SOA/C-1

1984 SUPPLEMENT ON AGING

SOA CONDITION PUBLIC USE FILE

Tape Locations	Item No.	Frequency	Items and Codes
1-2	-		RECORD TYPE
		46,320	73. SOA/Condition
3-4	-		PROCESSING YEAR
		46,320	84. 1984
5	-		PROCESSING QUARTER
		11,305	1. Quarter 1
		12,281	2. Quarter 2
		11,669	3. Quarter 3
		11,065	4. Quarter 4
6-9	HH-5		RANDOM RECODE OF PSU NUMBER
9-10	HH-5		WEEK - CENSUS CODE
			01, 21, 41, 61, 81 ... Week 01
			02, 22, 42, 62, 82 ... Week 02
			03, 23, 43, 63, 83 ... Week 03
			04, 24, 44, 64, 84 ... Week 04
			05, 25, 45, 65, 85 ... Week 05
			06, 26, 46, 66, 86 ... Week 06
			07, 27, 47, 67, 87 ... Week 07
			08, 28, 48, 68, 88 ... Week 08
			09, 29, 49, 69, 89 ... Week 09
			10, 30, 50, 70, 90 ... Week 10
			11, 31, 51, 71, 91 ... Week 11
			12, 32, 52, 72, 92 ... Week 12
			13, 33, 53, 73, 93 ... Week 13

1984 SOA CONDITION PUBLIC USE FILE

Tape Locations	Item No.	Frequency	Items and Codes
11-12	HH-5		**SEGMENT NUMBER** Week plus Segment Number identifies the segment
13-14	HH-5		**HOUSEHOLD NUMBER** Numbered within PSU-Week-Segment
15-16	-		**PERSON NUMBER**
17-18	-		**CONDITION SERIAL NUMBER**
19-20	HH-5		**WEEK CODE** (Numbered within Quarter)
		3,833	Week 01. 01, 21, 41, 61, 81
		3,709	Week 02. 02, 22, 42, 62, 82
		3,484	Week 03. 03, 23, 43, 63, 83
		3,578	Week 04. 04, 24, 44, 64, 84
		3,676	Week 05. 05, 25, 45, 65, 85
		3,565	Week 06. 06, 26, 46, 66, 86
		3,507	Week 07. 07, 27, 47, 67, 87
		3,366	Week 08. 08, 28, 48, 68, 88
		3,575	Week 09. 09, 29, 49, 69, 89
		3,585	Week 10. 10, 30, 50, 70, 90
		3,463	Week 11. 11, 31, 51, 71, 91
		3,491	Week 12. 12, 32, 52, 72, 92
		3,488	Week 13. 13, 33, 53, 73, 93
21	-		**BLANK**

1984 SOA CONDITION PUBLIC USE FILE

Tape Locations	Item No.	Frequency	Items and Codes
22-23	HH-10d		**TYPE OF LIVING QUARTERS:**
			Housing Unit = (00-07)
		125	00. Housing unit; kind unknown
		43,403	01. House, apartment, flat
		29	02. HU in nontransient hotel, motel, etc.
		23	03. HU-permanent in transient hotel, motel, etc.
		12	04. HU in rooming house
		2,257	05. Mobile home or trailer with no permanent room added
		432	06. Mobile home or trailer with one or more permanent rooms added
		5	07. HU not specified above
			Other Unit = (08-12)
		7	08. Quarters not HU in rooming or boarding house
		0	09. Unit not permanent in transient hotel, motel, etc.
		0	10. Unoccupied tent site or trailer site
		27	11. Other unit not specified above
		0	12. Other unit; kind unknown
24	HH-11		**HAS TELEPHONE**
		44,104	1. Yes, phone number given
		639	2. Yes, no phone number given
		1,486	3. No
		91	4. Unknown
25	A-1		**SEX**
		18,593	1. Male
		27,727	2. Female
26	-		**BLANK**

1984 SOA CONDITION PUBLIC USE FILE

Tape Locations	Item No.	Frequency	Items and Codes
27-28	Person Column		**AGE**
		0	00. Under 1 year
		46,278	01-98. Number of years
		42	99. 99+ years of age
29	Recode		**AGE RECODE #1**
		0	1. Under 5 years
		0	2. 5-17 years
		0	3. 18-24 years
		0	4. 25-44 years
		10,047	5. 45-64 years
		11,063	6. 65-69 years
		9,564	7. 70-74 years
		15,646	8. 75 years and over
30	Recode		**AGE RECODE #2**
		0	1. Under 6 years
		0	2. 6-16 years
		0	3. 17-24 years
		0	4. 25-34 years
		0	5. 35-44 years
		0	6. 45-54 years
		10,047	7. 55-64 years
		20,627	8. 65-74 years
		15,646	9. 75 years and over
31-32	Recode		**AGE RECODE #3**
		0	00-35. Months
		46,320	36. Over 3 years
33	-		**BLANK**

1984 SOA CONDITION PUBLIC USE FILE

Tape Locations	Item No.	Frequency	Items and Codes
34-39	A-3		**MONTH AND YEAR OF BIRTH**
34-35			Month
			01. January 02. February 03. March 04. April 05. May 06. June 07. July 08. August 09. September 10. October 11. November 12. December 99. DK or refused
36-39			Year of Birth
			1800-1899. 1800-1899 1900-1984. 1900-1984 9999. DK or refused
40-41	-		BLANK
42	L-3		**MAIN RACIAL BACKGROUND** - Reported
		273	1. Aleut, Eskimo, or American Indian
		237	2. Asian/Pacific Islander
		3,618	3. Black
		41,810	4. White
		181	5. Other
		65	6. Multiple race
		136	7. Unknown

1984 SOA CONDITION PUBLIC USE FILE

Tape Locations	Item No.	Frequency	Items and Codes
43-45	Recode		RACE RECODES
43			Recode 1
		42,154	1. White
		3,631	2. Black
		535	3. Other
44			Recode 2
		42,154	1. White
		4,166	2. Non-white
45			Recode 3
		3,631	1. Black
		42,689	2. Non-black
46-47	L-4		HISPANIC ORIGIN
		21	00. Multiple Hispanic
		145	01. Puerto Rican
		182	02. Cuban
		371	03. Mexican-Mexicano
		340	04. Mexican-American
		3	05. Chicano
		88	06. Other Latin American
		179	07. Other Spanish
		75	08. Spanish, DK type
		153	09. Unknown if Spanish origin
		44,762	10. Not Spanish origin
48	L-7		MARITAL STATUS
		0	0. Under 14 years
		25,633	1. Married - spouse in household
		534	2. Married - spouse not in household
		15,333	3. Widowed
		2,186	4. Divorced
		665	5. Separated
		1,870	6. Never married
		99	7. Unknown

1984 SOA CONDITION PUBLIC USE FILE

Tape Locations	Item No.	Frequency	Items and Codes
49	L-1		**VETERAN STATUS**
		37,134	1. Non-veteran
		366	2. WW I
		7,195	3. WW II
		628	4. Korean War
		212	5. Vietnam veteran
		17	6. Post-Vietnam
		299	7. Other service
		153	8. Served in Armed Forces, unknown if war veteran
		316	9. Unknown if served in Armed Forces
		0	Blank. Under 18 years of age
50	L-1		**ACTIVE GUARD/RESERVE STATUS FOR PERSONS ON ACTIVE DUTY IN ARMED FORCES**
		37,134	0. Non-veteran
		171	1. All service in Guard/Reserve
		1,231	2. Some service in Guard/Reserve
		19	3. Unknown if all service in Guard/Reserve
		7,013	4. No active service in Guard/Reserve
		752	5. Unknown if ever active member in Guard/Reserve or served in Armed Forces
		0	Blank. Under 18 years of age
51-52	L-2		**EDUCATION OF INDIVIDUAL - COMPLETED YEARS**
		637	00. Never attended; kindergarten only
		36,576	01-12. Grades 1-12
			<u>College:</u>
		1,428	13. 1 year
		2,198	14. 2 years
		781	15. 3 years
		2,385	16. 4 years
		464	17. 5 years
		1,238	18.. 6 years or more
		613	19. Unknown
		0	Blank. Under 5 years of age

1984 SOA CONDITION PUBLIC USE FILE

Tape Locations	Item No.	Frequency	Items and Codes
53	Recode		**EDUCATION OF INDIVIDUAL RECODE**
		637	0. None; kindergarten only
		15,486	1. 1-8 years (elementary)
		8,180	2. 9-11 years (high school)
		12,910	3. 12 years (high school graduate)
		4,407	4. 1-3 years (college)
		2,385	5. 4 years (college graduate)
		1,702	6. 5+ years (post-college)
		613	7. Unknown
		0	Blank. Under 5 years of age
54-55	-		**HIGHEST EDUCATION OF RESPONSIBLE ADULT FAMILY MEMBER** - (Detail)
		300	00. Never attended; kindergarten only
		33,911	01-12. Grades 1-12
			College:
		2,065	13. 1 year
		3,131	14. 2 years
		1,113	15. 3 years
		3,782	16. 4 years
		816	17. 5 years
		2,152	18. 6 years or more
		163	19. Unknown
56	-		**HIGHEST EDUCATION OF RESPONSIBLE ADULT FAMILY MEMBER** - Recode
		300	0. None; kindergarten only
		9,815	1. 1-8 years (elementary)
		7,620	2. 9-11 years (high school)
		15,363	3. 12 years (high school graduate)
		6,309	4. 1-3 years (college)
		3,782	5. 4 years (college graduate)
		2,968	6. 5+ years (post-college)
		163	7. Unknown

1984 SOA CONDITION PUBLIC USE FILE

Tape Locations	Item No.	Frequency	Items and Codes
57	L-8		**FAMILY INCOME ± $20,000**
		31,513	1. Less than $20,000
		12,901	2. $20,000 or more
		1,906	3. Unknown
58-59	L-8		**FAMILY INCOME**
		167	00. Less than $1,000
		306	01. $ 1,000 - $ 1,999
		687	02. 2,000 - 2,999
		1,904	03. 3,000 - 3,999
		2,443	04. 4,000 - 4,999
		1,924	05. 5,000 - 5,999
		2,038	06. 6,000 - 6,999
		2,201	07. 7,000 - 7,999
		1,921	08. 8,000 - 8,999
		2,271	09. 9,000 - 9,999
		1,914	10. 10,000 - 10,999
		1,223	11. 11,000 - 11,999
		1,856	12. 12,000 - 12,999
		923	13. 13,000 - 13,999
		1,316	14. 14,000 - 14,999
		1,191	15. 15,000 - 15,999
		835	16. 16,000 - 16,999
		887	17. 17,000 - 17,999
		1,024	18. 18,000 - 18,999
		1,159	19. 19,000 - 19,999
		3,604	20. 20,000 - 24,999
		2,368	21. 25,000 - 29,999
		1,735	22. 30,000 - 34,999
		989	23. 35,000 - 39,999
		817	24. 40,000 - 44,999
		602	25. 45,000 - 49,999
		1,531	26. $50,000 and over
		6,484	27. Unknown

1984 SOA CONDITION PUBLIC USE FILE

Tape Locations	Item No.	Frequency	Items and Codes
60	Recode		**FAMILY INCOME RECODE**
		5,507	0. Under $5,000
		3,962	1. $ 5,000 - $ 6,999
		6,393	2. 7,000 - 9,999
		7,232	3. 10,000 - 14,999
		5,096	4. 15,000 - 19,999
		3,604	5. 20,000 - 24,999
		4,103	6. 25,000 - 34,999
		2,408	7. 35,000 - 49,999
		1,531	8. $50,000 or more
		6,484	9. Unknown
61	Generated		**NHIS POVERTY INDEX[1]/**
		32,800	1. Above poverty threshold
		7,036	2. Below poverty threshold
		6,484	3. Unknown
62-63			**FAMILY RELATIONSHIP**
62	A-2		Type of Family
		13,799	&. Primary individual
		283	-. Secondary individual
		32,228	0. Primary family
		10	1-9. Secondary family
63	A-2		Relationship to Reference Person
		13,457	&. Reference person, living alone
		18,298	0. Reference person, 2+ persons in household
		11,116	1. Spouse, other spouse NOT in Armed Forces and living at home
		0	2. Spouse, other spouse IN Armed Forces and living at home
		173	3. Child of reference person or spouse
		10	4. Grandchild of reference person or spouse
		2,386	5. Parent of reference person or spouse
		880	6. Other relative
		0	7. Child of ineligible reference person
		0	9. DK or refused

1/Based on family size, number of children under 18 years of age & family income using the 1983 poverty levels published by the Census Bureau in August 1984.

1984 SOA CONDITION PUBLIC USE FILE

Tape Locations	Item No.	Frequency	Items and Codes
64	Recode		**FAMILY RELATIONSHIP RECODE**
		13,457	1. Living alone
		625	2. Living only with non-relative
		25,603	3. Living with spouse
		6,635	4. Living with relative - other
65-66	Generated		**SIZE OF FAMILY**[1/] Unrelated individuals are coded 01
67	Generated		**SIZE OF FAMILY RECODE**
		46,243	1-8. Number of members
		77	9. 9+ members
68	A-2		**PARENT/OTHER ADULT RELATIVE (under 25 years old and never married)**
		0	1. Both parents, no other relative
		0	2. Mother only
		0	3. Father only
		0	4. Both parents and other 21+ year old adult relative
		0	5. Mother and other 21+ year old adult relative
		0	6. Father and other 21+ year old adult relative
		0	7. No parent, but one 21+ year old adult relative
		0	8. No parent, but two or more 21+ year old adult relatives
		0	9. Unknown
		0	0. Other
		46,320	Blank. Not applicable (25+ years old or ever married)

1/Count includes spouse in military but living at home.

1984 SOA CONDITION PUBLIC USE FILE

Tape Locations	Item No.	Frequency	Items and Codes
69	B-1 B-8		**MAJOR ACTIVITY (18+ years old)**
		6,432	1. Working
		18,861	2. Keeping house
		154	3. Going to school
		20,085	4. Something else
		788	5. Unknown
		0	Blank. Not applicable (Under 18 years)
70	G-4		**HEALTH STATUS**
		4,323	1. Excellent
		7,044	2. Very Good
		13,113	3. Good
		12,395	4. Fair
		9,225	5. Poor
		220	6. Unknown
71	Recode		ACTIVITY LIMITATION STATUS - (all ages)
		9,096	1. Unable to perform major activity
		10,079	2. Limited in kind/amount major activity
		8,271	3. Limited in other activities
		18,974	4. Not limited (includes unknowns)
72	Recode		ACTIVITY LIMITATION STATUS MEASURED BY "ABILITY TO WORK" (18-69 years)
		8,197	1. Unable to work
		2,958	2. Limited in kind/amount of work
		1,769	3. Limited in other activities
		8,186	4. Not limited (includes unknowns)
		25,210	Blank. Not applicable (under 18 years, 70+ years)

1984 SOA CONDITION PUBLIC USE FILE

Tape Locations	Item No.	Frequency	Items and Codes
73	B-11		**LIMITATION OF SCHOOL ACTIVITIES** (5-17 years)
		0	1. Unable to attend school
		0	2. Attends special school/classes
		0	3. Needs special school/classes
		0	4. Limited in school attendance
		0	5. Limited in other activities
		0	6. Not limited (includes unknowns)
		46,320	Blank. Not applicable (under 5 years or 18+ years)
74	B-14		**NEEDS HELP WITH PERSONAL CARE** (5-59 years old and limited, or age 60-69 years)
		1,075	1. Unable to perform personal care needs
		2,093	2. Limited in performing other routine needs
		15,601	3. Not limited in performing personal or routine needs
		237	4. Unknown
		27,314	Blank. Not applicable (under 5 years; 5-59 years not limited; 70+ years old)
75	B-?		EMPLOYMENT STATUS IN PAST 2 WEEKS (18+ years)
			In the Labor Force: (1-7)
			Currently employed: (1-3)
		6,616	1. Worked in past 2 weeks
		365	2. Did not work, has job; not on lay-off and not looking for work
		2	3. Did not work, has job; looking for work
			Unemployed: (4-7)
		16	4. Did not work, has job; on lay-off
		0	5. Did not work, has job; on lay-off and looking for work
		251	6. Did not work, has job; unknown if looking or on lay-off
		221	7. Did not work no job; looking for work or on lay-off
			Not in Labor Force (18+ years): (8)
		38,849	8. Not in Labor Force (18+ years)
		0	Blank. Not applicable (Under 18 years old)

1984 SOA CONDITION PUBLIC USE FILE

Tape Locations	Item No.	Frequency	Items and Codes
76	L-6		**CLASS OF WORKER**
		38,849	0. Not in labor force
		4,096	1. Private company
		184	2. Federal Government employee
		208	3. State Government employee
		679	4. Local Government employee
		338	5. Incorporated business
		1,532	6. Self-employed
		72	7. Without pay
		3	8. Never worked
		359	9. Unknown
		0	Blank. Under 18
77-79	L-6		**INDUSTRY DETAIL CODE**
		7,471	010-996. Code number
		38,849	Blank. Not applicable
80-81	Recode		**INDUSTRY RECODE 1**
			SEE APPENDIX B
82-83	Recode		**INDUSTRY RECODE 2**
			SEE APPENDIX B
84-86	L-6		**OCCUPATION DETAIL CODE**
		7,471	003-999. Code number
		38,849	Blank. Not applicable
87-88	Recode		**OCCUPATION RECODE 1**
			SEE APPENDIX C

1984 SOA CONDITION PUBLIC USE FILE

Tape Locations	Item No.	Frequency	Items and Codes
89-90	Recode		**OCCUPATION RECODE 2**
			SEE APPENDIX C
91	L-R		**RESPONDENT**[1]/
		0	0. Under 17
		35,747	1. Self-entirely
		3,024	2. Self-partly
		7,297	3. Proxy
		252	4. Unknown
92	Recode		**CONDITION LIST ASSIGNED AND ASKED**
		7,942	1. Condition List 1, Skin and musculoskeletal
		7,075	2. Condition List 2, Impairments
		8,014	3. Condition List 3, Digestive
		7,672	4. Condition List 4, Miscellaneous
		7,963	5. Condition List 5, Circulatory
		7,337	6. Condition List 6, Respiratory
		317	7. Unknown
93-94	G-5		**HEIGHT WITHOUT SHOES** (18+ years)
		45,988	36-98. Number of inches
		332	99. Unknown
		0	Blank. Under 18 years of age
95-97	G-5		**WEIGHT WITHOUT SHOES** (18+ years)
		45,776	050-500. Number of pounds
		544	501. Unknown
		0	Blank. Under 18 years of age
98-99	Recode		**TOTAL RESTRICTED ACTIVITY DAYS IN PAST TWO WEEKS**
		36,498	00. None
		9,822	01-14. Days

1/ For Basic questionnaire only. Refer to position 998 of SOA/Person Tape Record for SOA Respondent information.

1984 SOA CONDITION PUBLIC USE FILE

Tape Locations	Item No.	Frequency	Items and Codes
100-101	D-4		**BED DAYS IN PAST TWO WEEKS**
		40,905	00. None
		5,415	01-14. Days
102-103	D-2		**WORK-LOSS DAYS IN PAST TWO WEEKS** (control on Currently Employed, 75:1-3)
		45,870	00. None
		450	01-14. Days
104-105	D-3		**SCHOOL-LOSS DAYS IN PAST TWO WEEKS**
		46,320	00. none
		0	01-14. Days
106-107	D-6		**OTHER DAYS OF RESTRICTED ACTIVITY IN PAST TWO WEEKS**
		40,387	00. None
		5,933	01-14. Days
108-110	G-2		**BED DAYS IN PAST 12 MONTHS**
		23,873	000. None
		21,651	001-365. 1-365 days
		796	366. Unknown
111	Recode		**BED DAYS IN PAST 12 MONTHS** - Recode
		23,873	0. None
		8,193	1. 1-7 days
		7,693	2. 8-30 days
		4,147	3. 31-180 days
		1,168	4. 181-365 days
		796	5. Unknown

1984 SOA CONDITION PUBLIC USE FILE

Tape Locations	Item No.	Frequency	Items and Codes
112-114	G-3		DOCTOR VISITS IN PAST 12 MONTHS
		5,241	000. None
		40,829	001-996. Visits
		0	997. 997+ visits
		250	998. Unknown
115	G-3		INTERVAL SINCE LAST DOCTOR VISIT
		7	0. Never
		41,330	1. Less than 1 year
		1,983	2. 1 to less than 2 years
		1,941	3. 2 to less than 5 years
		806	4. 5 years or more
		253	5. Unknown
116-117	Generated		NUMBER OF CONDITIONS
118-119	Generated		NUMBER OF ACUTE INCIDENCE CONDITIONS
120-121	Generated		NUMBER OF TWO-WEEK DOCTOR VISITS
122-123	Generated		NUMBER OF SHORT-STAY HOSPITAL EPISODES IN IN PAST 12 MONTHS
124-126	Generated		SHORT-STAY HOSPITAL EPISODE DAYS IN PAST 12 MONTHS
127-128	Generated		NUMBER OF SHORT-STAY HOSPITAL EPISODES IN PAST 12 MONTHS EXCLUDING DELIVERY 1/
129-131	Generated		SHORT-STAY HOSPITAL EPISODE DAYS IN PAST 12 MONTHS EXCLUDING DELIVERY 1/.

