Is a Home Care Supplement required? →

Yes-Fill Home Care Supplement
 No-Leave Thank You Letter and depart

17. RECORD OF CALLS AT HOUSEHOLD

ITEMS 18-23 ARE TO BE FILLED AFTER THE INTERVIEW

DATE AND TIME OF CALL	Date					
	Time					

18. NUMBER OF CALLS AT HOUSEHOLD Mark from item 17
1 2 3 4 5 6 7 8 9 +

20a. NAME OF OBSERVER *If 20b marked "Yes"*

20b. WAS THIS INTERVIEW OBSERVED?
Yes No

21a. INTERVIEWER NAME Write-in

21b. INTERVIEWER NUMBER
0 1 2 3 4 5 6 7 8 9

FOOTNOTES

22. IDENTIFICATION CODE NO.
Mark from tab of Segment folder
1 2 3 4 5 6 7 8 9

23. REGIONAL OFFICE NUMBER
0 1 2 3 4 5 6 7 8 9

WASHINGTON USE

Book Number See item 1
0 1 2 3 4

Total Number of Conditions this H.H.
0 1 2 3 4 5 6 7 8 9

Total Number of Hospitalizations this H.H.
0 1 2 3 4 5 6 7 8 9

Total Number of Doctor Visits this H.H.
0 1 2 3 4 5 6 7 8 9

Total Number of Persons this H.H.
0 1 2 3 4 5 6 7 8 9

Total Persons Requiring Home Care this Household
0 1 2 3 4 5 6 7 8 9

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1a. WHAT IS THE NAME OF THE HEAD OF THIS HOUSEHOLD? b. WHAT ARE THE NAMES OF ALL OTHER PERSONS WHO LIVE HERE? <i>List all</i> Yes No c. I HAVE LISTED (<i>read names</i>). IS THERE ANYONE ELSE STAYING HERE NOW? <input type="checkbox"/> <input type="checkbox"/> d. HAVE I MISSED ANYONE WHO <u>USUALLY</u> LIVES HERE BUT IS NOW AWAY FROM HOME? <i>Apply household membership rules</i> <input type="checkbox"/> <input type="checkbox"/> e. DO ANY OF THE PEOPLE IN THIS HOUSEHOLD HAVE A HOME ANYWHERE ELSE? <input type="checkbox"/> <input type="checkbox"/> f. ARE ANY OF THE PERSONS IN THIS HOUSEHOLD ON FULL-TIME ACTIVE DUTY IN THE ARMED FORCES? <i>If "yes", delete</i> Yes No <input type="checkbox"/> <input type="checkbox"/>	First Name 01 Last Name Relationship HEAD	First Name 02 Last Name Relationship Age
	2. HOW IS -- RELATED TO (head of household)?	
3. PERSON NUMBER <i>First column should have person 01, second column person 02, etc.</i>	Per. No. 0000000000 0000000000	Per. No. 0000000000 0000000000
4a. HOW OLD WAS -- ON HIS LAST BIRTHDAY <i>Write in next to "relationship" and mark</i> b. SEX <i>Mark without asking unless sex is not obvious from name</i> c. RACE <i>Mark without asking</i> <i>If 17 years old or over, ask:</i> 5. IS -- NOW MARRIED, WIDOWED, DIVORCED, SEPARATED, OR NEVER MARRIED? <i>If 17 years old or over, ask:</i> 6. WHAT WAS -- DOING MOST OF THE PAST 12 MONTHS -- <i>(for males) WORKING OR DOING SOMETHING ELSE?</i> <i>(for females) KEEPING HOUSE, WORKING OR DOING SOMETHING ELSE?</i> <i>If "SE" marked in Q. 6 and person is 15 years old or over, ask:</i> 7. IS -- RETIRED? <i>If related persons 19 years old or over are listed in addition to the resp., say:</i> H WE WOULD LIKE TO HAVE ALL ADULTS WHO ARE AT HOME TAKE PART IN THE INTERVIEW. IS YOUR --, ETC., AT HOME NOW? (WOULD YOU PLEASE ASK --, ETC., TO JOIN US?)	Age 0000000000 Male Female White Negro Other Mar. Wid. Div. Sep. N.M. Und. 17 WK KH SE Under 17 V Yes No V Under 19 At home Not home V	Age 0000000000 Male Female White Negro Other Mar. Wid. Div. Sep. N.M. Under 17 WK KH SE Under 17 V Yes No V Under 19 At home Not home V
THIS SURVEY COVERS ALL KINDS OF ILLNESSES. THESE FIRST QUESTIONS REFER TO <u>LAST WEEK AND THE WEEK BEFORE</u> , THAT IS, THE 2-WEEK PERIOD OUTLINED IN RED ON THIS CALENDAR. <i>Hand calendar to respondent and ask 8a.</i> 8a. WAS -- SICK AT ANY TIME LAST WEEK OR THE WEEK BEFORE (THE 2 WEEKS SHOWN ON THAT CALENDAR)? b. WHAT WAS THE MATTER? c. DID -- HAVE ANYTHING ELSE DURING THAT 2-WEEK PERIOD?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9a. <u>LAST WEEK OR THE WEEK BEFORE</u> , DID -- TAKE ANY MEDICINE OR TREATMENT FOR ANY CONDITION (BESIDES... WHICH YOU TOLD ME ABOUT)? b. FOR WHAT CONDITION? c. DID -- TAKE ANY MEDICINE FOR ANY OTHER CONDITION?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10a. <u>LAST WEEK OR THE WEEK BEFORE</u> , DID -- HAVE ANY ACCIDENTS OR INJURIES? b. WHAT WERE THEY? c. DID -- HAVE ANY OTHER ACCIDENTS OR INJURIES DURING THAT 2-WEEK PERIOD?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11a. DID -- <u>EVER</u> HAVE AN (ANY OTHER) ACCIDENT OR INJURY THAT STILL BOTHERS HIM OR AFFECTS HIM IN ANY WAY? b. IN WHAT WAY DOES IT BOTHER HIM? <i>Record present effects.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. <i>Open your Flashcard booklet to Card A and read both sides of Card A (A-1, A-2) condition by condition; record in his column any conditions mentioned for the person.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. <i>Turn to Card B and read both sides of Card B (B-1, B-2), condition by condition; record in his column any conditions mentioned for the person.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
14a. DOES -- HAVE ANY OTHER AILMENTS, CONDITIONS, OR PROBLEMS WITH HIS HEALTH? b. WHAT IS THE CONDITION? <i>Record condition itself if still present; otherwise record present effects.</i> c. ANY OTHER PROBLEMS WITH HIS HEALTH?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
R Q. 8-14 <i>For persons 19 years old or over, show who responded for (or was present during the asking of) Q. 8-14. 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.</i>	<input type="checkbox"/> Responded for self-entirely <input type="checkbox"/> Responded for self-partly Person _____ was respondent	<input type="checkbox"/> Responded for self-entirely <input type="checkbox"/> Responded for self-partly Person _____ was respondent

