

FORM HIS-2 (1995)
(5-1-95)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR THE
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
U.S. PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL
NATIONAL CENTER FOR HEALTH STATISTICS

NATIONAL HEALTH INTERVIEW SURVEY

1995 SUPPLEMENT BOOKLET

I. IMMUNIZATION

II. DISABILITY

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). Public reporting burden for this collection of information is estimated to average 50 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to PHS Reports Clearance Officer; ATTN: PRA (0920-0214); Hubert H. Humphrey Building, Room 737-F, 200 Independence Avenue, SW; Washington, DC 20201.

1. RO 9-10	2. Sample 11-13	Suffix 14	3. Week 15-16	4. Book ___ of ___ books	RT 51 3-7 8
5. Control number				6. Family number 32	
PSU 17-21	Segment 22-25	Suffix 26-27	Serial 28-29	Suffix 30	Check digit 31
7. Field Representative's name					Code 33-35
8. Beginning time			40	9. Ending time 41-44 45	
1 <input type="checkbox"/> a.m. 2 <input type="checkbox"/> p.m.			1 <input type="checkbox"/> a.m. 2 <input type="checkbox"/> p.m.		

SAMPLE CHILD LIST

ITEM I1

Are there any nondeleted persons under 6 years old in this family?

- Yes (List by age, oldest to youngest)
 No (Section II on page 12)

RT 52	3-4	5-6	7			8	9	10
Line No.	Person No.	Age	Sex	Last name	First name	SC	19-35 months	List No.
1			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	2 <input type="checkbox"/>	1
2			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	2 <input type="checkbox"/>	1
3			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	2 <input type="checkbox"/>	1
4			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	2 <input type="checkbox"/>	1
5			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	2 <input type="checkbox"/>	1
6			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	2 <input type="checkbox"/>	1
7			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	2 <input type="checkbox"/>	1
8			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	2 <input type="checkbox"/>	1
9			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	2 <input type="checkbox"/>	1

Refer to the sample child selection label and circle as applicable. THEN, mark (X) the "SC" box in the column above for the selected sample child under 6.

ITEM I2A

Are there any non-selected 2 year olds in the above list?

- Yes (Mark (X) box in "19-35 months" column for EACH, then I2B)
 No (I2B)

ITEM I2B

Are there any non-selected 1 year olds in the above list?

- Yes (Refer to Eligibility Chart below for EACH 1 year old)
 No (Section I)

ELIGIBILITY CHART

If month of Interview is: Mark (X) box in "19-35 months" column if child's Date of Birth is Within:

January 1995	02/92 - 06/93
February 1995	03/92 - 07/93
March 1995	04/92 - 08/93
April 1995	05/92 - 09/93
May 1995	06/92 - 10/93
June 1995	07/92 - 11/93
July 1995	08/92 - 12/93
August 1995	09/92 - 01/94
September 1995	10/92 - 02/94
October 1995	11/92 - 03/94
November 1995	12/92 - 04/94
December 1995	01/93 - 05/94
January 1996	02/93 - 06/94

Complete final status on Back Cover

RT 32
3-4

<p>ITEM X1</p> <p><i>Enter conditions reported in the Disability supplement in X1</i> <i>If insufficient space to enter multiple sources, continue in a footnote</i></p>	<p>X1</p>	<p>PERSON 1</p>					
		A	C	D	E	F	G
		A	C	D	E	F	G
		A	C	D	E	F	G
		A	C	D	E	F	G
		A	C	D	E	F	G
<p>ITEM X2</p> <p><i>Indicate ADL Limitations in X2</i></p>	<p>X2</p>	<p>Help/ Remind</p>	<p>Spec. equip.</p>	<p>Difficulty/ Doesn't do</p>			
		Bathing					
		Dressing					
		Eating					
		Bed/chair					
		Toilet					
Getting around							
<p>ITEM X3</p> <p><i>Indicate IADL Limitations in X3</i></p>	<p>X3</p>	<p>Help/ Supv.</p>	<p>Difficulty/ Doesn't do</p>				
		Prep. meals					
		Shopping					
		Managing money					
		Telephone					
		Heavy work					
Light work							
<p>Notes</p>							

Section I - IMMUNIZATION - Continued

RT 54

ITEM 13	<i>Enter person number and first name of sample child under 6.</i>	Person number _____	First name _____	3-4
	<i>Enter person number of respondent.</i>	Person number _____		5-6

These questions refer to (read name), and are about immunizations that -- may have received. It would be helpful if we could refer to -- shot record.

ITEM 14	<i>Refer to shot record.</i>	1 <input type="checkbox"/> Available (2)	7
		2 <input type="checkbox"/> Not available (1)	

1. Ask only on initial interview. On callback, skip to 9. We will need the shot record to complete this section of the interview. If I called you within the next few days, would you be able to have --'s shot record available?	1 <input type="checkbox"/> Yes (Arrange callback, then 15 on page 6) 2 <input type="checkbox"/> No } (9) 9 <input type="checkbox"/> DK }	8
--	--	---

2. Transcribe from shot record - If telephone ask: Looking at the shot record, please tell me how many times -- has received (names of vaccines)? Record number of times for each vaccine. What is the date on the record for (first) (vaccine)? Repeat for second, third -- shots.

	(1) A DTP/DT shot (some times called a DPT shot, diphtheria-tetanus-pertussis-shot, baby shot, or three-in-one shot)?	(2) A polio vaccine by mouth (pink drops) or a polio shot?	(3) A measles or MMR (Measles - Mumps - Rubella) shot? <i>If telephone ask: Was each shot measles only or MMR?</i>	(4) An HIB shot? (This is for meningitis and called Haemophilus influenzae (HA-MA-FI-LUS IN-FLU-EN-ZI) HIB vaccine or H. flu vaccine)	(5) A Hepatitis B shot?
	9-10 Shots (Record dates) (Number) 00 <input type="checkbox"/> None } (Next vaccine) 99 <input type="checkbox"/> DK }	59-60 Shots (Record dates) (Number) 00 <input type="checkbox"/> None } (Next vaccine) 99 <input type="checkbox"/> DK }	5-6 Shots (Record dates) (Number) 00 <input type="checkbox"/> None } (Next vaccine) 99 <input type="checkbox"/> DK }	3-4 Shots (Record dates) (Number) 00 <input type="checkbox"/> None } (Next vaccine) 99 <input type="checkbox"/> DK }	35-36 Shots (Record dates) (Number) 00 <input type="checkbox"/> None } (Next vaccine) 99 <input type="checkbox"/> DK }
	DTP/DT (Shot)	Polio (Drops or shots)	Measles/MMR (Shots)	HIB (Shot)	Hepatitis B
1st	11-16 ____/____/19 MO DAY YR	61-66 ____/____/19 MO DAY YR	1 <input type="checkbox"/> Measles 2 <input type="checkbox"/> MMR 9 <input type="checkbox"/> DK ____/____/19 MO DAY YR	7 8-13 ____/____/19 MO DAY YR	37-42 ____/____/19 MO DAY YR
2nd	17-22 ____/____/19 MO DAY YR	67-72 ____/____/19 MO DAY YR	1 <input type="checkbox"/> Measles 2 <input type="checkbox"/> MMR 9 <input type="checkbox"/> DK ____/____/19 MO DAY YR	14 15-20 ____/____/19 MO DAY YR	43-48 ____/____/19 MO DAY YR
3rd	23-28 ____/____/19 MO DAY YR	73-78 ____/____/19 MO DAY YR	1 <input type="checkbox"/> Measles 2 <input type="checkbox"/> MMR 9 <input type="checkbox"/> DK ____/____/19 MO DAY YR	21 22-27 ____/____/19 MO DAY YR	49-54 ____/____/19 MO DAY YR
4th	29-34 ____/____/19 MO DAY YR	79-84 ____/____/19 MO DAY YR	1 <input type="checkbox"/> Measles 2 <input type="checkbox"/> MMR 9 <input type="checkbox"/> DK ____/____/19 MO DAY YR	28 29-34 ____/____/19 MO DAY YR	55-60 ____/____/19 MO DAY YR
5th	35-40 ____/____/19 MO DAY YR	85-90 ____/____/19 MO DAY YR			
6th	41-46 ____/____/19 MO DAY YR	91-96 ____/____/19 MO DAY YR			
7th	47-52 ____/____/19 MO DAY YR	97-102 ____/____/19 MO DAY YR			
8th	53-58 ____/____/19 MO DAY YR	103-108 ____/____/19 MO DAY YR			