1/ Based on operation codes and reason entered hospital.

1984 SOA CONDITION PUBLIC USE FILE

Tape Locations	Item No.	Frequency	Items and Codes
132-133	Generated		NUMBER OF SHORT-STAY HOSPITAL DISCHARGES IN PAST 6 MONTHS*
134-136	Generated		NUMBER OF DAYS IN SHORT-STAY HOSPITAL IN PAST 12 MONTHS FOR DISCHARGES IN PAST 6 MONTHS*
137-138	Generated		NUMBER OF SHORT-STAY HOSPITAL DISCHARGES IN PAST 6 MONTHS EXCLUDING DELIVERY 1/*
139-141	Generated		NUMBER OF DAYS IN SHORT-STAY HOSPITAL IN PAST 12 MONTHS FOR DISCHARGES IN PAST 6 MONTHS EXCLUDING DELIVERY 1/*
142-181	-		BLANK
182	Master Record		REGION
		9,489	1. Northeast
		11,710	2. North Central
		16,971	3. South
		8,150	4. West

1/ Based on operation codes and reason entered hospital.

*Data on hospital discharges (Tape locations 132-141) are based on a 6-month recall. The DHIS estimates the number of discharges from the hospital tape, which has the appropriate weights. Users of the SOA tape who do not want to link to the hospital tape can approximate the DHIS estimates by multiplying the frequencies in Tape locations 132-141 by the semi-annual weight in Tape locations 210-218.

1984 SOA CONDITION PUBLIC USE FILE

Tape Locations	Item No.	Frequency	Items and Codes
183-184	Master Record		**TABULATION AREA**[1/]
		30,930	Blank. Non self-representing sections and self-representing SMSA's other than those recoded 34-64.
			Large Self-representing SMSA's
			Recode SMSA
		396	34 Boston
		2,492	35 New York*
		727	36 Philadelphia
		512	37 Pittsburgh
		888	38 Detroit
		1,218	39 Chicago**
		211	40 Cincinnati
		1,226	41 Los Angeles-Long Beach
		568	42 San Francisco-Oakland
		588	43 Baltimore
		215	44 Atlanta
		342	45 Buffalo
		423	46 Cleveland
		257	47 Minneapolis-St. Paul
		289	48 Milwaukee
		186	49 Kansas City
		570	50 St. Louis
		424	51 Houston
		248	52 Dallas
		532	53 Washington, DC
		334	54 Seattle-Everett
		439	55 San Diego
		382	56 Anaheim-Santa Ana-Garden Grove
		225	57 Miami
		186	58 Denver
		302	59 San Bernardino-Riverside-Ontario
		251	60 Indianapolis
		120	61 San Jose
		222	62 New Orleans
		373	63 Tampa-St. Petersburg
		244	64 Portland, Oregon

*Northeastern New Jersey Consolidated Area
**Northwestern Indiana Consolidated Area

1/ Based on 1970 Census area definitions.

1984 SOA CONDITION PUBLIC USE FILE

Tape Locations	Item No.	Frequency	Items and Codes
185	Master Record		TYPE OF PSU[1]/
		15,390	0. The 31 Large Self-representing SMSA's
		9,982	1. SMSA - Self-representing
		2,924	3. SMSA - Nonself-representing
		823	4. Non-SMSA - Self-representing
		17,201	6. Non-SMSA - Nonself-representing
186	Recode		SMSA - NON-SMSA RESIDENCE[1]/
		12,045	1. SMSA - Central City
		16,251	2. SMSA - Not Central City
		17,096	3. Non-SMSA - Nonfarm
		928	4. Non-SMSA - Farm
187-189			PSEUDO PSU CODES
190-200	-		BLANK
			FINAL BASIC WEIGHT
201-209			QUARTER
210-218			SEMI-ANNUAL (WT/2)
219-227			ANNUAL (WT/4)
228-335	-		BLANK

[1] Based on 1970 Census area definitions.

NOTE: Data on hospital discharges (Tape locations 132-141) are based on a 6-month recall. The DHIS estimates the number of discharges from the hospital tape, which has the appropriate weights. Users of the SOA tape who do not want to link to the hospital tape can approximate the DHIS estimates by multiplying the frequencies in Tape locations 132-141 by the semi-annual weight in Tape locations 210-218.

1984 SOA CONDITION PUBLIC USE FILE

Tape Locations	Item No.	Frequency	Items and Codes
			SECTION U. SUPPLEMENT CONDITION PAGES
336-339	K3/U3		**ICD/DHIS CODE (Diagnostic Code)** (See ICD-9 Rubric and HIS Medical Coding Manual)
340-342	Recode		**CONDITION RECODE (B)** **(ICD Recode, modified for NHIS)** (See Recode B in the Diagnostic Recodes Section)
343-346	Recode		**ACUTE RECODE (A)** (See Recode A in the Diagnostic Recodes Section) Blank. Chronic Condition
347-349	Recode		**CHRONIC RECODE (C)** (See Recode C in the Diagnostic Recodes Section) Blank. Acute Condition
350	Recode		**CHRONIC/ACUTE CODE**
		46,126	1. Chronic
		194	2. Acute
351	5		**ONSET**
		90	1. 2-week reference period
		651	2. Over 2 weeks to 3 months
		4,114	3. Over 3 months to 1 year
		13,073	4. Over 1 year to 5 years
		28,392	5. Over 5 years

1984 SOA CONDITION PUBLIC USE FILE

Tape Locations	Item No.	Frequency	Items and Codes
			SECTION U. SUPPLEMENT CONDITION PAGES
352	2		**DOCTOR LAST SEEN FOR THIS CONDITION**
		52	0. Interview week
		5,005	1. 2-week reference period
		17,246	2. Over 2 weeks less than 6 months
		5,240	3. 6 months, less than 1 year
		4,031	4. 1 year, less than 2 years
		4,049	5. 2 years, less than 5 years
		4,836	6. 5 years or ore -
		671	7. Doctor seen, DK when
		506	8. DK if doctor seen
		4,684	9. Doctor never seen
353	Recode		**DOCTOR EVER SEEN FOR THIS CONDITION**
		41,636	1. Yes
		4,684	2. No
354	12a/b		**CONDITION STATUS***
		29,972	1. Still has condition
		1,273	2. Condition cured
		2,454	3. Condition under control
		229	4. Other
		12,188	5. Unknown status
		194	Blank. Not applicable/acute condition
355	Recode		**LENGTH OF TIME HAD CONDITION BEFORE CURED**
		325	0. Less than 1 month
		199	1. 1-3 months
		149	2. Over 3-6 months
		22	3. Over 6-12 months
		105	4. 1 year
		102	5. 2-4 years
		53	6. 5-9 years
		39	7. 10 years or more
		279	8. Unknown
		45,047	Blank. Not applicable/not a chronic condition/ not cured chronic condition

*Only relevent for conditions with sources.

1984 SOA CONDITION PUBLIC USE FILE

Tape Locations	Item No.	Frequency	Items and Codes
			SECTION U. SUPPLEMENT CONDITION PAGES
356	.12d		**CONDITION PRESENT PAST 12 MONTHS**
		32,450	1. Yes
		1,207	2. No
		12,469	3. Unknown
		194	Blank. Not a chronic condition
357	Recode		**CONDITION CAUSES ACTIVITY LIMITATION**
		5,909	1. Limited, this condition main cause of limitation
		5,190	2. Limited, this condition secondary cause of limitation
		16,347	3. Limited, but not caused by this condition
		18,874	4. Not limited

Tape Locations	Item No.	Frequency	Items and Codes
			SECTION U. SUPPLEMENT CONDITION PAGES
358-378	U3b		**SOURCE DATA CONDITION SUMMARY CHART**
358			EYE LTR Box
		2,262	1. Cataracts
		589	2. Glaucoma
		564	3. Color blindness
		242	4. A detached retina or any other condition of the retina
		639	5. Blindness in one or both eyes
		1,420	6. Any other trouble seeing with one or both eyes EVEN when wearing glasses
		18	9. Unknown eye source
		40,586	Blank. Not applicable
359			EAR LTR Box
		2,888	1. Tinnitus or ringing in the ears
		1,608	2. Deafness in one or both ears
		2,552	3. Any other trouble hearing with one or both ears
		35	9. Unknown ear source
		39,237	Blank. Not applicable
360-361			EVER LTR Box
		588	01. Osteoporosis, sometimes called fragile or soft bones
		494	02. A broken hip
		1,521	03. Hardening of the arteries or arteriosclerosis
		6,638	04. Hypertension, sometimes called high blood pressure
		469	05. Rheumatic fever
		38	06. Rheumatic heart disease
		650	07. Coronary heart disease
		968	08. Angina pectoris
		253	09. A myocardial infarction
		808	10. Any other heart attack
		1,111	11. A stroke or a cerebrovascular accident
		46	12. Alzheimer's disease
		1,756	13. Cancer of any kind
		13	99. Unknown EVER source
		30,967	Blank. Not applicable

Tape Locations	Item No.	Frequency	Items and Codes
			SECTION U. SUPPLEMENT CONDITION PAGES
358-378	U3b		**SOURCE DATA CONDITION SUMMARY CHART - Cont.**
362			Entry in 12 Month LTR Box
		7,836	1. Arthritis or any kind of rheumatism
		1,438	2. Diabetes
		105	3. An aneurysm
		260	4. Any blood clots
		1,533	5. Varicose veins
		33	9. Unknown 12-month source
		35,115	Blank. Not applicable
363-370			ADL Numbers
363		1,168	1. Bathing or shower
		45,152	Blank. Not mentioned as source
364		778	1. Dressing
		45,542	Blank. Not mentioned as source
365		210	1. Eating
		46,110	Blank. Not mentioned as source
366		1,054	1. Getting in and out of bed or chairs
		45,266	Blank. Not mentioned as source
367		2,347	1. Walking
		43,973	Blank. Not mentioned as source
368		1,132	1. Getting outside
		45,188	Blank. Not mentioned as source
369		503	1. Using toilet, including getting to toilet
		45,817	Blank. Not mentioned as source
370		440	1. Confined to bed or chair
		45,880	Blank. Not mentioned as source

Tape Locations	Item No.	Frequency	Items and Codes
			SECTION U. SUPPLEMENT CONDITION PAGES
358-378	U3b		**SOURCE DATA CONDITION SUMMARY CHART - Cont.**
371-378			IADL Numbers
371		780	1. Preparing your own meals
		45,540	Blank. Not mentioned
372		1,262	1. Shopping for personal items
		45,058	Blank. Not mentioned
373		465	1. Managing your money
		45,855	Blank. Not mentioned
374		477	1. Using the telephone
		45,843	Blank. Not mentioned
375		2,851	1. Doing heavy housework
		43,469	Blank. Not mentioned
376		795	1. Doing light housework
		45,525	Blank. Not mentioned
377			Condition Page
		114	1. Question 3
		184	2. Question 17
		2,045	3. Generated condition
		36	4. Dummy condition record
		76	5. All source fields blank
		43,865	Blank. Not generated from Condition Record
378			Condition Page
		18	1. Question 3
		23	2. Question 17
		46,279	Blank. Not generated from Condition Record, only 1 Condition Record source

1984 SOA CONDITION PUBLIC USE FILE

Tape Locations	Item No.	Frequency	Items and Codes
			SECTION U. SUPPLEMENT CONDITION PAGES
379	Generated		**LIMITATION OF ACTIVITY SOURCE**
		4,612	1. HIS Condition Record
		41,708	Blank. SOA Condition Record
380			**STATUS OF CONDITION PAGE**
		12,879	1. Transcribed from HIS-1
		28,261	2. Obtained in SOA interview
		568	9. Unknown
		4,612	Blank. Condition only caused LA, transferred from HIS-1

CODES FOR TYPES OF SPECIAL PLACES

Code

I. Specified Institutions

Correctional Institutions

11....State and Federal penitentiaries, prisons, and reformatories
11....State and Federal prison farms and camps
11....County and city jails, workhouses, penitentiaries
11....County and city prison farms and camps
11....Federal detention headquarters
12....State and Federal training or industrial schools
12....County and municipal training or industrial schools
12....Private schools for delinquents, such as "House of the Good Shepherd," "Boys Town," etc.

Mental Institutions

21....Homes and training schools for mentally handicapped
21....Homes, training schools, colonies, and villages for epileptics
21....State, Federal, county and city hospitals for mentally ill
21....Private hospitals and sanitariums for mentally ill
22....Hospitals and centers for the treatment of alcoholics and drug addicts
23....Veterans Administration mental hospitals

Home for the Aged, Infirm and Needy

31....Orphan asylums
31....Children's homes
32....County homes, almshouses, poor farms, etc.
33....Fraternal or religious homes for the aged
34....Commercial homes for the aged
35....Homes and schools for the blind
36....Homes and schools for the deaf
37....Hospital or resident schools, orthopedic hospitals, and homes for the crippled
38....Soldiers' and sailors' homes
39....Veterans Administration homes (domiciliary care)

40....Nursing, Convalescent, and Rest Homes

Other Hospitals and Homes Providing Specialized Care

51....Tuberculosis sanitariums
52....Veterans Administration tuberculosis hospitals
53....Homes for incurables
54....Chronic and cancer hospitals
55....Maternity homes for unmarried mothers
56....Detention and receiving homes
57....Hospitals and homes for other specialized care

CODES FOR TYPES OF SPECIAL PLACES

Code

II. Other Special Places

61... Veterans Administration General Medical and Surgical Hospitals

62... Facilities for the Treatment of the Physically Ill

This type of facility treats physical disorders and is one in which the patient stays for a relatively short period of time.
Examples of this type of special place are:

1. General or emergency hospital; children's hospital; maternity hospital

2. Infirmary

71... Hotels, transient type
71... Motels, transient type
71... Tourist camp or court (like motels except units are detached), transient type
72... Hotels, nontransient type
72... Motels, nontransient type
72... Tourist camp or court, nontransient type
73... YMCA, YMHA, YWCA, transient type
74... YMCA, YMHA, YWCA, nontransient type
75... Private residential clubs — Those that meet the special place
76... Rooming and boarding houses — definition.
76... Tourist homes

A private residential club, rooming or boarding house, or tourist home is to be classified as a special place only if it contains 5 or more rooms or groups of rooms to be rented out. If there are fewer than 5 rooms or groups of rooms for rent, combine these rooms or groups of rooms with the landlord's quarters (or with each other if the landlord does not live in the structure).

77... Combination tourist-trailer court, transient type
78... Combination tourist-trailer court, nontransient type
79... Groups of 5 or more vacation cabins under single management, transient type

Facilities for Housing Students

81... School dormitory
81... Fraternity
81... Sorority

CODES FOR TYPES OF SPECIAL PLACES

Code

II. Other Special Places - cont.

82... School with resident students (other than for the needy or infirm and other than resident schools with separate codes 83 and 84 - see below).1/
83... Schools with resident students and with predominantly non-salaried faculty such as nuns or priests.1/
84... Schools with resident students and operated primarily for religious training (other than those with predominantly non-salaried faculty) such as Bible Institutes. 1/

Facilities for Housing Workers

85... Dormitory for workers (other than specified for codes 86, 87 and 88).
86... Bunkhouse (provided that it has or is expected to have quarters for 5 or more farm or ranch hands).
87... Labor camp
87... Logging camp
88... Migratory workers' camp (those that meet the special place definition).

Additional Other Places

91... Convents and other sisters' residences (those that meet the special place definition).
91... Monasteries, other brothers' residences, and rectories (those that meet the special place definition).
92... Communes
93... Halfway houses - when occupants live there on a voluntary basis (assign halfway houses for persons not there on a voluntary basis to the appropriate institutional code).
00... Nurses' Homes
01... Flophouses, railroad stations
01... Missions, Salvation Army Shelters
02... Recreational and religious camps (adults or family)
03... Recreational and religious camps (children's)
04... Trailer camps
05... Tent camps
06... Armed forces installations
07... Armed forces hospitals

1/ For a school with resident faculty only, assign code 82, 83, or 84 as appropriate.

INDUSTRY RECODES OUTLINE

Recodes No. 1 Chrs. 80-81	Recodes No. 2 Chrs. 82-83	Detail Code (Chrs. 77-79)	Industry Title	SIC Code*
01	01	010-011,020-021	AGRICULTURE	01-02,07,078
02	01	030-031	FORESTRY AND FISHERIES	08-09
10	02	040-042,050	MINING	10-14
20	03	060	CONSTRUCTION	15-17
(30-34), (40-46)	(04)	-	MANUFACTURING:	
(30-34)			NONDURABLE GOODS	
30	04	100-102,110-112, 120-122	Food and kindred products	201-209
31	04	132,140-142, 150-152	Textile mill and finished textile products	221-229,231-239
32	04	171-172	Printing, publishing and allied industries	271-279
33	04	180-182,190-192	Chemicals and allied products	281-287,289
34	04	130,160-162, 200-201,210-212, 220-222	Other nondurable goods	21,261-266,291, 295,299,301-304, 306-307,311,313, 314,315-317,319
(40-46)			DURABLE GOODS	
40	04	230-232,241-242	Furniture, lumber and wood	
41	04	270-272,280	Primary metal industries	331-332,334, 3331-3334,3339, 3351,3353-3357, 3361-3362,3369, 339
42	04	281-282,290-292, 300	Fabricated metal industries, including ordnance	341-349

*Standard International Classification

INDUSTRY RECODES OUTLINE

Recodes No. 1 Chrs. 80-81	Recodes No. 2 Chrs. 82-83	Detail Code (Chrs. 77-79)	Industry Title	SIC Code*
(30-34), (40-46)	(04)	-	MANUFACTURING - continued	
(40-46)			DURABLE GOODS	
43	04	310-312,320-322, 331-332	Machinery, except electrical	351-359
44	04	340-342,350	Electrical machinery, equipment and supplies	361-367,369
45	04	351-352,360-362, 370	Transportation equipment	371-376,379
46	04	250-252,261-262, 301,371-372, 380-382,390-392	Other and not specified durable goods	321-329,381-387, 394
(50-54)	(05)	-	TRANSPORTATION, COMMUNICATIONS AND OTHER PUBLIC UTILITIES	
50	05	400	Railroads	40
51	05	410-411	Trucking service and warehousing	421-423
52	05	401-402,412, 420-422,432	Other transportation	41,43-47
53	05	440-442	Communications	481-483,489
54	05	460-462,470-472	Utilities and sanitary	491-497
60	06	500-502,510-512, 521-522,530-532, 540-542,550-552, 560-562,571	WHOLESALE TRADE	501-508,5093, 5094,5099, 511-518,5191, 5194,5198,5199

*Standard International Classification

INDUSTRY RECODES OUTLINE

Recodes No. 1 Chrs. 80-81	Recodes No. 2 Chrs. 82-83	Detail Code (Chrs. 77-79)	Industry Title	SIC Code*
(61-65)	(07)	-	RETAIL TRADE	
61	07	591-592,600	General merchandise stores	531,533,539
62	07	601-602,610-611	Food, bakery and dairy stores	541-546,549
63	07	612,620-622	Automotive dealers and gasoline stations	551-557,559
64	07	641	Eating and drinking places	58
65	07	580-582,590, 630-632,640,642, 650-652,660-662, 670-672,681-682, 691	Other and not specified retail trade	521,523,525-527, 56,571-573, 591-593,5941-5949, 5961-5963,598, 5992-5994,5999
(70-71)	(08)	-	FINANCE, INSURANCE, AND REAL ESTATE	
70	08	700-702	Banking and credit agencies	60-61
71	08	710-712	Insurance, real estate, and other finance	62-67
(75-85)	(09-12)	-	SERVICES:	
(75-76)	(09)		BUSINESS AND REPAIR SERVICES	
75	09	721-722,730-732, 740-742,750	Business services	731-737, 7391-7397,7399, 751,752,754,
76	09	751-752,760	Repair services	753,762-764,7692, 7694,7699
(77-78)	(10)	-	PERSONAL SERVICES	
77	10	761	Private households	88
78	10	762,770-772, 780-782,790-791	Other personal services	701-704,721-726, 729

*Standard International Classification

INDUSTRY RECODES OUTLINE

Recodes No. 1 Chrs. 80-81	Recodes No. 2 Chrs. 82-83	Detail Code (Chrs. 77-79)	Industry Title	SIC Code*
(75-85)	(09-12)	-	SERVICES - continued	
79	11	800-802	ENTERTAINMENT AND RECREATION SERVICES	78,791-794,799
(80-85)	(12)	-	PROFESSIONAL AND RELATED SERVICES	
80	12	831	Hospitals	806
81	12	812,820-822,830, 832,840	Health services, except hospitals	801-803,8041-8042, 8049,805,807-809
82	12	842,850	Elementary and secondary schools and colleges	821-822
83	12	851-852,860	Other educational services	823-824,829
84	12	861-862,870-872, 880-881	Social services, religious and membership organizations	832-833,835-836, 839,84,861-866,869
85	12	841,882,890-892	Legal, engineering and other professional services	81,891-893,899
90	13	900-901,910, 921-922,930-932	**PUBLIC ADMINISTRATION**	911-913,919,92-97
95	14	990 and all other codes except 996	**UNKNOWN INDUSTRY**	-
96	14	996	**NEW WORKER**	
97	15	Not applicable	**NOT IN LABOR FORCE** - codes Blank and 8 in current activity recode (loc. 253) (Under 18 or 18+ and not in Labor Force).	