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15a. HAS -- BEEN IN A HOSPITAL AT ANY TIME SINCE A YEAR AGO?
If "Yes", ask:
 b. HOW MANY TIMES WAS -- IN A HOSPITAL DURING THAT PERIOD?

Yes No
 Times _____

Yes No
 Times _____

16a. HAS ANYONE IN THE FAMILY BEEN IN A NURSING HOME, CONVALESCENT HOME, REST HOME OR SIMILAR PLACE SINCE A YEAR AGO?
If "Yes," ask:
 b. WHO?
For each person reported in 16b ask:
 c. HOW MANY TIMES WAS -- IN A NURSING HOME OR SIMILAR PLACE DURING THAT PERIOD?

Yes No
 Times _____

Yes No
 Times _____

Examine ages in question 1 for babies 1 year old or under. For each child 1 year old or under, ask 17a.
 17a. WHEN WAS -- BORN? *If on or after the date stamped in 15a, ask 17b.*

Month _____ Day _____ Year _____

Month _____ Day _____ Year _____

b. WAS -- BORN IN A HOSPITAL? *If "Yes" and no hospitalizations entered in his column, enter "1" in 15. If "Yes" and a hospitalization is reported for the mother and baby ask 17c.*
 c. IS THIS HOSPITALIZATION INCLUDED IN THE NUMBER YOU GAVE ME FOR --?
If "No," correct entry for mother and baby.

Yes No

Yes No

THESE NEXT QUESTIONS ARE ABOUT RECENT VISITS TO OR FROM A MEDICAL DOCTOR.
 18. DURING THE PAST 2 WEEKS (THE 2 WEEKS OUTLINED IN RED ON THAT CALENDAR) HOW MANY TIMES HAS -- SEEN A DOCTOR EITHER AT HOME OR AT A DOCTOR'S OFFICE OR CLINIC?

None
 Dr. Visits _____

None
 Dr. Visits _____

19a. (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?
If "Yes," ask:
 b. WHO WAS THIS? *Mark "Yes," in person's column.*
 c. ANYONE ELSE? *Mark "Yes," in person's column.*

Yes No

Yes No

For each "Yes" marked, ask:
 d. HOW MANY TIMES DID -- VISIT THE DOCTOR?
EXCLUDE visits made on "mass" basis.