Section I - IMMUNIZATION - Continued

<p>3. Are all the immunizations that -- ever received included on this shot record?</p>	<p>1 <input type="checkbox"/> Yes (11) 2 <input type="checkbox"/> No } (4) 9 <input type="checkbox"/> DK }</p>	<p>87</p>
<p>4a. Has -- ever received an additional DTP shot (sometimes called a DPT shot, diphtheria-tetanus-pertussis shot, baby shot, or three-in-one-shot)?</p>	<p>1 <input type="checkbox"/> Yes (4b) 2 <input type="checkbox"/> No } (5) 9 <input type="checkbox"/> DK }</p>	<p>88</p>
<p>b. How many additional DTP shots has -- received?</p>	<p>_____ Shots (Number)</p> <p>8 <input type="checkbox"/> All 9 <input type="checkbox"/> DK</p>	
<p>5a. Has -- ever received an additional polio vaccine by mouth (pink drops) or a polio shot?</p>	<p>1 <input type="checkbox"/> Yes (5b) 2 <input type="checkbox"/> No } (6) 9 <input type="checkbox"/> DK }</p>	<p>90</p>
<p>b. How many additional polio vaccines has -- received?</p>	<p>_____ Vaccines (Number)</p> <p>8 <input type="checkbox"/> All 9 <input type="checkbox"/> DK</p>	
<p>6a. Has -- ever received an additional measles or MMR (Measles-Mumps-Rubella) shot?</p>	<p>1 <input type="checkbox"/> Yes (6b) 2 <input type="checkbox"/> No } (7) 9 <input type="checkbox"/> DK }</p>	<p>92</p>
<p>b. How many additional measles or MMR shots has -- received?</p>	<p>_____ Shots (Number)</p> <p>8 <input type="checkbox"/> All 9 <input type="checkbox"/> DK</p>	
<p>7a. Has -- ever received an additional HIB shot? This shot is for meningitis and called Haemophilus influenzae (HA-MA-FI-LUS IN-FLU-EN-ZI), HIB vaccine or H. flu vaccine.</p>	<p>1 <input type="checkbox"/> Yes (7b) 2 <input type="checkbox"/> No } (8) 9 <input type="checkbox"/> DK }</p>	<p>94</p>
<p>b. How many additional HIB shots has -- received?</p>	<p>_____ Shots (Number)</p> <p>8 <input type="checkbox"/> All 9 <input type="checkbox"/> DK</p>	

Section I - IMMUNIZATION - Continued

8a. Has -- ever received an additional Hepatitis B shot?	<input type="checkbox"/> Yes (8b) 96 <input type="checkbox"/> No } <input type="checkbox"/> DK } (11)
b. How many additional Hepatitis B shots has -- received?	<div style="text-align: right;"> _____ Shots (Number) </div> <input type="checkbox"/> All } <input type="checkbox"/> DK } (11)

9. Has -- ever received an immunization (that is a shot or drops)?	<input type="checkbox"/> Yes (10) 98 <input type="checkbox"/> No } <input type="checkbox"/> DK } (Item 15 on page 6)
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10a. Has -- ever received:				
(1) A DTP/DT shot (sometimes called a DPT shot, diphtheria-tetanus-pertussis-shot, baby shot, or three- in-one shot)? <input type="checkbox"/> Yes (10b) 99 <input type="checkbox"/> No } <input type="checkbox"/> DK } (Next vaccine)	(2) A polio vaccine by mouth (pink drops) or a polio shot? <input type="checkbox"/> Yes (10b) 102 <input type="checkbox"/> No } <input type="checkbox"/> DK } (Next vaccine)	(3) A measles or MMR (Measles - Mumps - Rubella) shot? <input type="checkbox"/> Yes (10b) 105 <input type="checkbox"/> No } <input type="checkbox"/> DK } (Next vaccine)	(4) An HIB shot? (This is for meningitis and called Haemophilus influenzae (HA-MA-FI-LUS IN-FLU-EN-ZI) HIB vaccine or H. flu vaccine) <input type="checkbox"/> Yes (10b) 108 <input type="checkbox"/> No } <input type="checkbox"/> DK } (Next vaccine)	(5) A Hepatitis B shot? <input type="checkbox"/> Yes (10b) 111 <input type="checkbox"/> No } <input type="checkbox"/> DK } (11)

10b. How many (vaccine) shots did -- ever receive?				
(1) DTP/DT	(2) Polio	(3) Measles or MMR	(4) HIB	(5) Hepatitis B
<div style="border: 1px solid black; width: 40px; margin: 0 auto; padding: 2px;">100-101</div> _____ Shots (Number)	<div style="border: 1px solid black; width: 40px; margin: 0 auto; padding: 2px;">103-104</div> _____ Shots (Number)	<div style="border: 1px solid black; width: 40px; margin: 0 auto; padding: 2px;">106-107</div> _____ Shots (Number)	<div style="border: 1px solid black; width: 40px; margin: 0 auto; padding: 2px;">109-110</div> _____ Shots (Number)	<div style="border: 1px solid black; width: 40px; margin: 0 auto; padding: 2px;">112-113</div> _____ Shots (Number)
<input type="checkbox"/> All } <input type="checkbox"/> DK } (Next vaccine)	<input type="checkbox"/> All } <input type="checkbox"/> DK } (Next vaccine)	<input type="checkbox"/> All } <input type="checkbox"/> DK } (Next vaccine)	<input type="checkbox"/> All } <input type="checkbox"/> DK } (Next vaccine)	<input type="checkbox"/> All } <input type="checkbox"/> DK } (11)