*Standard International Classification

APPENDIX B

INDUSTRY RECODE TITLES

Code	Titles	Recode No. 1 Inclusions
01	AGRICULTURE, FORESTRY AND FISHERIES	01,02
02	MINING	10
03	CONSTRUCTION	20
04	MANUFACTURING	30-34, 40-46
05	TRANSPORTATION, COMMUNICATIONS AND OTHER PUBLIC UTILITIES	50-54
06	WHOLESALE TRADE	60
07	RETAIL TRADE	61-65
08	FINANCE, INSURANCE, AND REAL ESTATE	70-71
09	BUSINESS AND REPAIR SERVICES	75-76
10	PERSONAL SERVICES	77-78
11	ENTERTAINMENT AND RECREATION SERVICES	79
12	PROFESSIONAL AND RELATED SERVICES	80-85
13	PUBLIC ADMINISTRATION	90
14	UNKNOWN (includes new workers)	95-96
15	NOT IN LABOR FORCE	97

OCCUPATION RECODES OUTLINE

Recodes No. 1 Chrs. 87-88	Recodes No. 2 Chrs. 89-90	Detail Code (Chrs. 84-86)	Occupation Title	SIC Code*
(01-03)	(01)	-	EXECUTIVE, ADMINISTRATIVE, AND MANAGERIAL OCCUPATIONS	-
01	01	003-006	Officials and administrators, public administration	111-113
02	01	007-009,013-019	Managers and administrators, except public administration	121-128,132-139
03	01	023-029,033-037	Management related occupations	1412,1414-1415,1419, 142-143,1442-1443, 1449,145,1472-1473, 149
(04-11)	(02)	-	PROFESSIONAL SPECIALTY OCCUPATIONS	-
04	02	044-049,053-059	Engineers	1622-1628,1632-1637, 1639
05	02	043,063	Architects and surveyors	161,164
06	02	064-069,073-079	Natural mathematical and computer scientists	171-172,1732-1733, 1739,1842-1843, 1845-1847,1849, 1852-1855
07	02	084-089	Health diagnosing occupations	27,261-262,281,283, 289
08	02	095-099,103-106	Health assessment and treating occupations	29,301-302,3031-3034, 3039,304
09	02	113-119,123-129, 133-139,143-149, 153-159,163-165	Teachers, librarians and counselors	2212-2218,2222-2228, 2231-2238,2242-2247, 2249,231-233,235,236, 239,24,251,252
10	02	183-189,193-195, 197-199	Writers, artists, entertainers and athletes	34,321-329,331-333, 398
11	02	166-169,173-179	Other professional specialty occupations	1912-1916,1919,192, 2032-2033,2042,2049, 211-212

*Standard International Classification

OCCUPATION RECODES OUTLINE

Recodes No. 1 Chrs. 87-88	Recodes No. 2 Chrs. 89-90	Detail Code (Chrs. 84-86)	Occupation Title	SIC Code*
(12-13)	(03)	-	**TECHNICIANS AND RELATED SUPPORT OCCUPATIONS**	-
12	03	203-208	Health technologists and technicians	362-366,369
13	03	213-218,223-229, 233-235	Technologists, technicians except health	3711-3713,3719, 372-373,382, 3831-3833,384,389, 392-393,396, 3971-3972,3974,399, 825
(14-16)	(04)	-	**SALES OCCUPATIONS**	-
14	04	243	Supervisors and proprietors	40
15	04	253-259	Sales representatives, commodities and finance	4122-4124,4152-4153, 421,423-424
16	04	263-269,274-278, 283-285	Other sales	4342-4348,4351-4354, 4356,4359,4362-4367, 4369,444-447,449
(17-21)	(05)	-	**ADMINISTRATIVE SUPPORT OCCUPATIONS, INCLUDING CLERICAL**	-
17	05	308-309	Computer equipment operators	4612-4613
18	05	313-315	Secretaries, stenographers and typists	4622-4624
19	05	337-339,343-344	Financial records processing occupations	4712-4713,4715-4716, 4718
20	05	354-357	Mail and message distributing	4742-4745
21	05	303-307,316-319, 323,325-329, 335-336,345-349, 353,359,363-366, 368-369,373-379, 383-387,389	Other administrative support	4511-4519,4521-4529, 463,4642-4645,4649, 4662-4664,4692,4694, 4696,4699,4722-4723, 4729,4732-4733,4739, 4751-4759,4782-4784, 4786-4787,4791-4795, 4799

*Standard International Classification

OCCUPATION RECODES OUTLINE

Recodes No. 1 Chrs. 87-88	Recodes No. 2 Chrs. 89-90	Detail Code (Chrs. 84-86)	Occupation Title	SIC Code*
22	06	403-407	**PRIVATE HOUSEHOLD OCCUPATIONS**	502-507,509
(23-24)	(07)	-	**PROTECTIVE SERVICE OCCUPATIONS**	
23	07	413-414,416-418, 423-424	Police and firefighters	5111-5112,5122-5123, 5132-5134
24	07	415,425-427	Other protective service occupations	5113,5142,5144,5149
(25-28)	(08)	-	**SERVICE OCCUPATIONS, EXCEPT PROTECTIVE AND HOUSEHOLD**	
25	08	433-439,443-444	Food service	5211-5219
26	08	445-447	Health service	5232-5233,5236
27	08	448-449,453-455	Cleaning and building service	5241-5242,5244-5246, 5249
28	08	456-459,463-469	Personal service	5251-5258,5262-5264, 5269
(29-31)	(09)	-	**FARMING, FORESTRY AND FISHING OCCUPATIONS**	
29	09	473-476	Farm operators and managers	5512-5515,5522-5525
30	09	477,479,483-489	Farm workers and other agricultural workers	5611-5619,5621-5622, 5624-5625,5627
31	09	494-499	Forestry and fishing occupations	571-573,579,583-584, 8241(pt.)
(32-34)	(10)	-	**PRECISION PRODUCTION, CRAFT AND REPAIR OCCUPATIONS**	
32	10	503,505-509, 514-519,523, 525-527,529, 533-536,538-539, 543-544,547,549	Mechanics and repairers	60,6111-6118,613-614, 6151-6159,616, 6171-6179

*Standard International Classification

OCCUPATION RECODES OUTLINE

Recodes No. 1 Chrs. 87-88	Recodes No. 2 Chrs. 89-90	Detail Code (Chrs. 84-86)	Occupation Title	SIC Code*
(32-34)	(10)	-	**PRECISION PRODUCTION, CRAFT AND REPAIR OCCUPATIONS** - continued	
33	10	553-558,563-567, 569,573,575-577, 579,583-585, 587-589,593-599, 613-617	Construction and extractive trades	6311-6316,6318,632, 6412-6414,6422,6424, 6432-6433,6442-6444, 645,6462-6468,6472, 6476,6479,652-654, 656
34	10	633-637,639, 643-647,649, 653-659,666-669, 673-679,683-684, 686-689,693-696, 699	Precision production occupations	67,71,6811-6814, 6816-6817,6821-6824, 6829,6831-6832,6835, 6839,6844,6852-6854, 6856,6859,6861-6862, 6864-6867,6869, 6871-6873,6879, 6881-6882,691-696, 7447,7668,7677,7752, 828,
			OPERATORS, FABRICATORS AND LABORERS	
(35-36)	(11)		MACHINE OPERATORS, ASSEMBLERS AND INSPECTORS	
35	11	703-709,713-715, 717,719,723-729, 733-739,743-745, 747-749,753-759, 763-766,768-769, 773-774,777,779	Machine operators and tenderers, except precision	6841-6842,6849,6855, 6863,6868,7312-7319, 7322,7324,7326,7329, 7339,7342-7344,7349, 7431-7435,7439, 7443-7444,7449, 7451-7452,7459, 7462-7463,7467,7472, 7474,7476-7478, 7479(pt.),7512-7519, 7522,7529,7539, 7542-7544,7549, 7631-7636,7639, 7642-7644,7649, 7651-7652,7654-7659, 7661-7667,7669, 7671-7676,7677(pt.), 7678-7679

*Standard International Classification

OCCUPATION RECODES OUTLINE

Recodes No. 1 Chrs. 87-88	Recodes No. 2 Chrs. 89-90	Detail Code (Chrs. 84-86)	Occupation Title	SIC Code*
			OPERATORS, FABRICATORS AND LABORERS - continued	
(35-36)	(11)		MACHINE OPERATORS, ASSEMBLERS AND INSPECTORS - continued	
36	11	783-787,789, 793-799	Fabricators, assemblers, inspectors, and samplers	7332-7333,7532-7533, 7714,7717,772,774, 7753-7759,782-785,787
(37-39)	(12)	-	TRANSPORTATION AND MATERIAL MOVING OCCUPATIONS	
37	12	803-806,808-809, 813-814	Motor vehicle operators	8111,8212-8216, 8218-8219,874
38	12	823-826,828-829, 833-834	Other transportation, except motor vehicles	8113,8232-8233,8239, 8241(pt.),8242-8245
39	12	843-845,848-849, 853,855-856,859	Material moving equipment operators	812,8312-8319
(40-41)	(13)		HANDLERS, EQUIPMENT CLEANERS, HELPERS AND LABORERS	
40	13	869	Construction laborers	871
41	13	863-867,873, 875-878,883,885, 887-889	Freight, stock and material handlers	85,861-863, 8641-8646,8648,865, 8722-8726,873,875, 8761,8769
95	14	999 and all other codes except 990	UNKNOWN OCCUPATION	
96	14	990	NEW WORKER	
97	15	Not applicable	NOT IN LABOR FORCE - codes Blank and 8 in current activity recode (Under 18 or 18+ and Not in Labor Force).	

*Standard International Classification

OCCUPATION RECODE TITLES

Code	Titles	Recode No. 1 Inclusions
	MANAGERIAL AND PROFESSIONAL SPECIALTY OCCUPATIONS	
01	EXECUTIVE, ADMINISTRATIVE AND MANAGERIAL OCCUPATIONS	01-03
02	PROFESSIONAL SPECIALTY OCCUPATIONS	04-11
	TECHNICAL, SALES AND ADMINISTRATIVE SUPPORT OCCUPATIONS	
03	TECHNICIANS AND RELATED SUPPORT OCCUPATIONS	12-13
04	SALES OCCUPATIONS	14-16
05	ADMINISTRATIVE SUPPORT OCCUPATIONS, INCLUDING CLERICAL	17-21
	SERVICE OCCUPATIONS	
06	PRIVATE HOUSEHOLD OCCUPATIONS	22
07	PROTECTIVE SERVICE OCCUPATIONS	23-24
08	SERVICE OCCUPATIONS, EXCEPT PROTECTIVE AND HOUSEHOLD	25-28
09	FARMING, FORESTRY AND FISHING OCCUPATIONS	29-31
10	PRECISION PRODUCTION, CRAFT AND REPAIR OCCUPATIONS	32-34
	OPERATORS, FABRICATORS AND LABORERS	
11	MACHINE OPERATORS, ASSEMBLERS AND INSPECTORS	35-36
12	TRANSPORTATION AND MATERIAL MOVING OCCUPATIONS	37-39
13	HANDLERS, EQUIPMENT CLEANERS, HELPERS AND LABORERS	40-41
14	UNKNOWN OCCUPATION (includes New Workers)	95-96
15	NOT IN LABOR FORCE	97

NATIONAL HEALTH INTERVIEW SURVEY

DIAGNOSTIC RECODE A

Acute Conditions

I. Purpose - Recode A consists of 32 4-digit categories of frequently reported acute conditions. The NHIS routinely publishes acute condition incidence estimates and other related acute condition data using these specific recode categories.

II Format and Content - The first digit of this 4-digit recode separates the data into five major condition groups, and the second digit into subcategories of these five. The third and fourth digits are the basic units of the recode.

III. Definition of Acute Condition - An acute condition is any disease or injury with onset in the 3-month reference period prior to the week of interview except for certain conditions always classified as chronic regardless of onset. Acute conditions must also have either activity restriction or medical attention. Current deliveries, normal or complicated, and current complications of pregnancy and puerperium are always considered acute conditions. The incidence of acute conditions is limited to acute conditions with onset in the 2-week reference period prior to the interview week.

This recode is different from Acute Condition Recode 2, used prior to 1982.

Revised April 30, 1983

NATIONAL HEALTH INTERVIEW SURVEY

ACUTE CONDITION RECODE A

Recode Number	Title	ICD-9 Codes
	INFECTIVE AND PARASITIC DISEASES	
1001	Common Childhood Diseases	033, 052, 055, 056, 072
1002	Intestinal virus, NOS	008.8
1003	Viral Infections, Unspecified	079.9
1004	Other	(001-136, except for above)1/
	RESPIRATORY CONDITIONS	
2105	Common Cold	460
2106	Other Acute Upper Respiratory Infections	461-465
2207	Influenza	487
2308	Acute Bronchitis	466
2309	Pneumonia	480-483, 485, 486
2310	Other Respiratory Conditions	470, 475, 478.⅛,0-7,9, 495, 500-508, 510-515, 516.⅛,0,2,3,8,9, 518, 519
	DIGESTIVE SYSTEM CONDITIONS	
3411	Dental Conditions	520.⅛,6-9, 521.⅛,0-5,7-9, 522, 523, 525
3412	Indigestion, Nausea and Vomiting	536.8, 787.0
3413	Other Digestive Conditions	(520-579, and 787, except for above)1/
	INJURIES	
4514	Fractures, Dislocations	800-839
4515	Sprains and Strains	840-848
4516	Open Wounds and Lacerations	870-884, 890-894
4517	Contusions and Superficial Injuries	910-929
4518	Other Current Injuries	(800-999, except for above)1/

1/ Excludes ICD codes defined by the NHIS as chronic and ICD codes not used by NHIS.

NATIONAL HEALTH INTERVIEW SURVEY

ACUTE CONDITION RECODE A

Recode Number	Title	ICD-9 Codes
	ALL OTHER ACUTE CONDITIONS	
5619	Eye conditions	360.Ƀ,0,3,5,6,8,9, 363.Ƀ,0-2,6-9, 364.Ƀ,0-6,8,9, 368.Ƀ,0,2-4,8,9, 370.Ƀ,0,4-6,8,9, 371.Ƀ,0-2,4-9, 372.Ƀ,4,5,8,9, 373.Ƀ,0,2,8,9, 374, 375, 376.Ƀ,0,1,3,5,6,8,9, 378.Ƀ,0-6,8,9, 379.Ƀ,0,1,3,4,8,9
5620	Acute Ear Infections	380.1, 381, 382, 383.Ƀ,0-2,9, 384.0, 386.3
5621	Other Ear Conditions	380.Ƀ,0,2-9, 383.3,8, 384.Ƀ,2,8,9, 385, 386.Ƀ,0-2,4-9, 387, 388.Ƀ,0,1,3-9
5722	Acute Urinary Tract Infections	580, 581, 590, 595.Ƀ,0-3,8,9, 597, 598.0, 599.0
5723	Other Urinary Conditions	582-589, 591, 593, 596, 598.Ƀ,1-9, 599.Ƀ,1-9
5724	Disorders of Menstruation	625.3,4, 626.Ƀ,0-6,8,9
5725	Other Disorders of Female Genital Tract	614-624, 625.Ƀ,0-2,5-9, 626.7, 628.Ƀ,0,2-9, 629
5726	Delivery and Other Conditions of Pregnancy and Puerperium	630-676
5827	Skin Conditions	680-684, 686, 690, 691, 693, (693.2 NHIS code), 694-698, 700-705, 706.Ƀ,0,1,3,8,9, 707-709

Revised April 30, 1983

NATIONAL HEALTH INTERVIEW SURVEY

ACUTE CONDITION RECODE A

Recode Number	Title	ICD-9 Codes
	ALL OTHER ACUTE CONDITIONS (continued)	
5828	Acute Back, Spine and Neck Pain	723.1, 724.1-3,5
5829	Other Musculoskeletal Conditions	710.ß,0-2,4,8,9, 717, 718.ß,0-5,8,9, 719, 720.1,2, 722, 723.ß,0,2-4,6-9, 724.ß,0,4,6-9, 726.ß,1,3-9, 727, 728.ß,0,1,3,5,7-9, 729.ß,2-6,8,9, 730.ß,0-3,9, 731.ß,0,2, 732, 733.ß,1,3-9, 739
5930	Headache, excluding migraine	307.8, 784.0[2/]
5931	Fever, NOS	780.6
5932	All Other Acute Conditions	(All remaining ICD Codes)[1/]

1/ Excludes ICD codes defined by the NHIS as chronic and ICD codes not used by NHIS.
2/ NHIS codes tension headache to 784.0

NATIONAL HEALTH INTERVIEW SURVEY

DIAGNOSTIC RECODE B

Diseases, Injuries and Impairments

I. Purpose - Recode B is a listing of diseases and injuries developed by the World Health Assembly (WHA) and modified by the NHIS to include special impairment codes and residual categories. This recode, without NHIS modifications, also appears in Volume 1 of the International Classification of Diseases (1975 Revision).

The recode is intended to provide data users with a classification scheme whereby the NHIS diagnostic categories are more closely grouped according to the standard International Classification of Disease groupings. This recode is primarily used by NHIS to classify conditions reported as causing activity limitation. For data users interested in producing chronic condition prevalence estimates, see also Diagnostic Recode C.

II. Format and Content - Recode B is a 3-digit recode that can be tabulated in two ways. The first 2 digits represent more general groupings of condition categories and range from 01-57 and 99. For more detailed condition categories, the complete 3-digit number - from 010-570 and 990 - is used.

The NHIS has modified this recode in two ways. First, the NHIS diagnostic coding procedure uses an X-code designation for impairments instead of an ICD number. For this recode, the X-codes are reassigned to the recode categories that would have been used under the ICD scheme. Secondly, residual categories have been added to accommodate all conditions coded by the NHIS.

This recode is the same as Recode 5 used prior to 1982.