Visits _____

Visits _____

20a. DURING THAT PERIOD, DID ANYONE IN THE FAMILY GET ANY MEDICAL ADVICE FROM A DOCTOR OVER THE TELEPHONE?
If "Yes" ask:
 b. WHO WAS THE PHONE CALL ABOUT? *Mark "Yes" in person's column.*
 c. ANY CALLS ABOUT ANYONE ELSE? *Mark "Yes" in person's column.*

Yes No

Yes No

For each "Yes" marked, ask:
 d. HOW MANY TELEPHONE CALLS WERE MADE TO GET MEDICAL ADVICE ABOUT --?

Telephone calls to Dr. _____

Telephone calls to Dr. _____

Visits reported in questions 18-20 for this person. *Mark here* →

Visits rep'd in Q. 18-20
 Go to 21b

Visits rep'd in Q. 18-20
 Go to 21b

If no visits reported in questions 18-20 Ask:
 21a. ABOUT HOW LONG HAS IT BEEN SINCE -- SAW OR TALKED TO A DOCTOR?
Estimate is acceptable. If less than 1 year, mark appropriate circle; if more than 1 year, mark number of whole years.

During past 2 weeks/not previously reported
 2 Weeks - 6 Months
 7 - 11 Months
 Years } 0 1 2 3 4 5 6 7 8 9
 DK Never

During past 2 weeks/not previously reported
 2 Weeks - 6 Months
 7 - 11 Months
 Years } 0 1 2 3 4 5 6 7 8 9
 DK Never

If the last visit was within the past 12 months ask:
 b. IN TOTAL, ABOUT HOW MANY TIMES HAS -- SEEN OR TALKED TO A DOCTOR DURING THE PAST 12 MONTHS?

DK None
 Times } 0 1 2 3 4 5 6 7 8 9
 0 1 2 3 4 5 6 7 8 9

DK None
 Times } 0 1 2 3 4 5 6 7 8 9
 0 1 2 3 4 5 6 7 8 9

If person is 55 years old or over, ask:
 THE FOLLOWING QUESTIONS REFER TO DIFFERENT KINDS OF PERSONAL CARE SOME PEOPLE NEED AT HOME:
 22a. DOES -- NEED ANY HELP IN BATHING, DRESSING OR PUTTING ON HIS SHOES?
 b. DOES -- NEED ANY HELP AT HOME WITH INJECTIONS, SHOTS OR OTHER TREATMENTS?
 c. DOES -- NEED ANY ONE'S HELP WHEN WALKING UP STAIRS OR GETTING FROM ROOM TO ROOM?
 d. DOES -- NEED ANY HELP AT ALL IN CARING FOR HIMSELF?

Under 55 - Stop
 55 or over - Ask 22a.
 Yes Stop No DK

Under 55 - Stop
 55 or over - Ask 22a.
 Yes Stop No DK

23a. DURING THE PAST 12 MONTHS, HAS -- RECEIVED ANY CARE AT HOME FROM A NURSE?
 b. DURING THIS 12 MONTH PERIOD, ABOUT HOW MANY VISITS DID A NURSE MAKE TO CARE FOR --?
 c. WERE ANY OF THESE VISITS DURING THE PAST 2-WEEKS?

Yes-Ask 23b & c No Stop DK
 Times } 0 1 2 3 4 5 6 7 8 9
 0 1 2 3 4 5 6 7 8 9
 Yes No DK

Yes-Ask 23b & c No Stop DK
 Times } 0 1 2 3 4 5 6 7 8 9
 0 1 2 3 4 5 6 7 8 9
 Yes No DK

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CONDITION NO. 1

1. Person number

Write in and mark

Person number box

Person number

0 1 2
0 1 2 3 4 5 6 7 8 9

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...?

Yes No V
O O O

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

Accident or injury-Go to 4 Condition on Card C-Go to 9 Neither Go to 3a.

WASHINGTON USE

Question number 8 9 10 11 12 13 14 H C DV HC OT

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?

Cond..... X 0 1 2 3 4 5 6 7 8 9

3b. WHAT WAS THE CAUSE OF...?

Accident or injury Go to 4

No. of this condition 1 2 3 4 5 6 7 8 9

Mark one Chronic Acute

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

Asthma "Ailment" "Disease" Cyst "Attack" "Disorder" Growth "Condition" "Trouble" Measles "Defect" Tumor

3c. WHAT KIND OF... IS IT?

Total conditions 1 2 3 4 5 6 7 8 9

Accident First injury code Yes No

Required hospitalization Yes No

Other Acc. T.Mis. Cth.

For ALLERGY OR STROKE, Ask:

3d. HOW DOES THE ALLERGY (STROKE) AFFECT HIM?