11. Are you the person who took -- for most of -- shots? (Most means at least 1/2 of the shots)	<input type="checkbox"/> Yes 114 <input type="checkbox"/> No <input type="checkbox"/> DK
--	---

12. In your opinion, has -- received all of the recommended shots for -- age?	<input type="checkbox"/> Yes 115 <input type="checkbox"/> No <input type="checkbox"/> DK
--	---

Section I - IMMUNIZATION - Continued

ITEM 15	<i>Refer to Sample Child List on Cover.</i>	1 <input type="checkbox"/> Additional 19-35 month old child (<i>Item 18 on page 7</i>) 2 <input type="checkbox"/> No additional 19-35 month old child (<i>16</i>)									
ITEM 16	<i>Refer to questions 2 and 10 for SC. Mark (X) first appropriate box.</i>	1 <input type="checkbox"/> Callback required 2 <input type="checkbox"/> Any immunizations 3 <input type="checkbox"/> No immunizations (<i>Section II on page 12</i>)	} (<i>Fill HIS-2A if appropriate, then 17</i>) 116								
ITEM 17	<i>Status of HIS-2A for SC. Mark (X) one in each column.</i>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-right: 1px dashed black; text-align: center;"><u>Provider</u></td> <td style="width: 5%; text-align: center;">117</td> <td style="width: 45%; text-align: center;"><u>Permission</u></td> <td style="width: 5%;"></td> </tr> <tr> <td style="border-right: 1px dashed black; vertical-align: top;"> 0 <input type="checkbox"/> Not required 1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Refused 3 <input type="checkbox"/> Other (<i>Explain in notes</i>) </td> <td></td> <td style="vertical-align: top;"> 0 <input type="checkbox"/> Not required 1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Refused 3 <input type="checkbox"/> Other (<i>Explain in notes</i>) </td> <td style="vertical-align: middle;">} (<i>Section II on page 12</i>)</td> </tr> </table>	<u>Provider</u>	117	<u>Permission</u>		0 <input type="checkbox"/> Not required 1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Refused 3 <input type="checkbox"/> Other (<i>Explain in notes</i>)		0 <input type="checkbox"/> Not required 1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Refused 3 <input type="checkbox"/> Other (<i>Explain in notes</i>)	} (<i>Section II on page 12</i>)	118
<u>Provider</u>	117	<u>Permission</u>									
0 <input type="checkbox"/> Not required 1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Refused 3 <input type="checkbox"/> Other (<i>Explain in notes</i>)		0 <input type="checkbox"/> Not required 1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Refused 3 <input type="checkbox"/> Other (<i>Explain in notes</i>)	} (<i>Section II on page 12</i>)								

Notes	1 Sample child
	119

Section I – IMMUNIZATION – Continued

RT 54				
ITEM 18	Enter person number and first name of other 19-35 month old child.	Person number _____	First name _____	3-4
	Enter person number of respondent.	Person number _____		5-6
These questions refer to (read name), and are about immunizations that -- may have received. It would be helpful if we could refer to -- shot record.				
ITEM 19	Refer to shot record.	1 <input type="checkbox"/> Available (14)		7
		2 <input type="checkbox"/> Not available (13)		
13.	Ask only on initial interview. On callback, skip to 21. We will need the shot record to complete this section of the interview. If I called you within the next few days, would you be able to have --'s shot record available?	1 <input type="checkbox"/> Yes (Arrange callback, then 110 on page 10)		8
		2 <input type="checkbox"/> No } (21)		
		9 <input type="checkbox"/> DK }		
14. Transcribe from shot record – If telephone ask: Looking at the shot record, please tell me how many times -- has received (names of vaccines)? Record number of times for each vaccine. What is the date on the record for (first) (vaccine)? Repeat for second, third -- shots.				
	(1) A DTP/DT shot (some times called a DPT shot, diphtheria-tetanus-pertussis-shot, baby shot, or three-in-one shot)?	(2) A polio vaccine by mouth (pink drops) or a polio shot?	(3) A measles or MMR (Measles – Mumps – Rubella) shot? <i>If telephone ask: Was each shot measles only or MMR?</i>	(4) An HIB shot? (This is for meningitis and called Haemophilus influenzae (HA-MA-FI-LUS IN-FLU-EN-ZI) HIB vaccine or H. flu vaccine)
	9-10	59-60	RT 55	35-36
	Shots (Record dates)	Shots (Record dates)	Shots (Record dates)	Shots (Record dates)
	(Number)	(Number)	(Number)	(Number)
	00 <input type="checkbox"/> None } (Next vaccine)	00 <input type="checkbox"/> None } (Next vaccine)	00 <input type="checkbox"/> None } (Next vaccine)	00 <input type="checkbox"/> None } (Next vaccine)
	99 <input type="checkbox"/> DK }	99 <input type="checkbox"/> DK }	99 <input type="checkbox"/> DK }	99 <input type="checkbox"/> DK } (15)
	DTP/DT (Shot)	Polio (Drops or shots)	Measles/MMR (Shots)	HIB (Shot)
1st	11-16	61-66	7	37-42
	MO / DAY / YR	MO / DAY / YR	MO / DAY / YR	MO / DAY / YR
2nd	17-22	67-72	14	43-48
	MO / DAY / YR	MO / DAY / YR	MO / DAY / YR	MO / DAY / YR
3rd	23-28	73-78	21	49-54
	MO / DAY / YR	MO / DAY / YR	MO / DAY / YR	MO / DAY / YR
4th	29-34	79-84	28	55-60
	MO / DAY / YR	MO / DAY / YR	MO / DAY / YR	MO / DAY / YR
5th	35-40	85-90		
	MO / DAY / YR	MO / DAY / YR		
6th	41-46	91-96		
	MO / DAY / YR	MO / DAY / YR		
7th	47-52	97-102		
	MO / DAY / YR	MO / DAY / YR		
8th	53-58	103-108		
	MO / DAY / YR	MO / DAY / YR		