October 1981

NATIONAL HEALTH INTERVIEW SURVEY

DIAGNOSTIC RECODE B

2-digit Recode	3-digit Recode	Category	NHIS Diagnostic Code Inclusions
01		**Intestinal Infectious Diseases**	**001-009.0,2**
	010	Cholera	001
	011	Typhoid fever	002.0
	012	Shigellosis	004
	013	Food poisoning	003, 005
	014	Amoebiasis	006
	015	Intestinal infections due to other specified organism	007, 008
	016	Ill-defined intestinal infections	009.0,2
	019	Residual	002.1-3,9
02		**Tuberculosis**	**010-018, 019-A**
	020	Pulmonary tuberculosis	011
	021	Other respiratory tuberculosis	010, 012
	022	Tuberculosis of meninges and central nervous system	013
	023	Tuberculosis of intestines, peritoneum and mesenteric glands	014
	024	Tuberculosis of bones and joints	015
	025	Tuberculosis of genitourinary system	016
	029	Residual	017, 018, 019-A

NATIONAL HEALTH INTERVIEW SURVEY

DIAGNOSTIC RECODE B

2-digit Recode	3-digit Recode	Category	NHIS Diagnostic Code Inclusions
03		**Other Bacterial Diseases**	**020-027, 30-41**
	030	Plague	020
	031	Brucellosis	023
	032	Leprosy	030
	033	Diphtheria	032
	034	Whooping cough	033
	035	Streptococcal sore throat, scarlatina erysipelas	034, 035
	036	Meningococcal infection	036
	037	Tetanus	037
	038	Septicaenia	038
	039	Residual	021, 022, 024-027, 031, 039-041
04		**Viral Diseases**	**045-057, 060-066, 070-079**
	040	Acute poliomyelitis	045
	041	Smallpox	050
	042	Measles	055
	043	Rubella	056
	044	Yellow fever	060
	045	Arthropod-borne encephalitis	062-064
	046	Viral hepatitis	070
	047	Rabies	071
	048	Trachoma	076
	049	Residual	046-049, 051-054, 057, 061, 065, 066, 072-075, 077-079

NATIONAL HEALTH INTERVIEW SURVEY

DIAGNOSTIC RECODE B

2-digit Recode	3-digit Recode	Category	NHIS Diagnostic Code Inclusions
05		**Rickettsiosis and Other Arthropod-Borne Diseases**	**080-088**
	050	Louse-borne typhus	080
	051	Other rickettsiosis	081-083
	052	Malaria	084
	053	Leishmaniasis	085
	054	Trypanosomiasis	086
	059	Residual	087, 088
06		**Venereal Diseases**	**090-099**
	060	Syphilis	090-097
	061	Gonococcal infections	098
	069	Residual	099
07		**Other Infectious and Parasitic Diseases and Late Effects of Infectious and Parasitic Diseases**	**100-104, 110-112, 114-118, 120-136**
	070	Non-syphilitic spirochaetal diseases	100-104
	071	Mycosis	110-112, 114-118
	072	Schistosomiasis	120
	073	Echinococcosis	122
	074	Filarial infection and dracontiasis	125
	075	Ancylostomiasis and necatoriasis	126
	076	Other helminthiasis	121, 123, 124, 127-129
	079	Residual	130-136
08		**Malignant Neoplasm of Lip, Oral Cavity and Pharynx**	**140-149**
	080	Malignant neoplasm of lip, oral cavity and pharynx	140-149

NATIONAL HEALTH INTERVIEW SURVEY

DIAGNOSTIC RECODE B

2-digit Recode	3-digit Recode	Category	NHIS Diagnostic Code Inclusions
09		**Malignant Neoplasm of Digestive Organs and Peritoneum**	**150-159**
	090	Malignant neoplasm of oesophagus	150
	091	Malignant neoplasm of stomach	151
	092	Malignant neoplasm of small intestine, including duodenum	152
	093	Malignant neoplasm of colon	153
	094	Malignant neoplasm of rectum, rectosigmoid junction and anus	154
	095	Malignant neoplasm of liver, specified as primary	155.0
	096	Malignant neoplasm of pancreas	157
	099	Residual	155.1,2, 156, 158, 159
10		**Malignant Neoplasm of Respiratory and Inthrathoracic Organs**	**160-165**
	100	Malignant neoplasm of larynx	161
	101	Malignant neoplasm of trachea, bronchus and lung	162
	109	Residual	160, 163-165
11		**Malignant Neoplasm of Bone, Connective Tissue, Skin and Breast**	**170-175**
	110	Malignant neoplasm of bone and articular cartilage	170
	111	Malignant melanoma of skin	172
	112	Other malignant neoplasm of skin	173
	113	Malignant neoplasm of female breast	174
	119	Residual	171, 175

NATIONAL HEALTH INTERVIEW SURVEY

DIAGNOSTIC RECODE B

2-digit Recode	3-digit Recode	Category	NHIS Diagnostic Code Inclusions
12		**Malignant Neoplasm of Genitourinary Organs**	**179-189**
	120	Malignant neoplasm of cervix uteri	180
	121	Malignant neoplasm of placenta	181
	122	Malignant neoplasm of uterus, other and unspecified	179, 182
	123	Malignant neoplasm of ovary and other uterine adnexa	183
	124	Malignant neoplasm of prostate	185
	125	Malignant neoplasm of testis	186
	126	Malignant neoplasm of bladder	188
	129	Residual	184, 187, 189
13		**Malignant Neoplasm of Other and Unspecified Sites**	**190-199**
	130	Malignant neoplasm of brain	191
	139	Residual	190, 192-199
14		**Malignant Neoplasm of Lymphatic and Haemopoietic Tissue**	**200-208**
	140	Hodgkin's disease	201
	141	Leukemia	204-208
	149	Residual	200, 202, 203

NATIONAL HEALTH INTERVIEW SURVEY

DIAGNOSTIC RECODE B

2-digit Recode	3-digit Recode	Category	NHIS Diagnostic Code Inclusions
15		**Benign Neoplasm**	**210-229**
	150	Benign neoplasm of skin	216
	151	Benign neoplasm of breast	217
	152	Benign neoplasm of uterus	218, 219
	153	Benign neoplasm of ovary	220
	154	Benign neoplasm of kidney and other urinary organs	223
	155	Benign neoplasm of nervous system	225
	156	Benign neoplasm of thyroid	226
	159	Residual	210-215, 221, 222, 224, 227-229
17		**Other and Unspecified Neoplasm**	**239**
	170	Other and unspecified neoplasm	239
18		**Endocrine and Metabolic Diseases, Immunity Disorders**	**240-246, 250-259, 270-279**
	180	Disorders of thyroid gland	240-246
	181	Diabetes mellitus	250
	182	Hyperlipoproteinaemia	272.0, 272.1
	183	Obesity of non-endocrine origin	278.0
	189	Residual	251-259, 270, 271, 272.2-9, 273-277, 278.1-4,8, 279
19		**Nutritional Deficiencies**	**260-268.0,2,9, 269**
	190	Kwashiorkor	260
	191	Nutritional marasmus	261
	192	Other protein-calorie malnutrition	262, 263
	193	Avitaminosis	264-267, 268.0,2,9, 269

NATIONAL HEALTH INTERVIEW SURVEY

DIAGNOSTIC RECODE B

2-digit Recode	3-digit Recode	Category	NHIS Diagnostic Code Inclusions
20		**Diseases of Blood and Blood-forming Organs**	280-289
	200	Anaemias	280-285
	209	Residual	286-289
21		**Mental Disorders**	290-305, 306.1-5, 307-314, 315.4,5,8,9, 316-A, X10, X14, X19
	210	Senile and presenile organic psychotic conditions	290
	211	Schizophrenic psychoses	295
	212	Affective psychoses	296
	213	Other psychoses	291-294, 297-299
	214	Neurotic and personality disorders	300, 301
	215	Alcohol dependence syndrome	303
	216	Drug dependence	304
	217	Physiological malnutrition arising from mental factors	306.1-5
	218	Mental retardation	X19
	219	Residual	302, 305, 307-314, 315.4,5,8,9, 316-A, X10, X14

NATIONAL HEALTH INTERVIEW SURVEY

DIAGNOSTIC RECODE B

2-digit Recode	3-digit Recode	Category	NHIS Diagnostic Code Inclusions
22		Diseases of the Nervous System	320, 322-325, 330, 331.0-2,8,9, 332-337, 340, 341, 344.1, 345-352, 353.0-4,6,8,9, 354-359, X40, X41.1-8,.X,.Y, X41.9, (X42-X49, X51-X60, X63, X64)[1/], X50.9, X61[3/]
	220	Meningitis	320, 322
	221	Parkinson's disease	332
	222	Other degenerative and hereditary disorders of the central nervous system	330, 331.0-2,8,9, 333-336
	223	Multiple sclerosis	340
	224	Infantile cerebral palsy and other paralytic syndromes	344.1, X40, X41.9, X50.9, (X42-X49, X51-X60, X63, X64)[1/]
	225	Epilepsy	345
	229	Residual	323-325, 337, 341, 346-352, 353.0-4,6,8,9, 354-359, X41.1-8,.X,.Y, X61[3/]

1/ Excludes .0
3/ Includes all 4th digits except .9

NATIONAL HEALTH INTERVIEW SURVEY

DIAGNOSTIC RECODE B

2-digit Recode	3-digit Recode	Category	NHIS Diagnostic Code Inclusions
23		**Disorders of the Eye and Adnexa**	**360-368, 370-379, X00[1]/, (X01, X02, X04)[1]/**
	230	Glaucoma	365
	231	Cataract	366
	232	Blindness and low vision	X00[1]/
	233	Conjunctivitis	372.0-3
	234	Disorders of lacrimal system	375
	235	Strabismus and other disorders of binocular eye movements	378
	239	Residual	360-364, 367, 368, 370, 371, 372.4-9, 373, 374, 376, 377, 379, (X01, X02, X04)[1]/
24		**Diseases of the Ear and Mastoid Process**	**380-387, 388.0,1,3-9, (X05, X08)[1]/, (X06, X07, X09)[1]/**
	240	Otitis media and mastoiditis	381-383
	241	Deafness	(X05, X08)[1]/
	249	Residual	380, 384-387, 388.0,1,3-9, X06, X07, X09)[1]/
25		**Rheumatic Fever and Rheumatic Heart Disease**	**390, 392-398, 399-A**
	250	Acute rheumatic fever	390, 392
	251	Chronic rheumatic heart disease	393-398
	259	Residual	399-A

1/ Excludes .0

NATIONAL HEALTH INTERVIEW SURVEY

DIAGNOSTIC RECODE B

2-digit Recode	3-digit Recode	Category	NHIS Diagnostic Code Inclusions
26		**Hypertensive Disease**	**401-405**
	260	Hypertensive heart disease	402, 404
	269	Residual	401, 403, 405
27		**Ischaemic Heart Disease**	**413, 414**
	271	Ischaemic heart disease	413, 414
28		**Disease of Pulmonary Circulation and Other Forms of Heart Disease**	**415-417, 420-428, 429.0-5,8,9**
	280	Pulmonary embolism	415.1
	281	Cardiac Dysrhythmias	427
	289	Residual	415.0, 416, 417, 420-426, 428, 429.0-5,8,9
29		**Cerebrovascular Disease**	**430-435, 437, X50**[3/]
	290	Subarachnoid haemorrhage	430
	291	Intracerebral and other intracranial haemorrhage	431, 432
	292	Cerebral infarction	433, 434
	294	Cerebral atherosclerosis	437.0
	299	Residual	435, 437.1-6,8,9, X50[3/]

3/ Includes all 4th digits except .9

NATIONAL HEALTH INTERVIEW SURVEY

DIAGNOSTIC RECODE B

2-digit Recode	3-digit Recode	Category	NHIS Diagnostic Code Inclusions
30		**Other Diseases of the Circulatory System**	**440-444, 446-448, 451-459**
	300	Atherosclerosis	440
	301	Arterial embolism and thrombosis	444
	302	Other diseases of arteries, arterioles and capillaries	441-443, 446-448
	303	Phlebitis, thrombophlebitis, venous embolism and thrombosis	451-453
	304	Varicose veins of lower extremities	454
	305	Haemorrhoids	455
	309	Residual	456-459
31		**Diseases of the Upper Respiratory Tract**	**460-465, 470-478, 477.7-A**
	310	Acute tonsillitis	463
	311	Acute laryngitis and tracheitis	464
	312	Other acute upper respiratory infections	460-462, 465
	313	Deflected nasal septum and nasal polyps	470, 471
	314	Chronic pharyngitis, nasopharyngitis and sinusitis	472, 473
	315	Chronic diseases of tonsils and adenoids	474
	319	Residual	475-478, 477.7-A

NATIONAL HEALTH INTERVIEW SURVEY

DIAGNOSTIC RECODE B

2-digit Recode	3-digit Recode	Category	NHIS Diagnostic Code Inclusions
32		**Other Diseases of the Respiratory System**	**466, 480-483, 485-487, 490-496, 500-508, 510-516, 518, 519, X30**[3/]
	320	Acute bronchitis and bronchiolitis	466
	321	Pneumonia	480-483, 485, 486
	322	Influenza	487
	323	Bronchitis, chronic and unspecified, emphysema and asthma	490-493
	324	Bronchietasis	494
	325	Other chronic obstructive pulmonary disease	495, 496
	326	Pneumonconiosis and other lung disease due to external agents	500-508
	327	Pleurisy	511
	329	Residual	510, 512-516, 518, 519, X30[3/]
33		**Diseases of Oral Cavity, Salivary Glands and Jaws**	**520.3,4,7-9, 521-523, 525-529, X92**
	330	Diseases of teeth and supporting structures	520.3,4,7-9, 521-523, 525, X92
	331	Diseases of the jaw	526
	339	Residual	527-529

3/ Includes all 4th digits except .9

NATIONAL HEALTH INTERVIEW SURVEY

DIAGNOSTIC RECODE B

2-digit Recode	3-digit Recode	Category	NHIS Diagnostic Code Inclusions
34		**Diseases of Other Parts of the Digestive System**	**530-537, 540-543, 550-553, 555-558, 560, 562, 564-579**
	340	Diseases of oesophagus	530
	341	Ulcer of stomach and duodenum	531-533
	342	Appendicitis	540-543
	343	Hernia of abdominal cavity	550-553
	344	Intestinal obstruction without mention of hernia	560
	345	Diverticula of intestine	562
	346	Other functional digestive disorders	564
	347	Chronic liver disease and cirrhosis	571
	348	Cholelithiasis and cholecystitis	574-575.1
	349	Residual	534-537, 555-558, 565-570, 572, 573, 575.0,2-6,8,9, 576-579
35		**Diseases of Urinary System**	**580-599, X31[3/], X62**
	350	Nephritis, nephrotic syndrome and nephrosis	580-589
	351	Infections of kidney	590
	352	Urinary calculus	592, 594
	353	Cystitis	595
	359	Residual	X31[3/], X62, 591, 593, 596-599

3/ Includes all 4th digits except .9

NATIONAL HEALTH INTERVIEW SURVEY

DIAGNOSTIC RECODE B

2-digit Recode	3-digit Recode	Category	NHIS Diagnostic Code Inclusions
36		**Diseases of Male Genital Organs**	600-608
	360	Hyperplasia of prostate	600
	361	Hydrocele	603
	362	Redundant prepucs and phimosis	605
	363	Infertility, male	606
	369	Residual	601, 602, 604, 607, 608
37		**Diseases of Female Genital Organs**	610, 611, 614-629, X32[3/]
	370	Diseases of breast	610, 611, X32[3/]
	371	Salpingitis and oophoritis	614.0-2
	372	Inflammatory diseases of pelvic cellular tissue and peritoneum	614.3-9
	373	Inflammatory diseases of uterus, vagina and vulva	615, 616
	374	Uterovaginal prolapse	618
	375	Menstrual disorders	626.0-5
	376	Infertility, female	628
	379	Residual	617, 619-625, 626.6-9, 627, 629
38		**Abortion**	630-639
	380	Spontaneous abortion	634
	381	Legally induced abortion	635
	382	Illegally induced abortion	636
	389	Residual	630-633, 637-639

3/ Includes all 4th digits except .9

NATIONAL HEALTH INTERVIEW SURVEY

DIAGNOSTIC RECODE B

2-digit Recode	3-digit Recode	Category	NHIS Diagnostic Code Inclusions
39		**Direct Obstetric Causes**	**640-646, 651-676**
	390	Haemorrhage of pregnancy and childbirth	640, 641, 666
	391	Toxaemia of pregnancy	642.4-9, 643
	392	Infections of genitourinary tract in pregnancy	646.6
	393	Obstructed labor	660
	394	Complications of the puerperium	670-676
	399	Residual	642.0-3, 644, 645, 646.0-5,7-9, 651-659, 661-665, 667-669
40		**Indirect Obstetric Causes**	**647, 648**
	400	Indirect obstetric causes	647, 648
41		**Normal Delivery**	**650**
	410	Normal delivery	650
42		**Diseases of Skin and Subcutaneous Tissue**	**680-686, 690-693, 693.2-A, 694-698, 700-709**
	420	Infections of skin and subcutaneous tissue	680-686
	429	Residual	690-693, 693.2-A, 694-698, 700-709

NATIONAL HEALTH INTERVIEW SURVEY

DIAGNOSTIC RECODE B

2-digit Recode	3-digit Recode	Category	NHIS Diagnostic Code Inclusions
43		**Diseases of the Musculoskeletal System and Connective Tissue**	**710-712, 714-727, 728.0,1,3,5,8,9, 729-733, 739, (X20-X29, X33-X35, X73-X78)3/, (X70, X79, X90, X93)3/, X80, X84-X86, X89**
	430	Rheumatoid arthritis, except spine	714
	431	Other arthropathies	710-712, 715, 716
	432	Other disorders of joints	717-719
	433	Ankylosing spondylitis	720.0
	434	Other dorsopathies	720.1-724, X80
	435	Rheumatism, excluding the back	725-727, 728.0,1,3,5,8,9, 729, X86
	436	Osteomyelitis, periostitis and other infections involving bone	730
	437	Acquired deformities of limbs	(X20-X29, X33-X35, X73-X78)3/
	439	Residual	731-733, 739, (X70, X79, X90, X93)3/, X84, X85, X89

3/ Includes all 4th digits except .9

NATIONAL HEALTH INTERVIEW SURVEY

DIAGNOSTIC RECODE B

2-digit Recode	3-digit Recode	Category	NHIS Diagnostic Code Inclusions
44		Congenital Anomalies	742.2,4,5,8,9, 744.4, 745-748, 750.2-9, 751, 752, 753.1-9, 754.0,1, 756.4-9, 757, 758.1-9, 759.0-6,8, (X20-X29, X33-X35, X70, X73, X74, X76-X78, X93)2/, X71.9, X75.9, (X30-X32, X79, X90)2/
	440	Spina bifida and hydrocephalus	X71.9
	441	Other deformities of central nervous system	742.2,4,5,8,9
	442	Congenital anomalies of heart and circulatory system	745-747
	443	Cleft palate and cleft lip	749, X91.9
	444	Other deformities of digestive system	750.2-9, 751
	445	Undescended testicle	752.5
	446	Congenital dislocation of hip	X75.9
	447	Other congenital anomalies of musculoskeletal system	(X20-X29, X33-X35, X70, X73, X74, X76-X78, X93)2/, 754.0,1, 756.4-9
	449	Residual	744.4, 748, 752.0-4,6-9, 753.1-9, 757, 758.1-9, 759.0-6,8, (X30-X32, X79, X90)2/

2/ Includes 4th digit .9 only.

NATIONAL HEALTH INTERVIEW SURVEY

DIAGNOSTIC RECODE B

2-digit Recode	3-digit Recode	Category	NHIS Diagnostic Code Inclusions
45		**Certain Conditions Originating in the Perinatal Period**	**760, 761.0-5,7-9, 762-778, 779.0-5,8,9, X61.9**
	450	Maternal conditions affecting fetus or newborn	760
	451	Obstetric complications affecting fetus or newborn	761.0-5,7-9, 762, 763
	452	Slow fetal growth, fetal malnutrition and immaturity	764, 765
	453	Birth trauma	767, X61.9
	454	Hypoxia, birth asphyxia and other respiratory conditions	768-770
	455	Haemolytic disease of fetus or newborn	773
	459	Residual	766, 771, 772, 774-778, 779.0-5,8,9
46		**Signs, Symptoms and Ill-Defined Conditions**	**780, 781.0-4,6,7,9, 782, 783.0,2-6,9, 784-797, 799, 799.5-A, X11, X12**
	460	Pyrexia of unknown origin	780.6
	461	Symptoms involving heart	785.0-3
	462	Renal colic	788.0
	463	Retention of urine	788.2
	464	Abdominal pain	789.0
	465	Senility without mention of psychosis	797
	467	Respiratory failure	799.1
	469	Residual	780.0-5,7-9, 781.0-4,6,7,9, 782, 783.0,2-6,9, 784.4-6,9, 786, 787, 788.1,3,4-9, 789.1-5,9, 790-796, 799.0,2-4,8,9, 799.5-A, X11, X12

NATIONAL HEALTH INTERVIEW SURVEY

DIAGNOSTIC RECODE B

2-digit Recode	3-digit Recode	Category	NHIS Diagnostic Code Inclusions
47		**Fractures**	**800-829**
	470	Fracture of skull and face	800-804
	471	Fracture of neck and trunk	805-809
	472	Fracture of humerus, radius and ulna	812, 813
	473	Fracture of neck of femur	820
	474	Fracture of other parts of femur	821
	475	Fracture of tibia, fibula and ankle	823, 824
	476	Other fractures of limbs	810-811, 814-819, 822, 825, 829
	479	Residual	826-828
48		**Dislocations, Sprains and Strains**	**830-848**
	480	Dislocations, sprains and strains	830-848
49		**Intracranial and Internal Injuries, Including Nerves**	**850-854, 860-869, 950-957, X00.0, X05.0, X08.0, (X42-X49, X51-X60, X63, X64)[4]/**
	490	Concussion	850
	491	Other intracranial injuries	851-854, 950, 951, X00.0, X05.0, X08.0
	499	Residual	860-869, 952-957, (X42-X49, X51-X60, X63, X64)[4]/

4/ Includes 4th digit .0 only.