IC or dum code. X 0 1 2 3 4 5 6 7 8 9

For conditions on Card B-2 and for any entry that includes the words:

3e. WHAT PART OF THE BODY IS AFFECTED?

Person days of disability V

Abscess Cyst Paralysis Ache (except headache) Growth Sore Hemorrhage Soreness Bleeding Infection Tumor Blood clot Inflammation Ulcer Boil Neuralgia Weak Cancer Neuritis Weakness Cramps (except menstrual) Pain Palsy

SHOW THE FOLLOWING DETAIL:

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

R.A. } 0 1 2 3 4 5 6 7 8 9

2Wks. B.D. } 0 1 2 3 4 5 6 7 8 9

T.L. } 0 1 2 3 4 5 6 7 8 9

Under 6 V

12 Months B.D. } 0 1 2 3 4 5 6 7 8 9

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-Ask 4b Before 2 years-Go to 5a

4b. 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

6a. WAS A CAR, TRUCK, BUS, OR OTHER MOTOR VEHICLE INVOLVED IN THE ACCIDENT IN ANY WAY? Yes No-Go to 7 V

b. WAS MORE THAN ONE VEHICLE INVOLVED? Yes No

c. WAS IT (EITHER ONE) MOVING AT THE TIME? Yes No V

5a. AT THE TIME OF THE ACCIDENT WHAT PART OF THE BODY WAS HURT? WHAT KIND OF INJURY WAS IT? ANYTHING ELSE?

Table with 2 columns: Part(s) of body, Kind of injury(injuries)

7. WHERE DID THE ACCIDENT HAPPEN? Specify place At home (inside house) At home (adjacent premises) Street and highway (includes roadway) Farm Industrial place (includes premises) School (includes school premises) Place of recreation and sports (not school) Other (specify place where accident happened)

5b. WHAT PART OF THE BODY IS AFFECTED NOW? HOW IS HIS -- AFFECTED?

Table with 2 columns: Part(s) of body, Present effects

8. WAS -- AT WORK AT HIS JOB OR BUSINESS WHEN THE ACCIDENT HAPPENED? Yes No Under 17 at time While in Armed Forces V

Footnotes

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Ask question 9a for all conditions.	9a. LAST WEEK OR THE WEEK BEFORE DID HIS . . . CAUSE HIM TO CUT DOWN ON THE THINGS HE USUALLY DOES?	Yes <input type="radio"/>	No - Go to 16a <input type="radio"/>	V <input type="radio"/>
	b. DID HE HAVE TO CUT DOWN FOR AS MUCH AS A DAY?	Yes <input type="radio"/>	No - Go to 16a <input type="radio"/>	V <input type="radio"/>
Ask questions 10 and 11 if "Yes" marked in question 9b.	10. HOW MANY DAYS DID HE HAVE TO CUT DOWN DURING THAT TWO WEEK PERIOD?	Write in and mark <input type="text"/>	Days {	0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9
	11. DURING THAT TWO WEEK PERIOD, HOW MANY DAYS DID HIS . . . KEEP HIM IN BED ALL OR MOST OF THE DAY?	Write in and mark <input type="text"/>	Days {	0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9
Ask question 12 if person is 6-16 years old.	12. HOW MANY DAYS DID HIS . . . KEEP HIM FROM SCHOOL DURING THAT TWO WEEK PERIOD?	Write in and mark <input type="text"/>	Days {	Under 6 None V 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9
Ask question 13 if person is 17 years old or over.	13. HOW MANY DAYS DID HIS . . . KEEP HIM FROM WORK DURING THAT TWO WEEK PERIOD? (For females add) NOT COUNTING WORK AROUND THE HOUSE?	Write in and mark <input type="text"/>	Days {	None V 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9
Ask question 14 for all conditions.	14a. WHEN DID HE FIRST NOTICE HIS . . . ? WAS IT DURING THE PAST 3 MONTHS OR BEFORE THAT TIME?		During 3 mos. Before 3 mos. - Go to 15	V <input type="radio"/>
	b. DID HE FIRST NOTICE IT DURING THE PAST TWO WEEKS OR BEFORE THAT TIME?		Past 2 wks. Before 2 wks. - Go to 16	V <input type="radio"/>
	c. WHICH WEEK, LAST WEEK OR THE WEEK BEFORE?		Last week Week before	V <input type="radio"/>
Ask question 15 only if condition was first noticed "Before 3 months."	15. DID -- FIRST NOTICE IT DURING THE PAST 12 MONTHS OR BEFORE THAT TIME?		3-12 mos. Before 12 mos.	V <input type="radio"/>
Ask for person 6 years old or over for whom an eye condition or vision problem (including cataracts and glaucoma) has been reported.	<input type="checkbox"/> Not an eye condition <input type="checkbox"/> Not first eye condition <input type="checkbox"/> Under 6			
	16a. CAN -- SEE WELL ENOUGH TO READ ORDINARY NEWSPAPER PRINT WITH GLASSES?		Yes - Ask 16b No - Omit 16b, c	V <input type="radio"/>
	b. CAN -- SEE WELL ENOUGH TO RECOGNIZE A FRIEND WALKING ON THE OTHER SIDE OF THE STREET?		Yes - Omit 16c No - Ask 16c	V <input type="radio"/>
	c. HOW MUCH TROUBLE WOULD YOU SAY THAT -- HAS IN SEEING: A GREAT DEAL, SOME, OR HARDLY ANY AT ALL?		Great deal Some Hardly any or none	V <input type="radio"/>