Section I - IMMUNIZATION - Continued

<p>15. Are all the immunizations that -- ever received included on this shot record?</p>	<p>1 <input type="checkbox"/> Yes (23) 2 <input type="checkbox"/> No } (16) 9 <input type="checkbox"/> DK }</p>	<p>87</p>
<p>16a. Has -- ever received an additional DTP shot (sometimes called a DPT shot, diphtheria-tetanus-pertussis shot, baby shot, or three-in-one-shot)?</p>	<p>1 <input type="checkbox"/> Yes (16b) 2 <input type="checkbox"/> No } (17) 9 <input type="checkbox"/> DK }</p>	<p>88</p>
<p>b. How many additional DTP shots has -- received?</p>	<p>_____ Shots (Number)</p> <p>8 <input type="checkbox"/> All 9 <input type="checkbox"/> DK</p>	<p>89</p>
<p>17a. Has -- ever received an additional polio vaccine by mouth (pink drops) or a polio shot?</p>	<p>1 <input type="checkbox"/> Yes (17b) 2 <input type="checkbox"/> No } (18) 9 <input type="checkbox"/> DK }</p>	<p>90</p>
<p>b. How many additional polio vaccines has -- received?</p>	<p>_____ Vaccines (Number)</p> <p>8 <input type="checkbox"/> All 9 <input type="checkbox"/> DK</p>	<p>91</p>
<p>18a. Has -- ever received an additional measles or MMR (Measles-Mumps-Rubella) shot?</p>	<p>1 <input type="checkbox"/> Yes (18b) 2 <input type="checkbox"/> No } (19) 9 <input type="checkbox"/> DK }</p>	<p>92</p>
<p>b. How many additional measles or MMR shots has -- received?</p>	<p>_____ Shots (Number)</p> <p>8 <input type="checkbox"/> All 9 <input type="checkbox"/> DK</p>	<p>93</p>
<p>19a. Has -- ever received an additional HIB shot? This shot is for meningitis and called Haemophilus influenzae (HA-MA-FI-LUS IN-FLU-EN-ZI), HIB vaccine or H. flu vaccine.</p>	<p>1 <input type="checkbox"/> Yes (19b) 2 <input type="checkbox"/> No } (20) 9 <input type="checkbox"/> DK }</p>	<p>94</p>
<p>b. How many additional HIB shots has -- received?</p>	<p>_____ Shots (Number)</p> <p>8 <input type="checkbox"/> All 9 <input type="checkbox"/> DK</p>	<p>95</p>

Section I - IMMUNIZATION - Continued

20a. Has -- ever received an additional Hepatitis B shot?	<input type="checkbox"/> Yes (20b) 96 <input type="checkbox"/> No } (23) <input type="checkbox"/> DK }
b. How many additional Hepatitis B shots has -- received?	_____ Shots } (23) (Number) <input type="checkbox"/> All <input type="checkbox"/> DK

21. Has -- ever received an immunization (that is a shot or drops)?	<input type="checkbox"/> Yes (22) 98 <input type="checkbox"/> No } (Item 110) <input type="checkbox"/> DK }
--	--

22a. Has -- ever received:				
(1) A DTP/DT shot (sometimes called a DPT shot, diphtheria-tetanus-pertussis-shot, baby shot, or three- in-one shot)? <input type="checkbox"/> Yes (22b) 99 <input type="checkbox"/> No } (Next vaccine) <input type="checkbox"/> DK }	(2) A polio vaccine by mouth (pink drops) or a polio shot? <input type="checkbox"/> Yes (22b) 102 <input type="checkbox"/> No } (Next vaccine) <input type="checkbox"/> DK }	(3) A measles or MMR (Measles - Mumps - Rubella) shot? <input type="checkbox"/> Yes (22b) 105 <input type="checkbox"/> No } (Next vaccine) <input type="checkbox"/> DK }	(4) An HIB shot? (This is for meningitis and called Haemophilus influenzae (HA-MA-FI-LUS IN-FLU-EN-ZI) HIB vaccine or H. flu vaccine) <input type="checkbox"/> Yes (22b) 108 <input type="checkbox"/> No } (Next vaccine) <input type="checkbox"/> DK }	(5) A Hepatitis B shot? <input type="checkbox"/> Yes (22b) 111 <input type="checkbox"/> No } (23) <input type="checkbox"/> DK }

22b. How many (vaccine) shots did -- ever receive?				
(1) DTP/DT	(2) Polio	(3) Measles or MMR	(4) HIB	(5) Hepatitis B
100-101	103-104	106-107	109-110	112-113
_____ Shots } (Next vaccine) (Number) <input type="checkbox"/> All <input type="checkbox"/> DK	_____ Shots } (Next vaccine) (Number) <input type="checkbox"/> All <input type="checkbox"/> DK	_____ Shots } (Next vaccine) (Number) <input type="checkbox"/> All <input type="checkbox"/> DK	_____ Shots } (Next vaccine) (Number) <input type="checkbox"/> All <input type="checkbox"/> DK	_____ Shots } (23) (Number) <input type="checkbox"/> All <input type="checkbox"/> DK

23. Are you the person who took -- for most of -- shots? (Most means at least 1/2 of the shots)	<input type="checkbox"/> Yes 114 <input type="checkbox"/> No <input type="checkbox"/> DK
--	---

24. In your opinion, has -- received all of the recommended shots for -- age?	<input type="checkbox"/> Yes 115 <input type="checkbox"/> No <input type="checkbox"/> DK
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Section I – IMMUNIZATION – Continued

ITEM I10	Refer to questions 14 and 22 for additional 19-35 month old. Mark (X) first appropriate box.	1 <input type="checkbox"/> Callback required } (Fill HIS-2A, then I11) 2 <input type="checkbox"/> Any immunizations } 3 <input type="checkbox"/> No immunizations (Return to I6 on page 6)	116		
ITEM I11	Status of HIS-2A for additional 19-35 month old. Mark (X) one in each column.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-right: 1px dashed black; padding-right: 5px;"> Provider 117 1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Refused 3 <input type="checkbox"/> Other (Explain in notes) </td> <td style="width: 50%; padding-left: 5px;"> Permission 118 0 <input type="checkbox"/> Not required 1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Refused 3 <input type="checkbox"/> Other (Explain in notes) </td> </tr> </table>	Provider 117 1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Refused 3 <input type="checkbox"/> Other (Explain in notes)	Permission 118 0 <input type="checkbox"/> Not required 1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Refused 3 <input type="checkbox"/> Other (Explain in notes)	(Return to I6 on page 6)
Provider 117 1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Refused 3 <input type="checkbox"/> Other (Explain in notes)	Permission 118 0 <input type="checkbox"/> Not required 1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Refused 3 <input type="checkbox"/> Other (Explain in notes)				