NATIONAL HEALTH INTERVIEW SURVEY

DIAGNOSTIC RECODE B

2-digit Recode	3-digit Recode	Category	NHIS Diagnostic Code Inclusions
50		**Open Wounds and Injury to Blood Vessels**	**870-884[5], 890-894, 900-904**
	500	Open wound of eye, ear and head	870-873[5]
	501	Open wound of upper limb	880-884
	502	Open wound of lower limb	890-894
	509	Residual	874-879, 900-904
51		**Effects of Foreign Body Entering Through Orifice**	**930-939**
	510	Effects of foreign body entering through orifice	930-939
52		**Burns**	**940-949**
	520	Burn confined to eye and adnexa	940
	521	Burn of wrist and hand	944
	529	Residual	941-943, 945-949
53		**Poisonings and Toxic Effects**	**977.9[6], 979, 988, 989[7]**
	530	Medicinal agents	977.9, 979
	539	Residual	988, 989
54		**Complications of Medical and Surgical Care**	**996-999**
	540	Complications of medical and surgical care	996-999

5/ 871.3 is not used by NHIS. Instead these conditions are assigned to the appropriate visual impairment X-code.
6/ Anything classifiable to 960-978 is coded by NHIS to 977.9
7/ Anything classifiable to 980-987 is coded by NHIS to 989.9

NATIONAL HEALTH INTERVIEW SURVEY

DIAGNOSTIC RECODE B

2-digit Recode	3-digit Recode	Category	NHIS Diagnostic Code Inclusions
55		**Other Injuries, Early Complications of Trauma**	**910-929, 959, 990-995**
	550	Other injuries, early complications of trauma	910-929, 959, 990-995
56		**Late Effects of Injuries, of Poisonings, of Toxic Effects, and of Other External Causes**	**905.0-5, 906, 907, 908.0-5,9, 909.2,4**
	560	Late effects of injuries, of poisonings, of toxic effects, and of other external causes	905.0-5, 906, 907, 908.0-5,9, 909.2,4
57		**Present Effects of Injuries, NEC**	**X01.0, X02.0, X04.0, X06.0, X07.0, X09.0**
	570	Present Effects of Injuries, NEC	X01.0, X02.0, X04.0, X06.0, X07.0, X09.0
99		Residual, All Other Conditions	All Other Not Listed Codes
	990	Residual, all other conditions	All other not listed codes

National Health Interview Survey

DIAGNOSTIC RECODE C

Chronic Conditions and Impairments

I. Purpose - Recode C consists of 134 3-digit categories of chronic conditions and impairments. The categories correspond to the conditions that appear on the six (6) NHIS check-lists of selected chronic conditions. These categories are used by NHIS to produce prevalence estimates of selected chronic conditions.

II. Format and Content - The first digit of this 3-digit recode identifies the specific chronic condition check-list number, i.e., 1-6, that corresponds to the number of the list used on the NHIS questionnaire. The second and third digits are numbered sequentially within each of the 6 lists. Each condition group contains between 15 and 43 2-digit categories.

III. Definition of Chronic Condition and Impairment - In most cases, a chronic condition or an impairment is any departure from normal health with onset more than 3 months from date of interview. Certain chronic conditions and impairments are classified as chronic, however, regardless of date of onset. Complications of pregnancy are always classified as acute. All chronic conditions and impairments are counted whether or not they necessitated activity restriction or medical care. Impairments coded witn an "X" in the first digit are, by definition, chronic.

This recode is different from Chronic Condition Recode 3, used prior to 1982.

Revised April 30, 1983

National Health Interview Survey
Chronic Condition Recode C

Recode Number	Title	ICD Inclusion as modified by the NHIS
	LIST I: SELECTED SKIN AND MUSCULOSKELETAL CONDITIONS	
101	Arthritis	711.ƀ,0,9, 712.ƀ,8,9, 714-716, 720.0, 721
102	Rheumatism, unspecified	729.0
103	Gout, including gouty arthritis	274
104	Sciatica (including lumbago)	724.2,3
105	Intervertebral disc disorders	722
106	Bone spur/tendinitis NOS	726.ƀ,9
107	Disorders of bone or cartilage	730.ƀ,0-3,9, 731.ƀ,0,2, 732, 733
108	Bunion	727.1
109	Bursitis, NEC	726.0-8, 727.ƀ,0,2-9
110	Sebaceous skin cyst	706.2
111	Acne	706.0,1
112	Psoriasis	696
113	Dermatitis	690-694 (693.2 NHIS code)
114	Dry (itching) skin NEC	698.9
115	Chronic ulcer of skin	707
116	Ingrown nails	703.0
117	Corns and calluses	700
118	Benign neoplasms of the skin	216
119	Malignant neoplasms of the skin	172, 173

National Health Interview Survey
Chronic Condition Recode C

Recode Number	Title	ICD Inclusion as modified by the NHIS
	LIST II: IMPAIRMENTS	
201	Blind - Both eyes	X00
202	Other Visual Impairment	X01-X03
203	Deaf - Both ears	X05
204	Other Hearing Impairments	X06-X09
205	Stammering and Stuttering	X10
206	Other Speech Impairments	X11
207	Impairment of Sensation	X12
208	Mental Retardation	X19
	Absence Upper Extremities	
209	Both Arms/Hands	X20,X21
210	One Hand/Arm	X23,X24
211	Fingers - One or Both Hands	X22,X25
	Absence Lower Extremities	
212	One or Both Legs	X26,X28
213	Feet/Toes - One or Both Limbs	X27,X29
214	Absence Lung	X30
215	Kidney	X31
216	Breast	X32
217	Bone, Joint, Muscle of extremity	X34
218	Tips of Fingers, Toes	X35
	Paralysis of Extremities - Complete	
219	Entire Body	X40
220	One Side of Body - Hemiplegia	X41
221	Both Legs - Paraplegia	X46
222	Other paralysis	X42-X45, X47-X49
	Paralysis of Extremities - Partial	
223	Cerebral Palsy	X50
224	One Side of Body Only - Hemiparesis	X51
225	Legs - Both or Paraparesis	X56
226	Other paralysis	X52-X55, X57-X59

National Health Interview Survey
Chronic Condition Recode C

Recode Number	Title	ICD Inclusion as modified by the NHIS
	LIST II: IMPAIRMENTS (CONTINUED)	
227	Paralysis - Complete or Partial - Other site	X60-X64
	Deformity/Orthodpedic Impairment:	
	Back	
228	Curvature or other deformity of back or spine	X70
229	Orthopedic Impairment	X80
230	Spina Bifida	X71
	Other Upper Extremities	
231	Hands, Fingers only	X74
232	Orthopedic Impairment - Shoulder(s)	X84
233	Other	X73
	Lower Extremities	
234	Flatfeet	X77
235	Clubfoot	X78
236	Other	X75,X76,X85,X86
237	Other Deformities/ Orthopedic Impairment	X79,X89
238	Cleft Palate	X91
239	Color Blindness	368.5
240	Tinnitus	388.3
241	Cataracts	366
242	Glaucoma	365
243	Diseases of Retina	361,362.[illegible],1-9

Revised April 30, 1983

National Health Interview Survey
Chronic Condition Recode C

Recode Number	Title	ICD Inclusion as modified by the NHIS
	LIST III: SELECTED DIGESTIVE CONDITIONS	
301	Gallbladder stones	574
302	Liver diseases including cirrhosis	571, 572, 573.[illegible],0,3-9
303	Gastric ulcer	531
304	Duodenal ulcer	532
305	Peptic ulcer	533
306	Hernia of abdominal cavity	550-553
307	Disease of the esophagus	530
308	Gastritis and duodenitis	535
309	Indigestion	536.8
310	Other functional disorders of stomach and digestive system	536 (except .8), 787
311	Enteritis and colitis	555, 556, 558
312	Spastic colon	564.1
313	Diverticula of intestines	562
314	Constipation	564.0
315	Other stomach and intestinal disorders	534, 537, 560, 569
316	Malignant neoplasms of stomach, intestines, colon, and rectum	151-154

National Health Interview Survey
Chronic Condition Recode C

Recode Number	Title	ICD Inclusion as modified by the NHIS
	LIST IV: SELECTED CONDITIONS OF THE GENITOURINARY, NERVOUS, ENDOCRINE, METABOLIC AND BLOOD AND BLOOD FORMING SYSTEMS	
401	Goiter	240, 241, 242.0-3
402	Other disorders of the thyroid	242.4,8,9, 243-246
403	Diabetes	250
404	Anemias	280-285
405	Epilepsy	345
406	Migraine headache	346
407	Other headache (excludes tension headache)	784.0
408	Neuralgia or neuritis, unspecified	729.2
409	Kidney stones	592
410	Kidney infections	590
411	Other kidney trouble, NEC	581-583, 593
412	Bladder infections	595.0,0-3,8,9
413	Other disorders of bladder	594.1, 596
414	Diseases of prostate	600-602 (ex 601.4)
415	Multiple sclerosis	340
416	Inflammatory disease of female genital organs	614-616
417	Non-Inflammatory disease of female genital organs	620-624
418	Menstrual disorders	626

Revised May 1, 1983

National Health Interview Survey
Chronic Condition Recode C

Recode Number	Title	ICD Inclusion as modified by the NHIS
	LIST IV: SELECTED CONDITIONS OF THE GENITOURINARY, NERVOUS, ENDOCRINE, METABOLIC AND BLOOD AND BLOOD FORMING SYSTEMS (CONTINUED)	
419	Other disorders of female genital organs	617-619, 625, 627, 628.Ø,0,2-9, 629.0,1,8
420	Female trouble, NOS	629.Ø,9
421	Malignant neoplasm of breast - female	174
422	Malignant neoplasms of female genital organs	179-184
423	Malignant neoplasm of prostate	185
424	Benign neoplasm of breast - female	217
425	Benign neoplasms of female genital organs	218-221

Revised April 30, 1983

National Health Interview Survey
Chronic Condition Recode C

Recode Number	Title	ICD Inclusion as modified by the NHIS
	LIST V: SELECTED CIRCULATORY CONDITIONS	
501	Rheumatic fever with or without heart disease	390, 392-398, 399 (NHIS code only)
502	Ischemic heart disease	413, 414 (NHIS includes 410-412 and 429.6 in 414)
	Heart rhythm disorders	
503	Tachycardia or rapid heart	427.0-3, 785.0
504	Heart murmurs	785.2
505	Other and unspecified heart rhythm disorders	427.Ƀ,4-6,8,9, 785.1
506	Congenital heart disease	745, 746
507	Other selected diseases of heart (excludes hypertension)	415-417, 420.Ƀ,9, 421.Ƀ,0,9, 422.Ƀ,9, 423, 424, 425.Ƀ.0-5,9, 426, 428, 429.Ƀ,0-5,8,9
508	High blood pressure (hypertension)	401-405
509	Cerebrovascular disease	430-435, 437 (NHIS includes 436 and 438 in 437)
510	Hardening of the arteries	440
511	Aneurysm	441.Ƀ,0-6, 442
512	Phlebitis, thrombophlebitis	451
513	Varicose veins of lower extremities	454
514	Hemorrhoids	455
515	Poor circulation	459.Ƀ,8,9

National Health Interview Survey
Chronic Condition Recode C
(Modified for 1984 SOA)

Recode Number	Title	ICD Inclusion as modified by the NHIS
	LIST VI: SELECTED RESPIRATORY CONDITIONS	
601	Chronic Bronchitis	490, 491
602	Asthma	493
603	Hay fever/allergic rhinitis without asthma	477 (477.7 NHIS code)
604	Nasal polyps	471
605	Chronic sinusitis	473
606	Deviated Nasal Septum	470
607	Chronic disease of tonsils and adenoids	474
608	Chronic laryngitis	476
609	Emphysema	492
610	Pleurisy	511
611	Pneumoconiosis and asbestosis	500-505
612	Tuberculosis (pulmonary)	011, 019 (NHIS code)
613	Malignant neoplasms of lung and bronchus	162.Ø, 2-9
614	Other diseases of lung	515, 518
615	Malignant neoplasms of other respiratory sites	160, 161, 162.0, 163
700	Old age	
800	0-3 month injury/operation only	
850	Acute Condition Record (See ICD Codes)	(Added for 1984 SOA)
900	Unknown conditions	
950	DK, refused condition	
999	ALL OTHER SELECTED CHRONIC CONDITIONS	All remaining ICD and NHIS codes 1/

1/ Excludes always acute codes and ICD codes not used by NHIS.

OMB No. 0937-0021: Approval Expires March 31, 1985

Form HIS-1(SB) (1984)
3-13-84

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. Book ____ of ____ books — RT 60
2. R.O. Number — 3–4
3. Sample — 5–7
4. Control number PSU — 8–10; Segment — 11–14; Serial — 15–16
5. Person number — 17–18
6. Sex — 19: 1 ☐ Male, 2 ☐ Female
7. Sample Person name — Last 20–39; First 40–54; Middle initial
8. Final status of supplement — 56
   0 ☐ No SP selected
   Interview
   1 ☐ Complete interview (all appropriate pages completed)
   2 ☐ Partial interview (some but not all appropriate pages completed) *(Explain in notes)*
   Noninterview
   3 ☐ Refused *(Explain in notes)*
   4 ☐ SP temporarily absent, no proxy available
   5 ☐ SP mentally or physically incapable, no proxy available
   8 ☐ 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 62, 3–4

11. Contact Person name — RT 61, 3–4, 5–24 Last; 25–39 First; 40 Middle initial
12a. Address (Number and street) — 41–65
b. City — 66–85; State — 86–87; Zip Code — 88–96
13. Area code/telephone number — 5–14 (1 ☐ None, 2 ☐ Refused, 3 ☐ DK) — 15
14. Relationship to Sample Person — 16–17
15. Supplement ending time — 18–21 (Hour / Minutes); 22 (1 ☐ a.m., 2 ☐ p.m.) — *Go to HIS-1 Household Page or next SOA*

TRANSCRIPTION FROM HIS-1

RT 63, 3–4

16. Area code/telephone number from HIS-1, item 11 — 23–32 (1 ☐ None, 2 ☐ Refused) — 33
17a. Exact address from HIS-1, item 6a *(Please print items 17a–c)* — 34–68
Number and street/description
City — 59–78; State — 79–80; Zip Code — 81–89
17b. Mailing address from HIS-1, item 6b — 1 ☐ Same as 6a on HIS-1 — 6–30
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

RT 64

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.

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

19. Are there any nondeleted persons 55–64 years old in the family? — 8
   1 ☐ 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")*
   2 ☐ No *(Begin interview(s) using the appropriate "order of interview")*

TABLE A ____

Age	Name	Person number	Sample person
7–8		9–10	X
11–12		13–14	X
15–16		17–18	X
19–20		21–22	X
23–24		25–26	X
27–28		29–30	
31–32		33–34	X
35–36		37–38	

TABLE B ____

Age	Name	Person number	Sample person
39–40		41–42	X
43–44		45–46	X
47–48		49–50	X
51–52		53–54	X
55–56		57–58	
59–60		61–62	X
63–64		65–66	
67–68		69–70	X

SUPPLEMENT ON AGING

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

N1

a. *Initial status of sample person* — 1 ☐ Available *(N1b)* 2 ☐ Callback required *(Next SP)* — 5

b. *Supplement beginning time* — Hour | Minutes — 1 ☐ a.m. 2 ☐ p.m. — 6–9

Read to respondent — We are interested in obtaining further information about the health of people 55 years of age and older in the United States. I will also ask you some questions about your family and social activities.

Ask or verify for each HH member

1. How is *(name on HIS-1)* related to you?

Enter "Sample Person" on appropriate line.

Enter "Unrelated" for persons not related to the sample person.

Enter "Deleted" for any deleted persons, except AF members living at home and babies born during interview week.

Enter ages from HIS-1.

Person No. on HIS-1	Age on HIS-1	Relationship to Sample Person	
11–12 01			15–16
17–18 02	19–20		21–22
23–24 03	25–26		27–28
29–30 04	31–32		33–34
35–36 05	37–38		39–40
41–42 06	43–44		45–46
47–48 07	49–50		51–52
53–54 08	55–56		57–58
59–60 09	61–62		63–64
65–66	67–68		69–70

N2 — *Refer to marital status (page 46 or 47) on HIS-1* — 1 ☐ Sample person is now married *(N3)* 2 ☐ Sample person is now widowed, divorced, separated *(2b)* 3 ☐ Sample person has never been married *(6)* — 71

N3 — *Spouse of Sample Person previously interviewed on SOA* — 1 ☐ Yes *(6)* 2 ☐ No *(2)* — 72

2a. How long have you been married (to *(name of spouse)*)? — 00 ☐ Less than one year; Number of years *(3)* — 73–74

b. Earlier [you told me/I was told] that you are now [widowed/divorced/separated]. How long have you been [widowed/divorced/separated]? — 00 ☐ Less than one year; Number of years — 75–76

3a. Including step and adopted children, how many LIVING children do you have? — 00 ☐ None *(6)*; _____ Number — 77–78

b. How many of your children are sons and how many are daughters? — _____ Number of sons — 79–80; _____ Number of daughters — 81–82; ☐ Total number of children — 83–84

Compare with 3a, reconcile differences

N4 — *Refer to relationship roster in 1* — 1 ☐ Any of SP's children live in household *(6)* 8 ☐ Other *(4)* — 85

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? — 86–88

_____ Number
1 ☐ Minutes
2 ☐ Hours
3 ☐ Days

b. How often do you see [any one of your children/your son/your daughter]? — 89–91

000 ☐ Less than once a year/never

_____ Times per
1 ☐ Day
2 ☐ Week
3 ☐ Month
4 ☐ Year

c. How often do you talk on the telephone with [any one of your children/your son/your daughter]? — 92–94

000 ☐ Less than once a year/never

_____ Times per
1 ☐ Day
2 ☐ Week
3 ☐ Month
4 ☐ Year

d. How often do you get mail from [any one of your children/ your son/your daughter]? — 95–97

000 ☐ Less than once a year/never

_____ Times per
1 ☐ Day
2 ☐ Week
3 ☐ Month
4 ☐ Year

5. [Do your children/Does your son/Does your daughter] routinely give you money to help with your living expenses or pay your bills? — 98

1 ☐ Yes
2 ☐ No

6a. Including step and adopted brothers, how many LIVING brothers do you have? — 99–100

00 ☐ None

_____ Number of brothers

b. Including step and adopted sisters, how many LIVING sisters do you have? — 101–102

00 ☐ None

_____ Number of sisters

7. How long have you been living here, in this [house/apartment]? — 103–104

00 ☐ Less than 1 year

Number of years

N5 *Other family member previously interviewed on SOA* — 106

1 ☐ Yes *(12)*
2 ☐ No *(8)*

Mark if known

8. Is this [house/apartment] in a RETIREMENT [community/building or complex]? — 106

1 ☐ Yes
2 ☐ No *(10)*

9. Whether you use them or not, are the following services available in THIS retirement [community/building or complex]? — 107

a. Group meals for residents?
1 ☐ Yes
2 ☐ No

b. Housekeeping or maid service? — 108
1 ☐ Yes
2 ☐ No

c. Medical services? — 109
1 ☐ Yes
2 ☐ No

d. Telephone call service to check on your well-being? — 110
1 ☐ Yes
2 ☐ No

e. Recreational services? — 111
1 ☐ Yes
2 ☐ No

10a. Is it NECESSARY to go up or down a step to get into this [house/apartment] from the outside? — 112

1 ☐ No
Yes — *If not mentioned, ask:* Is it one or more than one?
2 ☐ 1 step
3 ☐ More than 1 step

b. Counting basements and stepdown living areas as separate levels, does this [house/apartment] have more than one floor or level? — 113

1 ☐ Yes
2 ☐ No *(11b)*

RT 66

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 ☐ Yes 2 ☐ 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 ☐ Yes 2 ☐ 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 ☐ Yes 2 ☐ No	7
b. Because of a health or physical problem, do YOU NEED a walk-in shower?	1 ☐ Yes 2 ☐ No	8
N6 Mark first appropriate box	1 ☐ Sample person lives alone *(14)* 2 ☐ Sample person lives with spouse only 3 ☐ Sample person lives only with persons under 18 years old (and spouse) } *(N7)* 8 ☐ All other *(13a)*	9
13a. Do you and *(read names of all other household members)* live together NOW because YOU need to share living expenses?	1 ☐ Yes 2 ☐ 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 ☐ Yes 2 ☐ No	11
N7 Spouse of SP previously interviewed on SOA	1 ☐ Yes *(Section O)* 2 ☐ No *(14)*	12
14a. Is this [house/apartment] now —		
(1) Owned or being bought by you (OR someone in the household)?	1 ☐ Yes *(14b)* ☐ No	13
(2) Rented for money?	1 ☐ Yes *(14h)* ☐ No	14
(3) Occupied without payment of money rent?	1 ☐ Yes *(Section O)*	15
b. Who owns or is buying it? Anyone else? *Follow skip instructions for lowest numbered box marked.*	1 ☐ Sample person } *(14c)* 2 ☐ Spouse 3 ☐ Child } *(Section O)* 4 ☐ Grandchild 5 ☐ Other relative 6 ☐ Nonrelative	16 17 18 19 20 21
c. Is this place fully paid for or is there a mortgage being paid?	1 ☐ Fully paid for *(14f)* 2 ☐ Mortgage being paid 8 ☐ DK *(14f)*	22
d. Do you know about how much principal is still owed on the mortgage?	1 ☐ Yes 2 ☐ 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 ☐ Yes 2 ☐ 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 ☐ Sample person 2 ☐ Spouse 3 ☐ Child 4 ☐ Grandchild 5 ☐ Other relative 6 ☐ Nonrelative	37 38 39 40 41 42

FOOTNOTES

Section O. COMMUNITY AND SOCIAL SUPPORT

O1 *Refer to age* — 43

1 ☐ Sample person is 55–59 *(3)*
2 ☐ Sample person is 60 or older *(1)*

NOTE — Ask 2 immediately after receiving a "Yes" in 1.