AA: IF THIS IS A CONDITION ON CARD A OR B, OR STARTED "BEFORE 3 MONTHS," ASK Q. 17; OTHERWISE GO TO ITEM BB.

Ask question 17b if "1" or more days in question 17a and question 11 is blank or marked "None."	17a. ABOUT HOW MANY DAYS DURING THE PAST 12 MONTHS HAS HIS . . . KEPT HIM IN BED ALL OR MOST OF THE DAY?	Write in and mark <input type="text"/>	Days {	None - Go to 8B V 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9
	b. WERE ANY OF THESE -- DAYS DURING LAST WEEK OR THE WEEK BEFORE?		Yes No - Go to 8B	V <input type="radio"/>
	c. HOW MANY?	Write in and mark <input type="text"/>	Days {	0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9

BB: Is this the LAST condition for this person? Yes - Ask 18-21 if person has "1" or more conditions past AA No - Go to next condition

Show Card D, E, F, or G, as appropriate based on activity status or age.	18. PLEASE LOOK AT EACH STATEMENT ON THIS CARD (CARD D, E, F, G). THEN TELL ME WHICH STATEMENT FITS -- BEST IN TERMS OF HEALTH.	1 2 3 4 - Go to 20 V Mark statement number → 0 0 0 0
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If 1, 2, or 3 marked in 18 ask: → If 4 marked in 18 go to 20.	19. IS THIS BECAUSE OF ANY OF THE CONDITIONS YOU HAVE TOLD ME ABOUT?	WASHINGTON USE Yes No V <input type="radio"/> <input type="radio"/> <input type="radio"/> Age Gen Oth DK <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
	<input type="checkbox"/> Yes → WHICH? Enter condition numbers	
	<input type="checkbox"/> No → WHAT DOES CAUSE THIS LIMITATION? Enter cause	

	20. PLEASE LOOK AT THE BLUE CARD, CARD H. WHICH ONE OF THOSE STATEMENTS FITS -- BEST IN TERMS OF HEALTH? Mark statement number →	1 2 3 4 5 6 Stop V 0 0 0 0 0 0
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If 1, 2, 3, 4, or 5 marked in 20, ask: → If 6 marked, omit 21 and go to next person.	21. IS THIS BECAUSE OF ANY OF THE CONDITIONS YOU HAVE TOLD ME ABOUT?	WASHINGTON USE Yes No V <input type="radio"/> <input type="radio"/> <input type="radio"/> Age Gen Oth DK <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
	<input type="checkbox"/> Yes → WHICH? Enter condition numbers	
	<input type="checkbox"/> No → WHAT DOES CAUSE THIS LIMITATION? Enter cause	

Make no mark in this margin

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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HOSPITAL PAGE

Person number

0 1 2
0 1 2 3 4 5 6 7 8 9

1. Person number *Write in and mark*

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:

Month

2. WHEN DID -- ENTER THE (HOSPITAL/NURSING HOME) (THE LAST TIME)?

Day

Year

Make sure the YEAR is correct. →

WASHINGTON USE

Month Jan Apr July Oct
Feb May Aug Nov
Mar June Sept Dec

Day

Year

Nights

Q. No. 15 16 17 Hosp. Other

Diag.

Diagnosis surgically treated

Operation 1

Operation 2

Operation 3

Service

Ownership

IC or dum. code

USE YOUR CALENDAR

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

3. HOW MANY NIGHTS WAS -- IN THE (HOSPITAL/NURSING HOME)?

Total nights in hospital - nursing home

Complete question 4 from entries in questions 2 and 3; if not clear, ask the questions.

4a. HOW MANY OF THESE -- NIGHTS WERE IN THE PAST 12 MONTHS?