Notes	2 Other 19-35 month child	119
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Section II - DISABILITY		RT 65
Part A - SENSORY, COMMUNICATION AND MOBILITY		PERSON 1 3-4
<p>These next questions refer to everyone in the family, that is <i>(read names of all nondeleted family members).</i></p>		
<p>1a. Does anyone in the family have SERIOUS difficulty seeing, even when wearing glasses or contact lenses?</p>	<p>1a.</p> <p>1 <input type="checkbox"/> Yes (1b) 2 <input type="checkbox"/> No } (2 on page 14) 9 <input type="checkbox"/> DK }</p>	<p>5</p>
<p>b. Who is this? (Anyone else?)</p> <p><i>Mark (X) "Difficulty seeing" box in person's column.</i></p> <p><i>Ask 1c-f for each person with box marked in 1b.</i></p>	<p>b.</p> <p>1 <input type="checkbox"/> Difficulty seeing</p>	<p>6</p>
<p>c. What is the MAIN problem or condition which causes -- serious difficulty seeing?</p>	<p>c.</p> <p><i>(Enter condition on X1 and mark box)</i></p> <p>1 <input type="checkbox"/> In C2 2 <input type="checkbox"/> Not in C2</p>	<p>7</p>
<p>d. Is -- legally blind?</p>	<p>d.</p> <p>1 <input type="checkbox"/> Yes (1f) 2 <input type="checkbox"/> No } (1e) 9 <input type="checkbox"/> DK }</p>	<p>8</p>
<p>e. [Do you expect/Is -- expected] to have SERIOUS difficulty seeing for at least the next 12 months?</p>	<p>e.</p> <p>1 <input type="checkbox"/> Yes (1f) 2 <input type="checkbox"/> No } (1c for NP in 1b, or 9 <input type="checkbox"/> DK } 2 on page 14)</p>	<p>9</p>
<p>f. Does -- NOW use telescopic lenses, braille, readers, a guide dog, white cane, or any other equipment for people with visual impairments?</p> <p><i>If "No", mark (X) box 0.</i> <i>If "Yes", ask - "Which?" Mark (X) all that apply.</i></p>	<p>f.</p> <p>0 <input type="checkbox"/> Does not use any 1 <input type="checkbox"/> Telescopic lenses 2 <input type="checkbox"/> Braille 3 <input type="checkbox"/> Readers 4 <input type="checkbox"/> Guide dog 5 <input type="checkbox"/> White cane 6 <input type="checkbox"/> Computer equipment 7 <input type="checkbox"/> Other</p> <p style="text-align: right;"><i>(1c for NP in 1b, or 2 on page 14)</i></p>	<p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p>
<p>Notes</p>		

Section II – DISABILITY – Continued		
Part A – SENSORY, COMMUNICATION AND MOBILITY – Continued		PERSON 1
<p>2a. Does anyone in the family now use a hearing aid?</p>	<p>2a.</p> <p>1 <input type="checkbox"/> Yes (2b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (2d)</p>	<p>18</p>
<p>b. Who is this?</p> <p>Mark (X) "Hearing aid" box in person's column.</p>	<p>b.</p> <p>1 <input type="checkbox"/> Hearing aid</p>	<p>19</p>
<p>c. Anyone else?</p> <p style="text-align: center;"><input type="checkbox"/> Yes (Reask 2b and c) <input type="checkbox"/> No (2d)</p>		
<p>d. Does anyone in the family have any trouble hearing what is said in normal conversation (even when wearing a hearing aid)?</p>	<p>d.</p> <p>1 <input type="checkbox"/> Yes (2e) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (4 on page 16)</p>	<p>20</p>
<p>e. Who is this? (Anyone else?)</p> <p>Mark (X) "Trouble hearing" box in person's column.</p> <p>Ask 2f-h and 3 for each person with box marked in 2e.</p>	<p>e.</p> <p>1 <input type="checkbox"/> Trouble hearing</p>	<p>21</p>
<p>f. What is the MAIN problem or condition which causes -- to have trouble hearing?</p>	<p>f.</p> <p>(Enter condition in X1 and mark box)</p> <p>1 <input type="checkbox"/> In C2 2 <input type="checkbox"/> Not in C2</p>	<p>22</p>
<p>g. Is -- able to hear loud noises?</p>	<p>g.</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p>23</p>
<p>h. [Do you expect/Is -- expected] to have this trouble hearing for at least the next 12 months?</p>	<p>h.</p> <p>1 <input type="checkbox"/> Yes (3) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (2f for NP in 2e, or 4 on page 16)</p>	<p>24</p>
<p>3. (Besides a hearing aid,) Does -- NOW use an amplifier for the telephone, a TDD, TTY or teletype, closed caption TV, assistive listening or signaling devices, an interpreter, or any other equipment for people with hearing impairments?</p> <p>Read if necessary: Assistive listening devices include a loop, FM systems, and direct input devices that connect to a TV. Assistive signaling devices indicate that a door, telephone or fire bells are ringing.</p> <p>If "No", mark (X) box 0. If "Yes", ask "Which"? Mark (X) all that apply.</p>	<p>3.</p> <p>0 <input type="checkbox"/> Does not use any 1 <input type="checkbox"/> Amplifier for telephone 2 <input type="checkbox"/> TDD, TTY, or teletype 3 <input type="checkbox"/> Closed caption TV 4 <input type="checkbox"/> Assistive listening devices 5 <input type="checkbox"/> Assistive signaling devices 6 <input type="checkbox"/> Interpreter 7 <input type="checkbox"/> Other</p> <p>(2f for NP in 2e, or 4 on page 16)</p>	<p>25 26 27 28 29 30 31 32</p>

Section II - DISABILITY - Continued		
Part A - SENSORY, COMMUNICATION AND MOBILITY - Continued		PERSON 1
<p>The next few questions refer only to family members who are 5 years old or older, that is (read names of family members 5 years old or older).</p>		33
<p>4a. Do (read names of persons 5+) have SERIOUS difficulty communicating so that PEOPLE OUTSIDE THE FAMILY understand?</p> <p><i>Read if necessary: Do not include language problems.</i></p>	<p>4a. 1 <input type="checkbox"/> Yes (4b) 2 <input type="checkbox"/> No } (4f) 9 <input type="checkbox"/> DK }</p>	
<p>b. Who is this?</p> <p>Mark (X) "Difficulty communicating" box in person's column.</p>	<p>b. 1 <input type="checkbox"/> Difficulty communicating</p>	34
<p>c. Anyone else?</p> <p style="text-align: center;"><input type="checkbox"/> Yes (Reask 4b and c) <input type="checkbox"/> No</p> <p><i>Ask 4d-e for each person with "Difficulty communicating" marked in 4b.</i></p>		35
<p>d. Does -- have any difficulty communicating so that FAMILY MEMBERS understand?</p>	<p>d. 1 <input type="checkbox"/> Yes (4e) 2 <input type="checkbox"/> No } (NP in 4b, or 4f) 9 <input type="checkbox"/> DK }</p>	
<p>e. Does -- have difficulty communicating -- basic needs, such as hunger and thirst, to family members?</p>	<p>e. 1 <input type="checkbox"/> Yes } (4d for NP in 4b, or 4f) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }</p>	36
<p>4f. Do (read names of persons 5+) have SERIOUS difficulty understanding other people when they talk or ask questions?</p> <p><i>Read if necessary: Do not include language problems.</i></p>		37
<p>g. Who is this?</p> <p>Mark (X) "Difficulty understanding" box in person's column.</p>	<p>g. 1 <input type="checkbox"/> Difficulty understanding</p>	38
<p>h. Anyone else?</p> <p style="text-align: center;"><input type="checkbox"/> Yes (Reask 4g and h) <input type="checkbox"/> No (A1)</p>		39
<p>ITEM A1</p>	<p><i>Refer to age or questions 4b and 4g for each person.</i></p>	<p>A1 2 <input type="checkbox"/> Under 5 (NP, or 4n on page 18) 1 <input type="checkbox"/> "Difficulty communicating" in 4b and/or "Difficulty understanding" in 4g (4i on page 18) 2 <input type="checkbox"/> All others (NP, or 4n on page 18)</p>
<p>Notes</p>		