Read to respondent — **The next questions are about community services.**

1. In the past 12 months, did YOU —	1 ☐ Yes, 2 ☐ No, 9 ☐ DK *(Next service)*	44	2. How often did you use it — frequently, sometimes, or rarely?
a. Use a senior center?			1 ☐ Frequently, 2 ☐ Sometimes, 3 ☐ Rarely → *Reask 1 and resume list*
b. Use special transportation for the elderly?	1 ☐ Yes, 2 ☐ No, 9 ☐ DK *(Next service)*	46	47 — 1 ☐ Frequently, 2 ☐ Sometimes, 3 ☐ Rarely → *Reask 1 and resume list*
c. Have meals delivered to your home by an agency or organization like Meals on Wheels?	1 ☐ Yes, 2 ☐ No, 9 ☐ DK *(Next service)*	48	49 — 1 ☐ Frequently, 2 ☐ Sometimes, 3 ☐ Rarely → *Reask 1 and resume list*
d. Eat meals in a senior center or in some place with a special meal program for the elderly?	1 ☐ Yes, 2 ☐ No, 9 ☐ DK *(Next service)*	50	51 — 1 ☐ Frequently, 2 ☐ Sometimes, 3 ☐ Rarely → *Reask 1 and resume list*
e. Use a homemaker service for the elderly that provides services like cleaning and cooking in the home?	1 ☐ Yes, 2 ☐ No, 9 ☐ DK *(Next service)*	52	53 — 1 ☐ Frequently, 2 ☐ Sometimes, 3 ☐ Rarely → *Reask 1 and resume list*
f. Use a service which makes routine telephone calls to check on the health of elderly people?	1 ☐ Yes, 2 ☐ No, 9 ☐ DK *(Next service)*	54	55 — 1 ☐ Frequently, 2 ☐ Sometimes, 3 ☐ Rarely → *Reask 1 and resume list*
g. Use a visiting nurse service?	1 ☐ Yes, 2 ☐ No, 9 ☐ DK *(Next service)*	56	57 — 1 ☐ Frequently, 2 ☐ Sometimes, 3 ☐ Rarely → *Reask 1 and resume list*
h. Use a health aide who comes into the home?	1 ☐ Yes, 2 ☐ No, 9 ☐ DK *(Next service)*	58	59 — 1 ☐ Frequently, 2 ☐ Sometimes, 3 ☐ Rarely → *Reask 1 and resume list*
i. Use adult day care or day care for the elderly?	1 ☐ Yes, 2 ☐ No, 9 ☐ DK *(3)*	60	61 — 1 ☐ Frequently, 2 ☐ Sometimes, 3 ☐ Rarely

3a. In the past 12 months, did you do any volunteer work for any organized group? — 1 ☐ Yes, 2 ☐ No, 9 ☐ DK *(4)* — 62

b. How often did you do volunteer work — frequently, sometimes, or rarely? — 1 ☐ Frequently, 2 ☐ Sometimes, 3 ☐ 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 — 64

a. Get together socially with friends or neighbors?	1 ☐ Yes	2 ☐ No
b. Talk with friends or neighbors on the telephone?	1 ☐ Yes	2 ☐ No — 65
c. Get together with ANY relatives (not including household members)?	1 ☐ Yes	2 ☐ No — 66
d. Talk with ANY relatives on the telephone (not including household members)?	1 ☐ Yes	2 ☐ No — 67
e. Go to church or temple for services or other activities?	1 ☐ Yes	2 ☐ No — 68
f. Go to a show or movie, sports event, club meeting, classes or other group event?	1 ☐ Yes	2 ☐ No — 69

O2 *Respondent* — 70

1 ☐ Self *(5)*
2 ☐ Proxy *(Section P)*

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? — 71

1 ☐ About enough
2 ☐ Too much
3 ☐ Would like to do more

RT 67

Section P. OCCUPATION AND RETIREMENT

P1 *Refer to Wa/Wb boxes for SP in C1 on the HIS-1, Household Composition Page*

1 ☐ Wa or Wb marked *(1d)*
8 ☐ Other *(1a)*

1a. Have you EVER worked at a job or business?
1 ☐ Yes
2 ☐ No *(2)*

b. Have you worked at a job or business, at any time since you were 45 years old?
1 ☐ Yes
2 ☐ No
9 ☐ 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 ☐ Yes
2 ☐ 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 ☐ 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 ☐ Completely retired
2 ☐ Partly retired
3 ☐ Not retired at all
4 ☐ Never worked
(3)

P2 *Refer to SP's work status in 1a and 1b*

1 ☐ "No" in 1a or 1b *(3)*
2 ☐ All other *(2b)*

2b. Have you retired more than once?
1 ☐ Yes
2 ☐ No

c. How long has it been since you retired (the last time)?
00 ☐ 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 ☐ Yes *(3)*
2 ☐ No

e. (That time) Did you retire mainly because you thought your work would cause a health problem?
1 ☐ Yes
2 ☐ 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 ☐ Yes
2 ☐ No *(6)*

b. Which ones? *Mark all sources given*

Any other source?

Note — *Ask 4 and 5 for each source marked in 3b*

	4. How long have you been receiving *(source in 3bi)*?	5. Do you NOW receive it because of your OWN work experience or because you are a dependent or survivor of someone else?
☐ Social Security	00 ☐ Less than 1 year _____ Number of years	1 ☐ Own 2 ☐ Someone else 3 ☐ Both
☐ Railroad retirement	00 ☐ Less than 1 year _____ Number of years	1 ☐ Own 2 ☐ Someone else 3 ☐ Both
☐ A private employer or union pension	00 ☐ Less than 1 year Number of years	1 ☐ Own 2 ☐ Someone else 3 ☐ Both
☐ A government employee pension (Federal, State, or local)	00 ☐ Less than 1 year _____ Number of years	1 ☐ Own 2 ☐ Someone else 3 ☐ Both
☐ Military retirement	00 ☐ Less than 1 year _____ Number of years	1 ☐ Own 2 ☐ Someone else 3 ☐ Both
☐ Some other source — *Specify*	FOOTNOTES	

Section P. OCCUPATION AND RETIREMENT, Continued

6. Are you now receiving disability payments from any source? — 44

1 ☐ Yes
2 ☐ 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 ☐ Own
2 ☐ Someone else *(9)*
3 ☐ Both

8. How long have you been receiving disability payments? — 46–47

If more than one, record the longest one.

00 ☐ Less than 1 year
_____ Number of years

9. Have you EVER received any disability payments from Social Security?

1 ☐ Yes
2 ☐ No
9 ☐ 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 —

		11. How much difficulty do you have *(activity in 10)*, some, a lot, or are you unable to do it?	12. For how long have you [had some difficulty/had a lot of difficulty/been unable to] *(activity in 10)*?
10. By yourself and not using aids, do you have any difficulty —	48		
a. Walking for a quarter of a mile (that is about 2 or 3 blocks)?	1 ☐ Yes 2 ☐ No 9 ☐ NA/DK	1 ☐ Some 2 ☐ A lot 3 ☐ Unable	00 ☐ Less than 1 year _____ Number of years
b. Walking up 10 steps without resting?	53 / 54		55–56
	1 ☐ Yes 2 ☐ No 9 ☐ NA/DK	1 ☐ Some 2 ☐ A lot 3 ☐ Unable	00 ☐ Less than 1 year _____ Number of years
c. Standing or being on your feet for about 2 hours?	57 / 58		59–60
	1 ☐ Yes 2 ☐ No 9 ☐ NA/DK	1 ☐ Some 2 ☐ A lot 3 ☐ Unable	00 ☐ Less than 1 year _____ Number of years
d. Sitting for about 2 hours?	61 / 62		63–64
	1 ☐ Yes 2 ☐ No 9 ☐ NA/DK	1 ☐ Some 2 ☐ A lot 3 ☐ Unable	00 ☐ Less than 1 year _____ Number of years
Reask 10	65 / 66		67–68
e. Stooping, crouching, or kneeling?	1 ☐ Yes 2 ☐ No 9 ☐ NA/DK	1 ☐ Some 2 ☐ A lot 3 ☐ Unable	00 ☐ Less than 1 year _____ Number of years
f. Reaching up over your head?	69 / 70		71–72
	1 ☐ Yes 2 ☐ No 9 ☐ NA/DK	1 ☐ Some 2 ☐ A lot 3 ☐ Unable	00 ☐ Less than 1 year _____ Number of years
g. Reaching out (as if to shake someone's hand)?	73 / 74		75–76
	1 ☐ Yes 2 ☐ No 9 ☐ NA/DK	1 ☐ Some 2 ☐ A lot 3 ☐ Unable	00 ☐ Less than 1 year _____ Number of years
h. Using your fingers to grasp or handle?	77 / 78		79–80
	1 ☐ Yes 2 ☐ No 9 ☐ NA/DK	1 ☐ Some 2 ☐ A lot 3 ☐ Unable	00 ☐ Less than 1 year _____ Number of years
Reask 10	81		83–84
i. Lifting or carrying something as heavy as 25 pounds (such as two full bags of groceries)?	1 ☐ Yes 2 ☐ No *(11)* 9 ☐ NA/DK	1 ☐ Some 2 ☐ A lot 3 ☐ Unable	00 ☐ Less than 1 year _____ Number of years
j. Lifting or carrying something as heavy as 10 pounds?	86		87–88
	1 ☐ Yes 2 ☐ No 9 ☐ NA/DK	1 ☐ Some 2 ☐ A lot 3 ☐ Unable	00 ☐ Less than 1 year _____ Number of years

Section P. OCCUPATION AND RETIREMENT, Continued

P3	*Refer to Wa/Wb boxes for SP in C1 on the HIS-1 Household Composition Page*	1 ☐ Wa or Wb box marked *(Section Q)* 8 ☐ Other *(P4)*	89
P4	*Mark first appropnate box*	1 ☐ SP is 75 + } *(Section Q)* 2 ☐ Proxy 3 ☐ Self response *(13)*	90
13a. Do you think there are some kinds of work you could do now if jobs were available?		1 ☐ Yes 2 ☐ No 9 ☐ DK/maybe } *(Section Q)*	91
b. Do you WANT to work at a job or business?		1 ☐ Yes 2 ☐ No	92

FOOTNOTES

1. Do you NOW have — 5

a. Cataracts?	1 Yes	2 No 9 DK
b. Glaucoma? 6	1 Yes	2 No 9 DK
c. Color blindness? 7	1 Yes	2 No 9 DK
d. A detached retina or any other condition of the retina? *Circle appropriate condition* 8	1 Yes	2 No 9 DK
e. Blindness in one or both eyes? *If "Yes," ask:* Which — one or both? 9	Yes 0 One 1 Both *(Q1)*	2 No 9 DK
f. Any other trouble seeing with one or both eyes EVEN when wearing glasses? 10	1 Yes	2 No 9 DK

Q1 *Refer to answers in 1a–f* 11
1 All "No" or "DK" in 1a–f *(2)*
8 Other — *Enter "Yes" responses in EYE LTR box on Condition Summary Chart, THEN Q2*

Q2 *Blindness in BOTH eyes reported in 1e* 12
1 Yes *(4a THEN 9)*
2 No *(2)*

2a. Do you use eyeglasses? Include eyeglasses that just magnify. 13
1 Yes
2 No *(3)*

b. Were these eyeglasses prescribed for you? 14
1 Yes
2 No

3. Do you use contact lenses? 15
1 Yes
2 No

4a. Have you ever had an operation for cataracts? 16
1 Yes
2 No *(5)*

b. Do you have a lens implant? 17
1 Yes
2 No

5. Do you use a magnifying glass to read or to do other close work? 18
1 Yes
2 No

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? 19
1 Yes
2 No

b. Can you see well enough to watch T.V. 8 to 12 feet away? 20
1 Yes
2 No

c. Can you see well enough to read newspaper print? 21
1 Yes
2 No

7a. Can you see well enough to step off a curb or down a step? 22
1 Yes
2 No

b. Can you see well enough to recognize a friend walking on the other side of the street? 23
1 Yes
2 No

8. Which statement best describes your vision (wearing [glasses/(or) contact lenses]) — no trouble seeing, a little trouble, or a lot of trouble? 24
1 No trouble
2 Little trouble
3 Lot of trouble

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 Yes 2 No 9 DK

b. Deafness in one or both ears? — 26
If "Yes," ask: Which — one or both?
Yes: 0 One 1 Both *(Q3)* 2 No 9 DK

c. Any other trouble hearing with one or both ears? — 27
1 Yes 2 No 9 DK

Q3 *Refer to answers in 9a–c* — 28
1 All "No" or "DK" in 9a–c *(10)*
8 Other — *Enter "Yes" responses in EAR LTR box on Condition Summary Chart, THEN 10*

10a. Do you use a hearing aid? — 29
1 Yes 2 No

b. (With your hearing aid) Can you hear MOST of the things people say? — 30
1 Yes *(11)* 2 No

c. (With your hearing aid) Can you hear ONLY A FEW WORDS people say or LOUD noises? — 31
1 Yes 2 No

11. Which statement best describes your hearing (with your hearing aid) — no trouble hearing, a little trouble, or a lot of trouble? — 32
1 No trouble 2 Little trouble 3 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 —

a. Osteoporosis, sometimes called fragile or soft bones? (os tee o po ro' sis) — 33
1 Yes 2 No 9 DK

b. A broken hip? — 34
1 Yes 2 No 9 DK

c. Hardening of the arteries or arterioscierosis? *Circle appropriate condition* — 35
1 Yes 2 No 9 DK

d. Hypertension, sometimes called high blood pressure? — 36
1 Yes 2 No 9 DK

e. Rheumatic fever? — 37
1 Yes 2 No 9 DK

f. Rheumatic heart disease? — 38
1 Yes 2 No 9 DK

g. Coronary heart disease? — 39
1 Yes 2 No 9 DK

h. Angina pectoris? (pek' to ris) — 40
1 Yes 2 No 9 DK

i. A myocardial infarction? — 41
1 Yes 2 No 9 DK

j. Any other heart attack? — 42
1 Yes 2 No 9 DK

k. A stroke or a cerebrovascular accident? (ser' a-bro vas ku lar) *Circle appropriate condition* — 43
1 Yes 2 No 9 DK

l. Alzheimer's disease? (al' zi mers) — 44
1 Yes 2 No 9 DK

m. Cancer of any kind? — 45
1 Yes 2 No 9 DK

Q4 *Refer to answers in 12a–m* — 46
1 All "No" or "DK" in 12a–m *(13)*
8 Other — *Enter "Yes" responses in EVER LTR box on Condition Summary Chart, THEN 13*

Section Q. CONDITIONS AND IMPAIRMENTS, Continued

13. During the PAST 12 MONTHS, did you have —

a. Arthritis of any kind or rheumatism? *Circle appropriate condition* — 1 Yes 2 No 9 DK — 47

b. Diabetes? — 1 Yes 2 No 9 DK — 48

c. An aneurysm? (an' yoo rizm) — 1 Yes 2 No 9 DK — 49

d. Any blood clots? — 1 Yes 2 No 9 DK — 50

e. Varicose veins? — 1 Yes 2 No 9 DK — 51

Q5 *Refer to answers in 13a—e* — 1 All "No" or "DK" in 13a—e *(14)* — 52
8 Other — *Enter "Yes" responses in 12-MO LTR box on Condition Summary Chart, THEN 14*

14a. During the past 12 months, that is, since *(12-month date)* a year ago, have you fallen? — 1 Yes 2 No *(14d)*

b. How many times? — 1 One 2 More than one — 54

c. [Did you fall/Were any of these falls] because you felt dizzy? — 1 Yes *(14e)* 2 No — 55

d. Do you sometimes have trouble with dizziness? — 1 Yes 2 No *(15)* — 56

e. Does dizziness prevent you in any way from doing things you otherwise could do? — 1 Yes 2 No — 57

15. Do you have trouble biting or chewing any kinds of food, such as firm meat or apples? *If asked — includes wearing false teeth/dentures.* — 1 Yes 2 No — 58

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.

16a. I have your date of birth as *(birthdate from item 3 on HIS-1 Household Composition page)*. Is that correct? — Date of birth: Month | Date | Year — 59–60

b. In what State or country were you born? — 99 DK — 61–62

Write in the full name of the State or mark the appropriate box if the sample person was not born in the United States.

_____ State

01 Puerto Rico 02 Virgin Islands 03 Guam 04 Canada 05 Cuba 06 Mexico 96 All other countries

c. To verify the spelling, what is your full name, including middle initial? — Last — 63–77

First — 78–92

Middle initial — 93

Verify for males; ask for females.

d. What was your father's LAST name? *Verify spelling. DO NOT write "Same."* — _____ Father's LAST name — 94–108

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.