Nights past 12 months

Do not include any nights in interview week.

b. HOW MANY OF THESE -- NIGHTS WERE LAST WEEK OR THE WEEK BEFORE?

Nights past 2 weeks

USE YOUR CALENDAR

c. WAS -- STILL IN THE (HOSPITAL/NURSING HOME) LAST SUNDAY NIGHT FOR THIS HOSPITALIZATION (STAY)? Yes No

If medical name not known, enter an adequate description.

5. FOR WHAT CONDITION DID -- ENTER THE (HOSPITAL/NURSING HOME) -- DO YOU KNOW THE MEDICAL NAME?

For delivery ask: WAS THIS A NORMAL DELIVERY? } If "No" ask: WHAT WAS THE MATTER?
For newborn, ask: WAS THE BABY NORMAL AT BIRTH? } Record in "Condition" box

Condition
Cause
Kind
Part of body

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

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

6a. WERE ANY OPERATIONS PERFORMED ON -- DURING THIS STAY AT THE (HOSPITAL/NURSING HOME.)? Yes No-Go to 7

b. WHAT WAS THE NAME OF THE OPERATION?

Operation

c. ANY OTHER OPERATIONS? Yes - Describe above No

Footnotes:

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.

7. WHAT IS THE NAME AND ADDRESS OF THE (HOSPITAL/NURSING HOME)?

Name of Hospital
Street
City (or county) State

CONTINUED ON NEXT PAGE

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0 0 0 0

Mark one circle

Yes in Q. 4c - Go to 14
No in Q. 4c - Ask 8-10

Ask if "No" marked in question 4c:

8. WHAT WAS THE TOTAL AMOUNT OF THE (HOSPITAL/NURSING HOME) BILL FOR THIS STAY?
DO NOT INCLUDE DOCTORS' OR SURGEONS' BILLS.

Table with columns: Dollars, Cents

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

b. WHAT IS THE NAME OF THE INSURANCE PLAN?

c. DID (WILL) ANY OTHER HEALTH INSURANCE PLAN PAY PART OF THIS (HOSPITAL/NURSING HOME) BILL?

If "Yes" Reask 9b

For each Health Insurance Plan named, ask:

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

Table with columns: Name of Insurance Plan, Dollars, Cents

Enter total amount paid by health insurance in line A

Enter ANY amount paid by Social Security Medicare in line B

10a. WHO PAID (WILL PAY) THE (REMAINDER OF THE) HOSPITAL BILL? Mark each category mentioned

b. DID ANY OTHER PERSON OR AGENCY PAY ANY OTHER PART OF THE HOSPITAL BILL?

Yes-Ask 10c No-Go to 10d

c. WHO WAS THIS? Mark each category mentioned

d. WHAT WAS THE AMOUNT PAID BY --?

Enter amount paid opposite appropriate category.

INTERVIEWER:

Add amounts entered (include any amount paid by health insurance) and enter in TOTAL box, then mark one of the following boxes.

Total amount paid (to be paid) agrees with amount of hospital bill - Go to Q. 11

Total amount paid (to be paid) does NOT agree with amount of hospital bill - Resolve difference with respondent.

Table with categories A-I and a TOTAL box, with columns: Dollars, Cents

WASHINGTON USE Tot. Amount grid

10. Source 1 grid

10. Source 2 grid

10. Source 3 grid

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

Under 55 - Go to 14 55 or over - Ask 11a

11a. WHEN -- LEFT (Name of hospital/nursing home), DID HE RETURN HOME OR GO SOME OTHER PLACE?

Home - Go to Question 12
Some other place - Ask Question 11b

b. WHAT KIND OF PLACE DID -- GO TO? Specify

INTERVIEWER:

If the "Place" in 11b is a Hospital, Nursing Home or a similar place, was a Hospital Page filled for that stay? Mark one box.

Hospital page filled-Stop
Hospital page not filled-Fill Hosp. page for unreported stay.

WASHINGTON USE grid

12. AFTER LEAVING THE (HOSPITAL/NURSING HOME,) HOW MANY DAYS DID -- HAVE TO REMAIN IN BED ALL OR MOST OF THE DAY? Mark entry

Still in bed - Go to 14

Grid for question 12

13. (ALTOGETHER) HOW MANY DAYS WAS -- CONFINED TO THE HOUSE AFTER RETURNING HOME FROM THE (HOSPITAL/NURSING HOME.)? Mark entry

Still confined to house

Grid for question 13

14. NOTE TO INTERVIEWER:

If the condition in question 5 or 6 is on Card A (A-1, A-2) or B (B-1, B-2) or there is "1" or more nights in question 4b, the condition must have a completed Condition page. If the condition does not have a Condition page, fill one after completing all required Hospital pages.