Section II – DISABILITY – Continued		
Part A – SENSORY, COMMUNICATION AND MOBILITY – Continued		PERSON 1
4i. How old was -- when -- first had difficulty [communicating with/(and) understanding] other people?	4i.	40-41 ____ Years old (4i) 96 <input type="checkbox"/> At birth (4i) 99 <input type="checkbox"/> DK (4j)
j. Was it before -- was 18 years old?	j.	42 1 <input type="checkbox"/> Yes (4l) 2 <input type="checkbox"/> No (4k) 9 <input type="checkbox"/> DK (4l)
k. Was it before -- was 22 years old?	k.	43 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (4l) 9 <input type="checkbox"/> DK }
<i>If obvious, mark without asking; otherwise ask:</i> l. Is -- expected to have this difficulty with [communication/(and) understanding other people] for at least 12 months longer?	l.	44 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (4m) 9 <input type="checkbox"/> DK }
m. What condition causes -- difficulty [communicating with/(and) understanding] other people? <i>Accept up to 2 conditions; then go to A1 on page 16 for next person, or 4n.</i>	m.	45 (Enter condition in X1 and mark box) 1 <input type="checkbox"/> In C2 2 <input type="checkbox"/> Not in C2
		46 (Enter condition in X1 and mark box) 1 <input type="checkbox"/> In C2 2 <input type="checkbox"/> Not in C2
4n. Do (read names of persons 5+) have SERIOUS difficulty learning how to do things that most people their age are able to learn?	4n.	47 1 <input type="checkbox"/> Yes (4o) 2 <input type="checkbox"/> No } (5 on page 20) 9 <input type="checkbox"/> DK }
o. Who is this? <i>Mark (X) "Difficulty learning" box in person's column.</i>	o.	48 1 <input type="checkbox"/> Difficulty learning
p. Anyone else? <input type="checkbox"/> Yes (Reask 4o and p) <input type="checkbox"/> No (5 on page 20)		
Notes		

Section II - DISABILITY - Continued		
Part A - SENSORY, COMMUNICATION AND MOBILITY - Continued		PERSON 1
<i>HAND CARD DA1. Read parenthetical if telephone interview.</i>		49
5a. Does ANYONE in the family now use any of these aids to get around? (A cane, crutches, walker, medically prescribed shoes, a wheelchair, or a scooter?)	5a. 1 <input type="checkbox"/> Yes (5b) 2 <input type="checkbox"/> No } (6 on page 22) 9 <input type="checkbox"/> DK }	
b. Who is this? <i>Mark (X) "Mobility aid" box in person's column.</i>	b. 1 <input type="checkbox"/> Mobility aid	50
c. Anyone else? <input type="checkbox"/> Yes (Reask 5b and c) <input type="checkbox"/> No		
<i>Ask 5d and e for each person with "Mobility aid" in 5b.</i>		
d. Which aids does -- use? Any others? <i>Mark (X) all that apply.</i> <i>If "wheelchair", ask: Does -- use an electric or manual wheelchair?</i>	d. 1 <input type="checkbox"/> Cane 2 <input type="checkbox"/> Crutches 3 <input type="checkbox"/> Walker 4 <input type="checkbox"/> Medically prescribed shoes 5 <input type="checkbox"/> Manual wheelchair 6 <input type="checkbox"/> Electric wheelchair 7 <input type="checkbox"/> Scooter	51 52 53 54 55 56 57
<i>Ask only about each aid marked in 5d. Then 5d for next person with 5b; otherwise 6 on page 22.</i>		58
e. Has -- used or is -- expected to use (aid in 5d) for 12 months or longer?	e.	
(1) A cane	(1) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	59
(2) Crutches	(2) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	60
(3) A walker	(3) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	61
(4) Medically prescribed shoes	(4) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	62
(5) A manual wheelchair	(5) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	63
(6) An electric wheelchair	(6) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	64
(7) A scooter	(7) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	
Notes		

Section II - DISABILITY - Continued		
Part A - SENSORY, COMMUNICATION AND MOBILITY - Continued		PERSON 1
<p>6a. Does anyone in the family now use a brace of any kind?</p>	<p>6a.</p> <p>1 <input type="checkbox"/> Yes (6b) 2 <input type="checkbox"/> No } (7) 9 <input type="checkbox"/> DK }</p>	<p>65</p>
<p>b. Who is this?</p> <p><i>Ask if necessary: On what part of the body is the brace worn? Is it worn on the back, neck, arm, hand, leg, foot or knee?</i></p> <p><i>Mark (X) appropriate box(es) in person's column.</i></p>	<p>b.</p> <p>1 <input type="checkbox"/> Back 2 <input type="checkbox"/> Neck 3 <input type="checkbox"/> Arm 4 <input type="checkbox"/> Hand 5 <input type="checkbox"/> Leg 6 <input type="checkbox"/> Foot 7 <input type="checkbox"/> Knee 8 <input type="checkbox"/> Other</p>	<p>66 67 68 69 70 71 72 73</p>
<p>c. Does anyone else now use a brace?</p> <p style="text-align: center;"><input type="checkbox"/> Yes (Reask 6b and c) <input type="checkbox"/> No</p> <p><i>Ask 6d for each person with an entry in 6b.</i></p>		<p>74</p>
<p>d. Has -- used or is -- expected to use [this brace/any of these braces] for 12 months or longer?</p>	<p>d.</p> <p>1 <input type="checkbox"/> Yes } (6d for NP with entry 2 <input type="checkbox"/> No } in 6b, or 7) 9 <input type="checkbox"/> DK }</p>	
<p>7a. (Does anyone in the family now use) an artificial leg, foot, arm or hand?</p>	<p>7a.</p> <p>1 <input type="checkbox"/> Yes (7b) 2 <input type="checkbox"/> No } (A2 on page 24) 9 <input type="checkbox"/> DK }</p>	<p>75</p>
<p>b. Who is this?</p> <p><i>Ask if necessary: Which does -- use - an artificial leg, foot, arm or hand?</i></p> <p><i>Mark (X) appropriate box(es) in person's column.</i></p>	<p>b.</p> <p>1 <input type="checkbox"/> Artificial leg or foot 2 <input type="checkbox"/> Artificial arm or hand</p>	<p>76 77</p>
<p>c. Does anyone else now use an artificial limb?</p> <p style="text-align: center;"><input type="checkbox"/> Yes (Reask 7b and c) <input type="checkbox"/> No (A2 on page 24)</p>		
<p>Notes</p>		