Read if necessary — The Public Health Service Act is title 42, United States Code, section 242k.

e. What is your Social Security Number? — 999999999 DK — 109–117

___ ___ ___ – ___ ___ – ___ ___ ___ ___
Social Security Number

Mark if number obtained from → 1 Memory 2 Records — 118

RT 70

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

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)	(2)	(3)
1. Because of a health or physical problem, do you have ANY difficulty — *Ask if "Doesn't do":* **Is this because of a HEALTH or PHYSICAL problem?** *If "Yes," mark box 1; if "No," mark box 3*	5 **Bathing or showering?** 1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason	22 **Dressing?** 1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason	39 **Eating?** 1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason
Ask 2–5 for each ADL marked "Yes" in 1. **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 ☐ Some 2 ☐ A lot 3 ☐ Unable	23 1 ☐ Some 2 ☐ A lot 3 ☐ Unable	40 1 ☐ Some 2 ☐ A lot 3 ☐ Unable
3. Do you receive help from another person in (ADL)?	7 1 ☐ Yes 2 ☐ No *(5)*	24 1 ☐ Yes 2 ☐ No *(5)*	41 1 ☐ Yes 2 ☐ 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 / 4b. Paid 8–11 / 12–15 HH member 1 ☐ Relative 2 ☐ Nonrelative 0 ☐ S/C/P *(5)* Non-HH member 3 ☐ Relative 4 ☐ Nonrelative 1 ☐ Yes 2 ☐ No	4a. Source of help / 4b. Paid 25–28 / 29–32 HH member 1 ☐ Relative 2 ☐ Nonrelative 0 ☐ S/C/P *(5)* Non-HH member 3 ☐ Relative 4 ☐ Nonrelative 1 ☐ Yes 2 ☐ No	4a. Source of help / 4b. Paid 42–45 / 46–49 HH member 1 ☐ Relative 2 ☐ Nonrelative 0 ☐ S/C/P *(5)* Non-HH member 3 ☐ Relative 4 ☐ Nonrelative 1 ☐ Yes 2 ☐ No
5a. Do you use any special equipment or aids in (ADL)?	16 1 ☐ Yes 2 ☐ No *(2 for next ADL with "Yes" in 1)*	1 ☐ Yes 2 ☐ No *(2 for next ADL with "Yes" in 1)*	50 1 ☐ Yes 2 ☐ No *(2 for next ADL with "Yes" in 1)*
b. What special equipment or aids do you use? **Anything else?**	17–18 18–20	34–35 36–37	Special equipment or aids 51–52 53–54

Ask 6 if any ADL marked "Yes" in 1. **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.*	☐ Old age *(6c)*		
b. Besides (condition), is there any other condition which causes this trouble in (read ADL(s))?	☐ Yes *(Reask 6a and b)* ☐ No *(6d)*		
c. Is this trouble in (read ADL(s)) caused by any (other) specific condition?	☐ Yes *(Reask 6a and b)* ☐ 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 ☐ 0–3 month Inj/Op ONLY 2 ☐ Old age *Ask 6d for next ADL with "Yes" in 1* 3 ☐ _____ *Condition — Enter in ADL box on Condition Summary Chart, THEN ask 6d for next ADL with "Yes" in 1*	(2) 38 1 ☐ 0–3 month Inj/Op ONLY 2 ☐ Old age *Ask 6d for next ADL with "Yes" in 1* 3 ☐ _____ *Condition — Enter in ADL box on Condition Summary Chart, THEN ask 6d for next ADL with "Yes" in 1*	(3) 55 1 ☐ 0–3 month Inj/Op ONLY 2 ☐ Old age *Ask 6d for next ADL with "Yes" in 1* 3 ☐ _____ *Condition — Enter in ADL box on Condition Summary Chart, THEN ask 6d for next ADL with "Yes" in 1.*

FOOTNOTES

RT 71
3–4

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

Reass 1 (4) 56	(5) 73	(6) 90	(7)
Getting in and out of bed or chairs?	Walking?	Getting outside?	Using the toilet, including getting to the toilet?
1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason	1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason	1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason	1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason
57	74	91	6
1 ☐ Some 2 ☐ A lot 3 ☐ Unable	1 ☐ Some 2 ☐ A lot 3 ☐ Unable	1 ☐ Some 2 ☐ A lot 3 ☐ Unable	1 ☐ Some 2 ☐ A lot 3 ☐ Unable
58	75	92	7
1 ☐ Yes 2 ☐ No *(5)*	1 ☐ Yes 2 ☐ No *(5)*	1 ☐ Yes 2 ☐ No *(5)*	1 ☐ Yes 2 ☐ No *(5)*
4a. Source of help / 4b. Paid	4a. Source of help / 4b. Paid	4a. Source of help / 4b. Paid	4a. Source of help / 4b. Paid
59–62 / 63–66	76–79 / 80–83	93–96 / 97–100	8–11 / 12–15
HH member 1 ☐ Relative . . . . 2 ☐ Nonrelative . . Non-HH member 3 ☐ Relative . . . . 4 ☐ Nonrelative . .	0 ☐ S/C/P *(5)* 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No	HH member 1 ☐ Relative . . . . 2 ☐ Nonrelative . . Non-HH member 3 ☐ Relative . . . . 4 ☐ Nonrelative . .	0 ☐ S/C/P *(5)* 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No	HH member 1 ☐ Relative . . . . 2 ☐ Nonrelative . . Non-HH member 3 ☐ Relative . . . . 4 ☐ Nonrelative . .	0 ☐ S/C/P *(5)* 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No	HH member 1 ☐ Relative . . . . 2 ☐ Nonrelative . . Non-HH member 3 ☐ Relative . . . . 4 ☐ Nonrelative . .	0 ☐ S/C/P *(5)* 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No
67	84	101	
1 ☐ Yes 2 ☐ No *(2 for next ADL with "Yes" in 1)*	1 ☐ Yes 2 ☐ No *(2 for next ADL with "Yes" in 1)*	1 ☐ Yes 2 ☐ No *(2 for next ADL with "Yes" in 1)*	1 ☐ Yes 2 ☐ No *(6)*
	Special equipment or aids	Special equipment or aids	
68–69	85–86	102–103	17–18
70–71	87–88	104–106	19–20
(4) 72	(5) 89	(6) 106	(7) 21
1 ☐ 0–3 month Inj/Op ONLY 2 ☐ Old age *Ask 6d for next ADL with "Yes" in 1* 3 ☐ _____ Condition — *Enter in ADL box on Condition Summary Chart. THEN ask 6d for next ADL with "Yes" in 1*	1 ☐ 0–3 month Inj/Op ONLY 2 ☐ Old age *Ask 6d for next ADL with "Yes" in 1* 3 ☐ _____ Condition — *Enter in ADL box on Condition Summary Chart. THEN ask 6d for next ADL with "Yes" in 1*	1 ☐ 0–3 month Inj/Op ONLY 2 ☐ Old age *Ask 6d for next ADL with "Yes" in 1* 3 ☐ _____ Condition — *Enter in ADL box on Condition Summary Chart. THEN ask 6d for next ADL with "Yes" in 1*	1 ☐ 0–3 month Inj/Op ONLY 2 ☐ Old age *(Next page)* 3 ☐ _____ Condition — *Enter in ADL box on Condition Summary Chart. THEN next page*

FOOTNOTES

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

7a. Do you have difficulty controlling your bowels? — 22
- 1 ☐ Yes
- 2 ☐ No *(7c)*

b. How frequently do you have this difficulty — daily, several times a week, once a week, or less than once a week? — 23
- 1 ☐ Daily
- 2 ☐ Several times a week
- 3 ☐ Once a week
- 4 ☐ Less than once a week
- 8 ☐ DK

c. Do you have a colostomy or a device to help control bowel movements? — 24
- 1 ☐ Yes
- 2 ☐ No *(8)*

d. Do you need help from another person in taking care of this device? — 25
- 1 ☐ Yes
- 2 ☐ No

8a. Do you have difficulty controlling urination? — 26
- 1 ☐ Yes
- 2 ☐ No *(8c)*

b. How frequently do you have this difficulty — daily, several times a week, once a week, or less than once a week? — 27
- 1 ☐ Daily
- 2 ☐ Several times a week
- 3 ☐ Once a week
- 4 ☐ Less than once a week
- 8 ☐ DK

c. Do you have a urinary catheter or a device to help control urination? — 28
- 1 ☐ Yes
- 2 ☐ No *(R1)*

d. Do you need help from another person in taking care of this device? — 29
- 1 ☐ Yes
- 2 ☐ No

R1 *Mark first appropriate box* — 30
- 1 ☐ Respondent is a proxy
- 2 ☐ Sample person has only been seen in a bed or chair } *(9)*
- 3 ☐ Telephone interview
- 8 ☐ All other *(Next page)*

Mark if known — 31

9. Because of a health or physical problem, do you usually —

a. Stay in bed all or most of the time?
- 1 ☐ Yes *(10)*
- 2 ☐ No

b. Stay in a chair all or most of the time? — 32
- 1 ☐ Yes *(10)*
- 2 ☐ No *(Next page)*

10a. What (other) condition causes you to stay in [bed/a chair]?
- ☐ Old age *(10c)*

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.

b. Besides *(condition)*, is there any other condition which causes this?
- ☐ Yes *(Reask 10a and b)*
- ☐ No *(10d)*

c. Is this caused by any (other) specific condition?
- ☐ Yes *(Reask 10a and b)*
- ☐ No

Ask if multiple conditions, including old age, are listed in 10a. Otherwise, mark appropriate box or transcribe the only listed condition. — 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?
- 1 ☐ 0–3 month inj/Op ONLY } *(Next page)*
- 2 ☐ Old age
- 3 ☐ _____

Condition — *Enter "9" in ADL box on Condition Summary Chart, THEN next page.*

FOOTNOTES

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.**

	(1)	(2)
11. Because of a health or physical problem, do you have ANY difficulty — *Ask if "Doesn't do":* **Is this because of a HEALTH or PHYSICAL problem?** *If "Yes," mark box 1; if "No," mark box 3.*	34 **Preparing your own meals?** 1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason	46 **Shopping for personal items, (such as toilet items or medicines)?** 1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason
Ask 12—14 for each IADL marked "Yes" in 11. **12. By yourself, how much difficulty do you have (IADL), some, a lot, or are you unable to do it?**	35 1 ☐ Some 2 ☐ A lot 3 ☐ Unable	47 1 ☐ Some 2 ☐ A lot 3 ☐ Unable
13. Do you receive help from another person in (IADL)?	36 1 ☐ Yes 2 ☐ No *(12 for next IADL with "Yes" in 11)*	48 1 ☐ Yes 2 ☐ No *(12 for next IADL with "Yes" in 11)*

14a. Who gives this help? **Anyone else?**	Source of help 14a. 37—40	Paid 14b. 41—44	Source of help 14a. 49—52	Paid 14b. 53—56
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.	HH member 0 ☐ S/C/P		HH member 0 ☐ S/C/P	
	1 ☐ Relative	1 ☐ Yes 2 ☐ No	1 ☐ Relative	1 ☐ Yes 2 ☐ No
	2 ☐ Nonrelative .	1 ☐ Yes 2 ☐ No	2 ☐ Nonrelative .	1 ☐ Yes 2 ☐ No
b. Is this help paid for? *Ask if necessary:* **Which helpers are paid?**	Non-HH member		Non-HH member	
	3 ☐ Relative	1 ☐ Yes 2 ☐ No	3 ☐ Relative	1 ☐ Yes 2 ☐ No
	4 ☐ Nonrelative .	1 ☐ Yes 2 ☐ No	4 ☐ Nonrelative .	1 ☐ Yes 2 ☐ No

Ask 15 if any IADL marked "Yes" in 11.

15a. What (other) condition causes the trouble in *(read IADL(s))*?

☐ Old age *(15c)*

Ask if injury or operation:

When did (the *injury*) occur? / you have the operation?]

Enter injury if over 3 months ago.

Ask or reask 15a, if 0—3 months injury or operation.

Ask if operation over 3 months ago:

For what condition did you have the operation?

Enter condition.

b. Besides *(condition)*, is there any other condition which causes the trouble in *(read IADL(s))*?

☐ Yes *(Reask 15a and b)*
☐ No *(15d)*

c. Is the trouble in *(read IADL(s))* caused by any (other) specific condition?

☐ Yes *(Reask 15a and b)*
☐ No

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.

d. Which of these conditions, that is *(read conditions in 15a)* would you say is the MAIN cause of the trouble in (IADL)?	(1) 45	(2) 57
	1 ☐ 0—3 month Inj/ Op ONLY 2 ☐ Old age	1 ☐ 0—3 month Inj/ Op ONLY 2 ☐ Old age
	Ask 15d for next IADL with "Yes" in 11	*Ask 15d for next IADL with "Yes" in 11*
	3 ☐ _____ *Condition — Enter in IADL box on Condition Summary Chart, THEN ask 15d for next IADL with "Yes" in 11.*	3 ☐ _____ *Condition — Enter in IADL box on Condition Summary Chart, THEN ask 15d for next IADL with "Yes" in 11.*

FOOTNOTES

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

(3) 58	(4) 70	(5) 82	(6) 94
Managing your money, (such as keeping track of expenses or paying bills)? 1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason	*Reask 11* **Using the telephone?** 1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason	**Doing heavy housework, (like scrubbing floors, or washing windows)?** 1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason	**Doing light housework, (like doing dishes, straightening up, or light cleaning)?** 1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason
59 1 ☐ Some 2 ☐ A lot 3 ☐ Unable	71 1 ☐ Some 2 ☐ A lot 3 ☐ Unable	83 1 ☐ Some 2 ☐ A lot 3 ☐ Unable	95 1 ☐ Some 2 ☐ A lot 3 ☐ Unable
60 1 ☐ Yes 2 ☐ No *(12 for next IADL with "Yes" in 11)*	72 1 ☐ Yes 2 ☐ No *(12 for next IADL with "Yes" in 11)*	84 1 ☐ Yes 2 ☐ No *(12 for next IADL with "Yes" in 11)*	96 1 ☐ Yes 2 ☐ No *(15)*
Source of help 14a. 61–64 / Paid 14b. 65–68	Source of help 14a. 73–76 / Paid 14b. 77–80	Source of help 14a. 85–88 / Paid 14b. 89–92	Source of help 14a. 97–100 / Paid 14b. 101–104
HH member: 0 ☐ S.C.P 1 ☐ Relative 1 ☐ Yes 2 ☐ No 2 ☐ Nonrelative 1 ☐ Yes 2 ☐ No Non-HH member: 3 ☐ Relative 1 ☐ Yes 2 ☐ No 4 ☐ Nonrelative 1 ☐ Yes 2 ☐ No	HH member: 0 ☐ S.C.P 1 ☐ Relative 1 ☐ Yes 2 ☐ No 2 ☐ Nonrelative 1 ☐ Yes 2 ☐ No Non-HH member: 3 ☐ Relative 1 ☐ Yes 2 ☐ No 4 ☐ Nonrelative 1 ☐ Yes 2 ☐ No	HH member: 0 ☐ S.C.P 1 ☐ Relative 1 ☐ Yes 2 ☐ No 2 ☐ Nonrelative 1 ☐ Yes 2 ☐ No Non-HH member: 3 ☐ Relative 1 ☐ Yes 2 ☐ No 4 ☐ Nonrelative 1 ☐ Yes 2 ☐ No	HH member: 0 ☐ S.C.P 1 ☐ Relative 1 ☐ Yes 2 ☐ No 2 ☐ Nonrelative 1 ☐ Yes 2 ☐ No Non-HH member: 3 ☐ Relative 1 ☐ Yes 2 ☐ No 4 ☐ Nonrelative 1 ☐ Yes 2 ☐ No
(3) 69 1 ☐ 0–3 month Inj/ Op ONLY 2 ☐ Old age *Ask 15d for next IADL with "Yes" in 11* 3 ☐ _____ Condition – *Enter in IADL box on Condition Summary Chart. THEN ask 15d for next IADL with "Yes" in 11*	(4) 81 1 ☐ 0–3 month Inj/ Op ONLY 2 ☐ Old age *Ask 15d for next IADL with "Yes" in 11* 3 ☐ _____ Condition – *Enter in IADL box on Condition Summary Chart. THEN ask 15d for next IADL with "Yes" in 11*	(5) 93 1 ☐ 0–3 month Inj/ Op ONLY 2 ☐ Old age *Ask 15d for next IADL with "Yes" in 11* 3 ☐ _____ Condition – *Enter in IADL box on Condition Summary Chart. THEN ask 15d for next IADL with "Yes" in 11*	(6) 1 ☐ 0–3 month Inj/ Op ONLY 2 ☐ Old age *Next page* 3 ☐ _____ Condition – *Enter in IADL box on Condition Summary Chart. THEN next page*

FOOTNOTES

RT 72

Section S. NURSING HOME STAY, HELP WITH CARE, AND HOSPICE

1a. Have you ever been a resident or patient in a nursing home?

	____ Month ____ 19 ____ Year	
d. When were you discharged (the LAST time)?	Month / Year 19 ___	12–15
e. How long were you in the nursing home (the LAST time)?	00 ☐ Less than 1 month ____ Number of months	16–17
S1 *Refer to 1d*	1 ☐ Date discharged is since the 12-month reference date *(1f)* 8 ☐ 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 ☐ Less than 1 week ____ Number of weeks	19–20
S2 *Refer to age*	1 ☐ Sample person is 55–64 *(2)* 2 ☐ Sample person is 65 or older *(1g)*	21
1g. Are you now on a waiting list to go into a nursing home?	1 ☐ Yes 2 ☐ No 9 ☐ 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 ☐ No HH member: 3 ☐ Relative, 4 ☐ Nonrelative — OR — Non-HH member: 5 ☐ Relative, 6 ☐ 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 ☐ No HH member: 3 ☐ Relative, 4 ☐ Nonrelative — OR — Non-HH member: 5 ☐ Relative, 6 ☐ Nonrelative	24
Skip to Section T if a proxy 3a. Are you familiar with the term "HOSPICE," that is, a service for the terminally ill?	1 ☐ Yes 2 ☐ 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 ☐ Yes 2 ☐ No 8 ☐ DK	26

FOOTNOTES

Section T. HEALTH OPINIONS

T1 *Respondent* — 27

1 ☐ Self response *(1)*
2 ☐ Proxy *(T2)*

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?

1 ☐ Excellent
2 ☐ Very good
3 ☐ Good
4 ☐ Fair
5 ☐ 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? — 29

1 ☐ Better
2 ☐ Worse
3 ☐ Same

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? — 30

1 ☐ A great deal of worry
2 ☐ Some worry
3 ☐ Hardly any worry
4 ☐ 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? — 31

1 ☐ More active
2 ☐ Less active
3 ☐ About as active *(5)*

b. Is that [a lot more or a little more active/a lot less or a little less active]? — 32

1 ☐ Lot more
2 ☐ Little more
3 ☐ Lot less
4 ☐ 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? — 33

1 ☐ More active
2 ☐ Less active
3 ☐ About the same *(6)*

b. Is that [a lot more or a little more active/a lot less or a little less active]? — 34

1 ☐ Lot more
2 ☐ Little more
3 ☐ Lot less
4 ☐ 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? — 35

1 ☐ A great deal of control
2 ☐ Some control
3 ☐ Very little control
4 ☐ None at all

7. Do you feel that you get as much exercise as you need, or less than you need? — 36

1 ☐ As much as needed
2 ☐ Less than needed

8. Do you follow a REGULAR routine of physical exercise? — 37

1 ☐ Yes
2 ☐ No

9. How often do you walk a mile or more at a time, without resting? *(Note: One mile equals 8–12 blocks.)* — 38

Probe if necessary: About how many days a week is that?

1 ☐ Every day
2 ☐ 4–6 days a week
3 ☐ 2–3 days a week
4 ☐ 1 day a week
5 ☐ Less than 1 day a week
6 ☐ 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? — 39

1 ☐ Frequently
2 ☐ Sometimes
3 ☐ Rarely
0 ☐ Never *(11)*

b. Compared with a year ago, does this now happen more often, less often, or about the same? — 40

1 ☐ More often
2 ☐ Less often
3 ☐ About the same

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? — 41

1 ☐ Frequently
2 ☐ Sometimes
3 ☐ Rarely
0 ☐ Never *(T2)*

b. Compared with a year ago, does this now happen more often, less often, or about the same? — 42

1 ☐ More often
2 ☐ Less often
3 ☐ About the same

T2 *Type of interview* — 43

1 ☐ Self-personal
2 ☐ Self-telephone
3 ☐ Proxy personal
4 ☐ Proxy telephone
} *Go to Condition Summary Chart (T3)*

T3

a. *Proxy Reason* — 44

1 ☐ Sample person temporarily absent
2 ☐ Sample person mentally/physically incapable of responding *(Explain)*
8 ☐ Other *(Explain)* _____

b. *Enter person number of proxy respondent, or mark box.* — 45–46

00 ☐ Non-HH member
_____ Proxy Person No.
} *Go to Condition Summary Chart*

Section U. SUPPLEMENT CONDITION PAGES

CONDITION A

3–4
5–6

1. Name of condition

2. When did you last see or talk to a doctor or assistant about your (condition)? — 7

0 ☐ 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 } (3b)
9 ☐ Dr. never seen }

3a. Did the doctor or assistant call the (condition) by a more technical or specific name? — 8

1 ☐ Yes 2 ☐ No 3 ☐ DK

Ask 3b if "Yes" in 3a, otherwise transcribe condition name from item 1 without asking: — 9–12

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

1 ☐ Color Blindness (NC) 3 ☐ Vasectomy (5) — 13
2 ☐ Cancer (3e) 8 ☐ Other (3c)

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

Mark box if accident or injury 0 ☐ Accident/injury (5) — 14

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:

Ailment	Cancer	Disease	Problem
Anemia	Condition	Disorder	Rupture
Asthma	Cyst	Growth	Trouble
Attack	Defect	Measles	Tumor
Bad			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:

Abscess	Cancer	Infection	Rupture
Ache (except head or ear)	Cramps (except menstrual)	Inflammation	Sore(ness)
Bleeding (except menstrual)	Cyst	Neuralgia	Stiff(ness)
Blood clot	Damage	Neuritis	Tumor
Boil	Growth	Pain	Ulcer
	Hemorrhage	Palsy	Varicose veins
		Paralysis	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: — 15

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? — 16

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

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

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) — 17

1 ☐ Missing extremity or organ in 3b/3f (U2)
8 ☐ Other (12)

12a. Do you still have this condition?