0000000000

Make no mark in this margin

DOCTOR VISITS PAGE (1)

See questions 18-21a on Pages 4 and 5

1. Person number

Write in and mark

Person number box

Person number

0 1 2 3 4 5 6 7 8 9

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.

Write in and mark

Date box

Month Day

Month selection: Jan, Apr, July, Oct, Feb, May, Aug, Nov, Mar, June, Sept, Dec, LW, WB

2a. ON WHAT DATES DURING THAT 2-WEEK PERIOD DID -- VISIT OR TALK TO A DOCTOR?

b. WERE THERE ANY OTHER DOCTOR VISITS FOR -- DURING THAT PERIOD?

Yes-Resask Q. 2a No-Ask Q. 3-5 for each visit

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

Item D: Interviewer Check Item

Enter the number of Doctor Visits reported for each person in question 18-21a on pages 4 and 5. If "None" reported for all persons, check here

None reported Go to Person pages

Person No. Visits table with columns 01-06

Fill one Doctor Visit section for each visit or call reported including additional visits or calls reported in question 2b.

3. WHERE DID -- SEE THE DOCTOR ON THE (Date)? Mark one circle

Where did see doctor box

- Home, Telephone, Doctor's Office, Pre-paid Insurance Group, Hospital Emergency Room, Hospital Out-patient Clinic, Health Department, Company or Industry, Other Specify

4. HOW MUCH WAS THE DOCTOR'S BILL FOR THAT VISIT (CALL)?

If bill not received, ask:

HOW MUCH DO YOU EXPECT THE DOCTOR'S BILL TO BE FOR THAT VISIT (CALL)?

Dollars Cents box

5. IS THE DOCTOR A GENERAL PRACTITIONER OR A SPECIALIST?

General Practitioner Specialist

If "Specialist" ask: WHAT KIND OF SPECIALIST IS HE?

Specialist kind box

WASHINGTON USE section with various checkboxes and input fields

FOOTNOTES:

DOCTOR VISITS PAGE (2)

1. Person number

Write in and mark

Person number box

Person number

0 1 2 3 4 5 6 7 8 9

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.

Write in and mark

Date box

Month Day

Month selection: Jan, Apr, July, Oct, Feb, May, Aug, Nov, Mar, June, Sept, Dec, LW, WB

2a. ON WHAT DATES DURING THAT 2-WEEK PERIOD DID -- VISIT OR TALK TO A DOCTOR?

b. WERE THERE ANY OTHER DOCTOR VISITS FOR -- DURING THAT PERIOD?

Yes-Resask Q. 2a No-Ask Q. 3-5 for each visit

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

FOOTNOTES:

3. WHERE DID -- SEE THE DOCTOR ON THE (Date)? Mark one circle

Where did see doctor box

- Home, Telephone, Doctor's Office, Pre-paid Insurance Group, Hospital Emergency Room, Hospital Out-patient Clinic, Health Department, Company or Industry, Other Specify

4. HOW MUCH WAS THE DOCTOR'S BILL FOR THAT VISIT (CALL)?

If bill not received, ask:

HOW MUCH DO YOU EXPECT THE DOCTOR'S BILL TO BE FOR THAT VISIT (CALL)?

Dollars Cents box

5. IS THE DOCTOR A GENERAL PRACTITIONER OR A SPECIALIST?

General Practitioner Specialist

If "Specialist" ask: WHAT KIND OF SPECIALIST IS HE?

Specialist kind box

WASHINGTON USE section with various checkboxes and input fields

Make no mark in this margin

Ask for all persons 17 years old or over.
 24a. WHAT IS THE HIGHEST GRADE (YEAR)--ATTENDED IN SCHOOL?

Elementary
 High school
 College

None - Go to 25a
 V O 1 2 3 4 5 6 7 8
 Under 17

None - Go to 25a
 V O 1 2 3 4 5 6 7 8
 Under 17

b. DID--FINISH THE--GRADE (YEAR)?

Yes No
 O O

Yes No
 O O

Ask for all persons 17 years old or over.
 25a. DID--WORK AT ANY TIME LAST WEEK OR THE WEEK BEFORE?
 For females add: NOT COUNTING WORK AROUND THE HOUSE?

Yes No
 Go to 26a Ask both b and c
 O O

Yes No
 Go to 26a Ask both b and c
 O O

b. EVEN THOUGH--DID NOT WORK DURING THOSE 2 WEEKS, DOES HE HAVE A JOB OR BUSINESS?

Yes No
 O O

Yes No
 O O

c. WAS HE LOOKING FOR WORK OR ON LAYOFF FROM A JOB?