Section II – DISABILITY – Continued			
Part A – SENSORY, COMMUNICATION AND MOBILITY – Continued		PERSON 1	
ITEM A2	<i>Refer to ages of ALL family members.</i>	A2	<div style="text-align: right; border: 1px solid black; padding: 2px;">78</div> 1 <input type="checkbox"/> All under 18 <i>(Part B on page 28)</i> 2 <input type="checkbox"/> Any 18+ (8)
8a. Do (names of persons 18+) now have any problem with dizziness that has lasted for at least three months?		8a.	79
----- b. Who is this? <i>Mark (X) "Dizziness" box in person's column.</i> -----		b.	80
c. Anyone else? <input type="checkbox"/> Yes (Reask 8b and c) <input type="checkbox"/> No (8d)			
d. Do (names of persons 18+) have any problem with balance that has lasted for at least three months?		d.	81
----- e. Who is this? <i>Mark (X) "Problem with balance" box in person's column.</i> -----		e.	82
f. Anyone else? <input type="checkbox"/> Yes (Reask 8e and f) <input type="checkbox"/> No			
----- g. Does -- need support or touch walls when walking due to balance problems?		g.	83
		1 <input type="checkbox"/> Yes } 2 <input type="checkbox"/> No } <i>(NP in 8e, or 9)</i> 9 <input type="checkbox"/> DK }	
9a. Do (names of persons 18+) now have ringing, roaring, or buzzing in the ears that has lasted for at least three months?		9a.	84
----- b. Who is this? <i>Mark (X) "Noise in ears" box in person's column.</i> -----		b.	85
c. Anyone else? <input type="checkbox"/> Yes (Reask 9b and c) <input type="checkbox"/> No (10 on page 26)			
Notes			

Section II – DISABILITY – Continued

Part A – SENSORY, COMMUNICATION AND MOBILITY – Continued

PERSON 1

<p>10a. Do (names of persons 18+) now have any problems with their sense of smell, such as not being able to smell things or things not smelling the way they are supposed to?</p> <p>-----</p> <p>b. Who is this? Mark (X) "Problem with smell" box in person's column.</p> <p>-----</p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 10b and c) <input type="checkbox"/> No</p> <p>-----</p> <p>Ask 10d-f for each person with box marked in 10b.</p> <p>d. Which problem does -- have, not being able to smell things or things not smelling the way they are supposed to?</p> <p>-----</p> <p>e. Is -- loss of smell complete or partial?</p> <p>-----</p> <p>f. Has -- had problems with -- sense of smell for at least three months?</p>	<p>10a. 86</p> <p>1 <input type="checkbox"/> Yes (10b) 2 <input type="checkbox"/> No } (11) 9 <input type="checkbox"/> DK }</p> <p>b. 87</p> <p>1 <input type="checkbox"/> Problem with smell</p> <p>d. 88</p> <p>1 <input type="checkbox"/> Loss of smell (10e) 2 <input type="checkbox"/> Things don't smell right } (10f) 9 <input type="checkbox"/> DK }</p> <p>e. 89</p> <p>1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Partial 9 <input type="checkbox"/> DK</p> <p>f. 90</p> <p>1 <input type="checkbox"/> Yes } (10d for NP in 10b, 2 <input type="checkbox"/> No } or 11) 9 <input type="checkbox"/> DK }</p>
<p>11a. Do (names of persons 18+) have a problem with their sense of taste, such as not being able to taste salt or sugar or with tastes in the mouth that shouldn't be there, like bitter, salty, sour or sweet tastes?</p> <p>-----</p> <p>b. Who is this? Mark (X) "Problem with taste" box in person's column.</p> <p>-----</p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 11b and c) <input type="checkbox"/> No</p> <p>-----</p> <p>Ask 11d-e for each person with box marked in 11b.</p> <p>d. Which problem does -- have, not being able to taste salt or sugar, tastes in the mouth that shouldn't be there, or some other problem?</p> <p>-----</p> <p>Mark (X) all that apply.</p> <p>e. Has -- had [any of these/this] problem(s) with taste for at least three months?</p>	<p>11a. 91</p> <p>1 <input type="checkbox"/> Yes (11b) 2 <input type="checkbox"/> No } (Part B on page 28) 9 <input type="checkbox"/> DK }</p> <p>b. 92</p> <p>1 <input type="checkbox"/> Problem with taste</p> <p>d. 93</p> <p>1 <input type="checkbox"/> Not tasting salt</p> <p>94</p> <p>2 <input type="checkbox"/> Not tasting sugar</p> <p>95</p> <p>3 <input type="checkbox"/> Tastes that shouldn't be there</p> <p>96</p> <p>4 <input type="checkbox"/> Other problem</p> <p>e. 97</p> <p>1 <input type="checkbox"/> Yes } (11d for NP in 11b, 2 <input type="checkbox"/> No } or Part B on page 28) 9 <input type="checkbox"/> DK }</p>

Section II – DISABILITY – Continued		RT 66
Part B – CONDITIONS		3-4
<p>{I am going to read a list of medical conditions. Tell me if anyone in the family has any of these conditions, even if you have mentioned them before.}</p> <p>1a. Does anyone in the family, that is (read names) have –</p>		PERSON 1
<p>(1) A learning disability?</p> <p>-----</p>	<p>1a.</p> <p>1 <input type="checkbox"/> Yes(1b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p>5</p>
<p>(2) Cerebral palsy (cĕ Rĕ' brāĭ pawl'zee)?</p> <p>-----</p>	<p>1 <input type="checkbox"/> Yes(1b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p>6</p>
<p>(3) Cystic fibrosis (sis'tic fī brō'sis)?</p> <p>-----</p>	<p>1 <input type="checkbox"/> Yes(1b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p>7</p>
<p>(4) Down syndrome?</p> <p>-----</p>	<p>1 <input type="checkbox"/> Yes(1b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p>8</p>
<p>(5) Mental retardation?</p> <p>-----</p>	<p>1 <input type="checkbox"/> Yes(1b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p>9</p>
<p>(6) Muscular dystrophy (dis' trō fee)?</p> <p>-----</p>	<p>1 <input type="checkbox"/> Yes(1b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p>10</p>
<p>(7) Spina bifida (spīn' ah bif ī dah)?</p> <p>-----</p>	<p>1 <input type="checkbox"/> Yes(1b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p>11</p>
<p>(8) Autism (aw'tism)?</p> <p>-----</p>	<p>1 <input type="checkbox"/> Yes(1b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p>12</p>
<p>(9) Hydrocephalus (hī drō sef'ah lūs)?</p> <p>-----</p>	<p>1 <input type="checkbox"/> Yes(1b) 2 <input type="checkbox"/> No(2) 9 <input type="checkbox"/> DK(2)</p>	<p>13</p>
<p>b. Who is this?</p> <p>Mark (X) appropriate box in person's column.</p>	<p>b.</p> <p>1 <input type="checkbox"/> Learning disability</p> <p>2 <input type="checkbox"/> Cerebral Palsy</p> <p>3 <input type="checkbox"/> Cystic Fibrosis</p> <p>4 <input type="checkbox"/> Down Syndrome</p> <p>5 <input type="checkbox"/> Mental Retardation</p> <p>6 <input type="checkbox"/> Muscular Dystrophy</p> <p>7 <input type="checkbox"/> Spina Bifida</p> <p>8 <input type="checkbox"/> Autism</p> <p>9 <input type="checkbox"/> Hydrocephalus</p>	<p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p>
<p>c. Anyone else?</p> <p style="text-align: center;">If "Yes" (Reask 1b and c) If "No" (1a for NC, or 2)</p>		
<p>2a. Was anyone in the family EVER told by a doctor that they had polio, whether or not it resulted in physical disability?</p> <p>-----</p>	<p>2a.</p> <p>1 <input type="checkbox"/> Yes (2b)</p> <p>2 <input type="checkbox"/> No } (Part C on page 30)</p> <p>9 <input type="checkbox"/> DK }</p>	<p>23</p>
<p>b. Who is this? (Anyone else?)</p> <p>Mark (X) "Polio" box in person's column.</p> <p>Ask 2c for each person with "Polio" box marked in 2b.</p>	<p>b.</p> <p>1 <input type="checkbox"/> Polio</p>	<p>24</p>
<p>c. Did -- EVER have paralysis of any kind caused by polio?</p>	<p>c.</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p>	<p>25</p>