1 ☐ Yes (U2) ☐ No — 18

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

2 ☐ Cured 8 ☐ Other (Specify) _____ (U2)
3 ☐ Under control (U2)

c. About how long did you have this condition before it was cured? — 19–21

000 ☐ Less than 1 month OR _____ Number { 1 ☐ Months 2 ☐ Years

d. Was this condition present at any time during the past 12 months? — 22

1 ☐ Yes 2 ☐ No

U2 (K4) — 23

1 ☐ Not an accident/injury (NC)
2 ☐ First accident/injury for this person (17b)
8 ☐ 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?

Part(s) of body *	Present effects **	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 — 25

a. Indicate status of this condition page. → 1 ☐ Transcribed from HIS-1 2 ☐ Obtained in SOA Interview

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

EYE LTR	EAR LTR	EVER LTR	12 MO LTR	ADL NUMBERS	IADL NUMBERS	CP
26	27	28	29	30–37	38–43	44–45

RT 73

Section U. SUPPLEMENT CONDITION PAGES

CONDITION B

3–4
5–6

1. Name of condition

2. When did you last see or talk to a doctor or assistant about your (condition)? — 7

0 ☐ Interview week (Reask 2)
1 ☐ 2-wk. ref. pd.
2 ☐ Over 2 weeks, less than 5 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? — 8

1 ☐ Yes 2 ☐ No 9 ☐ DK

Ask 3b if "Yes" in 3a, otherwise transcribe condition name from item 1 without asking: — 9–12

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

1 ☐ Color Blindness (NC) 3 ☐ Vasectomy (5) — 13
2 ☐ Cancer (3e) 8 ☐ Other (3c)

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

Mark box if accident or injury 0 ☐ Accident/injury (5) — 14

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:

Ailment	Cancer	Disease	Problem
Anemia	Condition	Disorder	Rupture
Asthma	Cyst	Growth	Trouble
Attack	Defect	Measles	Tumor
Bad			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:

Abscess	Cancer	Infection	Rupture
Ache (except head or pain)	Cramps (except menstrual)	Inflammation	Sore(ness)
Bleeding (except menstrual)	Cyst	Neuralgia	Stiffness
Blood clot	Damage	Nosebleed	Tumor
Boil	Growth	Pain	Ulcer
	Hemorrhage	Palsy	Varicose veins
		Paralysis	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: — 16

Tumor Cyst Growth

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

1 ☐ Malignant 2 ☐ Benign 9 ☐ DK

5. a. When was your (condition in 3b/3f) first noticed? — 16
b. When did you (name of injury in 3b)?

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

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) — 17
1 ☐ Missing extremity or organ in 3b/3f (U2)
8 ☐ Other (12)

12a. Do you still have this condition? — 18

1 ☐ Yes (U2) ☐ No

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

2 ☐ Cured 8 ☐ Other (Specify) (U2)
3 ☐ Under control (U2)

c. About how long did you have this condition before it was cured? — 19–21

000 ☐ Less than 1 month OR ____ number { 1 ☐ Months 2 ☐ Years

d. Was this condition present at any time during the past 12 months? — 22

1 ☐ Yes 2 ☐ No

U2 (K4) — 23
1 ☐ Not an accident/injury (NC)
2 ☐ First accident/injury for this person (17b)
8 ☐ 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?

Part(s) of body *	Present effects **	
		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 2 ☐ Obtained in SOA interview

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

EYE	LTR	EAR	LTR	EVER LTR	12 MO	LTF	AD. NUMBERS	DAY NUMBERS	CP
26		27		28		29	30–37	38–43	

RT 73-1

Section U. SUPPLEMENT CONDITION PAGES

CONDITION C

3–4
5–6

1. Name of condition

2. When did you last see or talk to a doctor or assistant about your (condition)? — 7

0 ☐ 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? — 8

1 ☐ Yes 2 ☐ No 9 ☐ DK

Ask 3b if "Yes" in 3a, otherwise transcribe condition name from item 1 without asking: — 9–12

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

1 ☐ Color Blindness (NC)
2 ☐ Cancer (3e)
3 ☐ Vasectomy (5)
4 ☐ Other (3c) — 13

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

Mark box if accident or injury 0 ☐ Accident/injury (5) — 14

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:

Ailment	Cancer	Disease	Problem
Anemia	Condition	Disorder	Rupture
Asthma	Cyst	Growth	Trouble
Attack	Defect	Lesion	Tumor
Bad			Ulcer

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

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

f. How does t[his 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:

Abscess	Cancer	Infection	Rupture
Ache (except head or ear)	Cramps (except menstrual)	Inflammation	Soreness
Bleeding (except menstrual)	Cyst	Neuralgia	Stiffness
Blood clot	Damage	Neuritis	Tumor
Boil	Growth	Pain	Ulcer
	Hemorrhage	Palsy	Varicose veins
		Paralysis	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: — 15

Tumor Cyst Growth

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

1 ☐ Malignant 2 ☐ Benign 8 ☐ DK

5. a. When was your (condition in 3b/3f) first noticed? — 16

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

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

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) — 17

1 ☐ Missing extremity or organ in 3b/3f (U2)
8 ☐ Other (12)

12a. Do you still have this condition?

1 ☐ Yes (U2) ☐ No — 18

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

2 ☐ Cured
3 ☐ Under control (U2)
8 ☐ Other (Specify) (U2)

c. About how long did you have this condition before it was cured? — 19–21

000 ☐ Less than 1 month OR ____ Number { 1 ☐ Months 2 ☐ Years

d. Was this condition present at any time during the past 12 months? — 22

1 ☐ Yes 2 ☐ No

U2 (K4) — 23

1 ☐ Not an accident/injury (NC)
2 ☐ First accident/injury for this person (17b)
8 ☐ 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?

Part(s) of body *	Present effects **	
		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.)

25

U3

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

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

EYE LTR	EAR LTR	EVER LTR	12 MO LTR	ADL NUMBERS	IADL NUMBERS	CP
26	27	28	29	30–37	38–43	44–45

RT 73

Section U. SUPPLEMENT CONDITION PAGES

3–4
5–6

1. Name of condition

2. When did you last see or talk to a doctor or assistant about your (condition)? — 7

0 ☐ 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? — 8

1 ☐ Yes 2 ☐ No 9 ☐ DK

Ask 3b if "Yes" in 3a, otherwise transcribe condition name from item 1 without asking: — 9–12

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

1 ☐ Color Blindness (NC)
2 ☐ Cancer (3e)
3 ☐ Vasectomy (5)
8 ☐ Other (3c) — 13

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

Mark box if accident or injury c ☐ Accident/injury (5) — 14

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:

Ailment	Cancer	Disease	Problem
Anemia	Condition	Disorder	Rupture
Asthma	Cyst	Growth	Trouble
Attack	Defect	Measles	Tumor
Bad			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:

Abscess	Cancer	Infection	Rupture
Ache (except head or ear)	Cramps (except menstrual)	Inflammation	Soreness
Bleeding (except menstrual)	Cyst	Neuralgia	Stiffness
Blood clot	Damage	Neuritis	Tumor
Boil	Growth	Pain	Ulcer
	Hemorrhage	Palsy	Varicose veins
		Paralysis	Weakness

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: — 15

Tumor Cyst Growth

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

1 ☐ Malignant 2 ☐ Benign 9 ☐ DK

5. a. When was your (condition in 3b/3f) first noticed? — 16

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

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

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) — 17
1 ☐ Missing extremity or organ in 3b/3f (U2)
8 ☐ Other (12)

12a. Do you still have this condition?

1 ☐ Yes (U2) ☐ No — 18

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

2 ☐ Cured
3 ☐ Under control (U2)
8 ☐ Other (Specify) (U2)

c. About how long did you have this condition before it was cured? — 19–21

000 ☐ Less than 1 month OR ____ Number { 1 ☐ Months 2 ☐ Years

d. Was this condition present at any time during the past 12 months? — 22

1 ☐ Yes 2 ☐ No

U2 (K4) — 23
1 ☐ Not an accident/injury (NC)
2 ☐ First accident/injury for this person (17b)
8 ☐ 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?

Part(s) of body *	Present effects **	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 — 25

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

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

EVE LTR	EAR LTR	ENT LTR	2 NO. LTR	ADL NUMBERS	SADL NUMBERS	CF
26	27	28	29	30–37	38–43	44–45

RT 73

Section U. SUPPLEMENT CONDITION PAGES

CONDITION E

3–4

1. Name of condition

7

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

0 ☐ 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 } *(3b)*
9 ☐ Dr. never seen }

8

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

1 ☐ Yes 2 ☐ No 8 ☐ DK

9–12

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

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

13

1 ☐ Color Blindness *(NC)*
2 ☐ Cancer *(3e)*
3 ☐ Vasectomy *(5)*
8 ☐ Other *(3c)*

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

14

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:

Ailment	Cancer	Disease	Problem
Anemia	Condition	Disorder	Rupture
Arthritis	Cyst	Growth	Trouble
Attack	Defect	Measles	Tumor
Bad			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 it. 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:

Abscess	Cancer	Infection	Rupture
Ache (except head or ear)	Cramps (except menstrual)	Inflammation	Soreness
Bleeding (except menstrual)	Cyst	Neuralgia	Stiff(ness)
Blood clot	Damage	Neuritis	Tumor
Boil	Growth	Pain	Ulcer
	Hemorrhage	Palsy	Varicose veins
		Paralysis	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)*

15

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 8 ☐ DK

16

5. a. When was your *(condition in 3b/3f)* first noticed?
b. When did you *(name of injury in 3b)*?

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

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)

17

1 ☐ Missing extremity or organ in 3b/3f *(U2)*
8 ☐ Other *(12)*

12a. Do you still have this condition?

1 ☐ Yes *(U2)* ☐ No

18

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

2 ☐ Cured
3 ☐ Under control *(U2)*
8 ☐ Other *(Specify)* _____ *(U2)*

19–21

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

000 ☐ Less than 1 month OR _____ Number { 1 ☐ Months 2 ☐ Years

22

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

1 ☐ Yes 2 ☐ No

U2 (K4)

23

1 ☐ Not an accident/injury *(NC)*
2 ☐ First accident/injury for this person *(17b)*
8 ☐ 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?

Partial of body *	Present effects **
	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.)

25

U3

a. *Indicate status of this condition page.* 1 ☐ Transcribed from HIS-1 2 ☐ Obtained in SOA Interview

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

EYE LTR	EAR LTR	D OF LTR	12 MO. LTR	AD. NUMBERS	IAD. NUMBERS	CP
26	27	28	29	30–37	38–45	

RT 73

Section U. SUPPLEMENT CONDITION PAGES

CONDITION F

3–4
5–6

1. Name of condition

2. When did you last see or talk to a doctor or assistant about your *(condition)*? — 7

0 ☐ 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? — 8

1 ☐ Yes 2 ☐ No 9 ☐ DK

Ask 3b if "Yes" in 3a, otherwise transcribe condition name from item 1 without asking: — 9–12

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

1 ☐ Color Blindness *(NC)*
2 ☐ Cancer *(3e)*
3 ☐ Vasectomy *(5)*
4 ☐ Other *(3c)* — 13

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

Mark box if accident or injury 0 ☐ Accident/injury *(5)* — 14

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:

Ailment	Cancer	Disease	Problem
Anemia	Condition	Disorder	Rupture
Asthma	Cyst	Growth	Trouble
Attack	Defect	Measles	Tumor
Boil			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:

Abscess	Cancer	Infection	Rupture
Ache (except head or part)	Cramps (except menstrual)	Inflammation	Soreness
Bleeding (except menstrual)	Cyst	Neuralgia	Stiffness
Blood clot	Damage	Neuritis	Tumor
Boil	Growth	Pain	Ulcer
	Hemorrhage	Palsy	Varicose veins
		Paralysis	Weakness

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

Show the following detail:

Head ..... skull, scalp, face
Back/spine/vertebrae ..... upper, middle, lower
Ribs ..... 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, great, 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: — 15

Tumor Cyst Growth

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

1 ☐ Malignant 2 ☐ Benign 9 ☐ DK

5. a. When was your *(condition in 3b/3f)* first noticed? — 16

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

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

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) — 17

1 ☐ Missing extremity or organ in 3b/3f *(U2)*
9 ☐ Other *(12)*

12a. Do you still have this condition?

1 ☐ Yes *(U2)* ☐ No — 18

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

2 ☐ Cured
3 ☐ Under control *(U2)*
9 ☐ Other *(Specify)* *(U2)*

c. About how long did you have this condition before it was cured? — 19–21

000 ☐ Less than 1 month OR ____ (Number) { 1 ☐ Months 2 ☐ Years

d. Was this condition present at any time during the past 12 months? — 22

1 ☐ Yes 2 ☐ No

U2 (K4) — 23

1 ☐ Not an accident/injury *(NC)*
2 ☐ First accident/injury for this person *(17b)*
9 ☐ 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?

Part(s) of body *	Present effects **	
1		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 3c 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 — 25

a. *Indicate status of this condition page.* 1 ☐ Transcribed from HIS-1 2 ☐ Obtained in SOA Interview

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

EYE LTR	EAR LTR	EVER LTR	12 MO LTR	ADL NUMBERS	IADL NUMBERS	CP
26				38–43		44–45

RT 73

Section U. SUPPLEMENT CONDITION PAGES

CONDITION G

3–4
5–6

1. Name of condition

2. When did you last see or talk to a doctor or assistant about your (condition)? — 7

0 ☐ 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? — 8

1 ☐ Yes 2 ☐ No 9 ☐ DK

Ask 3b if "Yes" in 3a, otherwise transcribe condition name from item 1 without asking: — 9–12

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

1 ☐ Color Blindness (NC)
2 ☐ Cancer (3e)
3 ☐ Vasectomy (5) — 13
8 ☐ Other (3c)

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

Mark box if accident or injury 0 ☐ Accident/injury (5) — 14

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:

Ailment	Cancer	Disease	Problem
Anemia	Condition	Disorder	Rupture
Asthma	Cyst	Growth	Trouble
Attack	Defect	Measles	Tumor
Bad			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:

Abscess	Cancer	Infection	Rupture
Ache (except head or ear)	Cramps (except menstrual)	Inflammation	Sore(ness)
Bleeding (except menstrual)	Cyst	Neuralgia	Stiff(ness)
Blood clot	Damage	Neuritis	Tumor
Boil	Growth	Pain	Ulcer
	Hemorrhage	Palsy	Varicose veins
		Paralysis	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: — 15

Tumor Cyst Growth

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

1 ☐ Malignant 2 ☐ Benign 9 ☐ DK

5. a. When was your (condition in 3b/3f) first noticed? — 16
b. When did you (name of injury in 3b)?

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

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) — 17
8 ☐ Other (12)

12a. Do you still have this condition?

1 ☐ Yes (U2) ☐ No — 18

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

2 ☐ Cured
3 ☐ Under control (U2)
8 ☐ Other (Specify) _____ (U2)

c. About how long did you have this condition before it was cured? — 19–21

000 ☐ Less than 1 month OR _____ Number { 1 ☐ Months 2 ☐ Years

d. Was this condition present at any time during the past 12 months? — 22

1 ☐ Yes 2 ☐ No

U2 (K4)
1 ☐ Not an accident/injury (NC) — 23
2 ☐ First accident/injury for this person (17b)
8 ☐ 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?

Part(s) of body *	Present effects **	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 — 26

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

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

EYE LTR	EAR LTR	EVER LTR	12 MO LTR	ADL NUMBERS	IADL NUMBERS	CP
26	27	28	29	30–37	38–43	44–46

RT 73

Section U. SUPPLEMENT CONDITION PAGES

CONDITION H

3–4
5–6

1. Name of condition

2. When did you last see or talk to a doctor or assistant about your (condition)? 7

0 ☐ 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? 8

1 ☐ Yes 2 ☐ No 9 ☐ DK

Ask 3b if "Yes" in 3a, otherwise transcribe condition name from item 1 without asking: 9–12

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

1 ☐ Color Blindness (NC)
2 ☐ Cancer (3e)
3 ☐ Vasectomy (5)
8 ☐ Other (3c)

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

14

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:

Ailment	Cancer	Disease	Problem
Anemia	Condition	Disorder	Rupture
Arthma	Cyst	Growth	Trouble
Attack	Defect	Measles	Tumor
Bad			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:

Abscess	Cancer	Infection	Rupture
Ache (except head or ear)	Cramps (except menstrual)	Inflammation	Sore(ness)
		Neuralgia	Stiff(ness)
Bleeding (except menstrual)	Cyst	Neuritis	Tumor
	Damage	Pain	Ulcer
Blood clot	Growth	Palsy	Varicose veins
Boil	Hemorrhage	Paralysis	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? 16

1 ☐ Malignant 2 ☐ Benign 9 ☐ DK

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

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

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

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) 17

1 ☐ Missing extremity or organ in 3b/3f (U2)
8 ☐ Other (12)

12a. Do you still have this condition? 18

1 ☐ Yes (U2) ☐ No

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

2 ☐ Cured
3 ☐ Under control (U2)
8 ☐ Other (Specify) (U2)

c. About how long did you have this condition before it was cured? 19–21

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

d. Was this condition present at any time during the past 12 months? 22

1 ☐ Yes 2 ☐ No

U2 (K4) 23

1 ☐ Not an accident/injury (NC)
2 ☐ First accident/injury for this person (17b)
8 ☐ 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?

Part(s) of body *	Present effects **	
		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.)

25

U3

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

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

EYE LTR	EAR LTR	EVER LTR	12 MO LTR	ADL NUMBERS	IADL NUMBERS	CP
26	28	29	30–37	38–43		44–45

CONDITION SUMMARY CHART

INSTRUCTIONS — If no entries in Summary Chart, complete cover page and any additional supplement booklets required.

All conditions in Summary Chart must be accounted for. Compare to C2 in HIS-1 for sample person.

1. If a condition page IS already filled, enter the condition NUMBER in the diagonal space on the Summary Chart.
2. If a condition page is NOT filled, complete a LETTERED supplement condition page and enter the letter in the diagonal space.
3. If the condition wording on the HIS-1 and the Summary Chart are similar but NOT identical, probe: **Is the** *(supplement condition)* **the same condition as the** *(HIS-1 condition)* **I was told about earlier?**

- If any doubt, fill a lettered supplement condition page.

When editing, transcribe the appropriate data items from the HIS-1 Condition Page to a lettered supplement condition page for those conditions with a number in the diagonal space on the Summary Chart. Also, cross out the number in the diagonal space and indicate the lettered supplement condition page.

EYE LTR	EAR LTR	EVER LTR	12 MO LTR	ADL NUMBERS	IADL NUMBERS	CP

EYE LTR	EAR LTR	EVER LTR	12 MO LTR	ADL NUMBERS	IADL NUMBERS	CP

EYE LTR	EAR LTR	EVER LTR	12 MO LTR	ADL NUMBERS	IADL NUMBERS	CP

EYE LTR	EAR LTR	EVER LTR	12 MO LTR	ADL NUMBERS	IADL NUMBERS	CP

EYE LTR	EAR LTR	EVER LTR	12 MO LTR	ADL NUMBERS	IADL NUMBERS	CP

EYE LTR	EAR LTR	EVER LTR	12 MO LTR	ADL NUMBERS	IADL NUMBERS	CP

EYE LTR	EAR LTR	EVER LTR	12 MO LTR	ADL NUMBERS	IADL NUMBERS	CP

EYE LTR	EAR LTR	EVER LTR	12 MO LTR	ADL NUMBERS	IADL NUMBERS	CP

EYE LTR	EAR LTR	EVER LTR	12 MO LTR	ADL NUMBERS	IADL NUMBERS	CP

EYE LTR	EAR LTR	EVER LTR	12 MO LTR	ADL NUMBERS	IADL NUMBERS	CP

EYE LTR	EAR LTR	EVER LTR	12 MO LTR	ADL NUMBERS	IADL NUMBERS	CP