Yes - Ask d No - Omit d
 O O

Yes - Ask d No - Omit d
 O O

d. WHICH - LOOKING FOR WORK OR ON LAYOFF FROM A JOB?

Looking Layoff Both
 O O O

Looking Layoff Both
 O O O

If "Yes" in 25c only, questions 26a through 26d apply to this person's LAST full-time civilian job.

Ask for all persons with a "Yes" in 25a, 25b, or 25c.
 26a. WHO DOES (DID)--WORK FOR?

Employer

Employer

b. WHAT KIND OF BUSINESS OR INDUSTRY IS THIS?

Industry

Industry

c. WHAT KIND OF WORK IS (WAS)--DOING?

Occupation

Occupation

Fill 26d from entries in 26a-26c; if not clear, ask.
 d. CLASS OF WORKER

Pvt.-paid Gov't.-Fed. Gov't.-Other
 Own Non-paid Nev.-Worked

Pvt.-paid Gov't.-Fed. Gov't.-Other
 Own Non-paid Nev.-Worked

Ask for all males 17 years old or over.
 27a. DID--EVER SERVE IN THE ARMED FORCES OF THE UNITED STATES?

Yes No - Go to 28
 V O O

Yes No - Go to 28
 V O O

b. WAS ANY OF HIS SERVICE DURING A WAR?

Yes - Stop No DK
 O O O

Yes - Stop No DK
 O O O

If "No" or "DK" in 27b ask:

c. WAS ANY OF HIS SERVICE BETWEEN JUNE 27, 1950, AND JANUARY 31, 1955?

Yes - Stop No DK
 O O O

Yes - Stop No DK
 O O O

If "No" or "DK" in 27c ask:

d. WAS ANY OF HIS SERVICE AFTER JANUARY 31, 1955?

Yes No DK
 O O O

Yes No DK
 O O O

28. WHICH OF THESE INCOME GROUPS REPRESENTS YOUR TOTAL COMBINED FAMILY INCOME FOR THE PAST 12 MONTHS - THAT IS, YOURS, YOUR--'S, ETC.?
 SHOW CARD 1. INCLUDE INCOME FROM ALL SOURCES SUCH AS WAGES, SALARIES, SOCIAL SECURITY OR RETIREMENT BENEFITS, HELP FROM RELATIVES, RENTS FROM PROPERTY, AND SO FORTH.
 Mark income group in each related person's column.

A B C D E F G H I J V
 O O O O O O O O O O O

A B C D E F G H I J V
 O O O O O O O O O O O

FOOTNOTES

- *Transcribe codes for Item R (Respondent)
- 0 - Self-entirely
- 1 - Self-partly
- 2 - Spouse
- 3 - Mother
- 4 - Father
- 5 - Other female family member
- 6 - Other male family member
- 7 - Other

WASHINGTON USE

WASHINGTON USE

WASHINGTON USE

Respondent

0 1 2 3 4 5 6 7

0 1 2 3 4 5 6 7

Age of respondent

0 1 2 3 4 5 6 7 8 9

0 1 2 3 4 5 6 7 8 9

Family relationship

PI SI PF SF
 V X 0 1 2 3 4 5 6 7 8 9
 Head 1 Head 2+ Wife Child Cth. relative
 O O O O O

PI SI PF SF
 V X 0 1 2 3 4 5 6 7 8 9
 Head 1 Head 2+ Wife Child Cth. relative
 O O O O O

Education of head

Und. 17 None
 V 0 1 O O
 0 1 2 3 4 5 6 7 8 9

Und. 17 None
 V 0 1 O O
 0 1 2 3 4 5 6 7 8 9

Industry

0 1 2 3 4 5 6 7 8 9
 0 1 2 3 4 5 6 7 8 9
 6 7 8 9
 A B C D E F G H J K L M
 O O O O O O O O O O O

0 1 2 3 4 5 6 7 8 9
 0 1 2 3 4 5 6 7 8 9
 6 7 8 9
 A B C D E F G H J K L M
 O O O O O O O O O O O

Occupation

0 1 2 3 4 5 6 7 8 9
 0 1 2 3 4 5 6 7 8 9
 0 1 2 3 4 5
 N P Q R S T U V W X Y Z
 O O O O O O O O O O O

0 1 2 3 4 5 6 7 8 9
 0 1 2 3 4 5 6 7 8 9
 0 1 2 3 4 5
 N P Q R S T U V W X Y Z
 O O O O O O O O O O O

0 0 0 0 0 0 0 0 0 0

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 No. _____ Line No. _____

TABLE X - LIVING QUARTERS DETERMINATIONS AT LISTED ADDRESS

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

NOTE: Be sure to continue interview with item 11 or 13 of the Household Page