Section II - DISABILITY - Continued		RT 67
Part C - ADL / IADL		PERSON 1 3-4
<p><i>HAND CARD DC1.</i> These next questions refer only to (read names of persons 5+).</p>		
<p>1a. Because of a physical, mental, or emotional problem, do (read names of persons 5+) GET HELP FROM ANOTHER PERSON in —</p> <p>(1) Bathing or showering?</p> <p>-----</p> <p>(2) Dressing?</p> <p>-----</p> <p>(3) Eating?</p> <p>-----</p> <p>(4) Getting in and out of bed or chairs?</p> <p>-----</p> <p>(5) Using the toilet, including getting to the toilet?</p> <p>-----</p> <p>(6) Getting around inside the home?</p> <p>-----</p> <p>b. Who is this? (Anyone else?) <i>Mark (X) appropriate box in person's column AND in "Help/Remind" column in X2, then continue with 1a for next activity, or 2.</i></p>	<p>1a.</p> <p>1 <input type="checkbox"/> Yes(1b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 5</p> <p>1 <input type="checkbox"/> Yes(1b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 6</p> <p>1 <input type="checkbox"/> Yes(1b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 7</p> <p>1 <input type="checkbox"/> Yes(1b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 8</p> <p>1 <input type="checkbox"/> Yes(1b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 9</p> <p>1 <input type="checkbox"/> Yes(1b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 10</p> <p>1 <input type="checkbox"/> Yes(1b) 2 <input type="checkbox"/> No(2) 9 <input type="checkbox"/> DK(2) 11</p> <p>b.</p> <p>1 <input type="checkbox"/> Bathing or showering 11</p> <p>2 <input type="checkbox"/> Dressing 12</p> <p>3 <input type="checkbox"/> Eating 13</p> <p>4 <input type="checkbox"/> Getting in/out bed or chairs 14</p> <p>5 <input type="checkbox"/> Using the toilet, including getting to the toilet 15</p> <p>6 <input type="checkbox"/> Getting around inside the home 16</p> <p><i>(Mark (X) appropriate box(es) in X2)</i></p>	
<p><i>Refer to Card DC1. Read all categories in 2c if telephone interview.</i></p>		
<p>2a. Because of a physical, mental, or emotional problem, do (read names of persons 5+) need to be reminded to do [any of these/any of the following] activities, or need to have someone close by when they do them?</p> <p>-----</p> <p>b. Who is this? (Anyone else?) <i>Mark (X) "Remind/close" box in person's column.</i> <i>Ask 2c for each person with "Remind/close" in 2b, then 3 on page 32.</i> <i>Refer to Card DC1. Read each category if telephone interview.</i></p> <p>c. For which activities does -- need to be reminded or to have someone close by? (Any others?) <i>Mark (X) all that apply in person's column AND in "Help/Remind" column in X2.</i></p>	<p>2a.</p> <p>1 <input type="checkbox"/> Yes (2b) 17</p> <p>2 <input type="checkbox"/> No } (3 on page 32)</p> <p>9 <input type="checkbox"/> DK }</p> <p>b.</p> <p>1 <input type="checkbox"/> Remind/close 18</p> <p>-----</p> <p>c.</p> <p>1 <input type="checkbox"/> Bathing or showering 19</p> <p>2 <input type="checkbox"/> Dressing 20</p> <p>3 <input type="checkbox"/> Eating 21</p> <p>4 <input type="checkbox"/> Getting in/out bed or chairs 22</p> <p>5 <input type="checkbox"/> Using the toilet, including getting to the toilet 23</p> <p>6 <input type="checkbox"/> Getting around inside the home 24</p> <p><i>(Mark (X) appropriate box(es) in X2)</i></p>	

Section II – DISABILITY – Continued				
Part C – ADL / IADL – Continued		PERSON 1		
<p><i>Refer to Card DC1. Read all categories in 3c if telephone interview.</i></p> <p>3a. Do (read names of persons 5+) use any SPECIAL EQUIPMENT to do any of [these/the following] activities?</p> <p>b. Who is this? (Anyone else?)</p> <p><i>Mark (X) "Equipment" box in person's column.</i></p> <p><i>Ask 3c for each person with "Equipment" in 3b, then go to C1.</i></p> <p><i>Refer to Card DC1. Read each category if telephone interview.</i></p> <p>C. For which activities does -- use special equipment? (Any others?)</p> <p><i>Mark (X) all that apply in person's column AND in "Spec. Equip." column in X2.</i></p>		3a.	<p>1 <input type="checkbox"/> Yes (3b)</p> <p>2 <input type="checkbox"/> No } (Item C1)</p> <p>9 <input type="checkbox"/> DK }</p>	25
<p>b. Who is this? (Anyone else?)</p> <p><i>Mark (X) "Equipment" box in person's column.</i></p> <p><i>Ask 3c for each person with "Equipment" in 3b, then go to C1.</i></p> <p><i>Refer to Card DC1. Read each category if telephone interview.</i></p> <p>C. For which activities does -- use special equipment? (Any others?)</p> <p><i>Mark (X) all that apply in person's column AND in "Spec. Equip." column in X2.</i></p>		b.	<p>1 <input type="checkbox"/> Equipment</p>	26
<p>C. For which activities does -- use special equipment? (Any others?)</p> <p><i>Mark (X) all that apply in person's column AND in "Spec. Equip." column in X2.</i></p>		c.	<p>1 <input type="checkbox"/> Bathing or showering</p> <p>2 <input type="checkbox"/> Dressing</p> <p>3 <input type="checkbox"/> Eating</p> <p>4 <input type="checkbox"/> Getting in/out bed or chairs</p> <p>5 <input type="checkbox"/> Using the toilet, including getting to the toilet</p> <p>6 <input type="checkbox"/> Getting around inside the home</p> <p><i>(Mark (X) appropriate box(es) in X2)</i></p>	27 28 29 30 31 32
ITEM C1	<p><i>Refer to age and Item X2. Mark (X) first appropriate box.</i></p>	C1	<p>0 <input type="checkbox"/> Under 5 (NP, or C2 on page 38)</p> <p>1 <input type="checkbox"/> One or more activities marked in X2 (4)</p> <p>2 <input type="checkbox"/> No activities in X2 (5 on page 36)</p>	33
<p><i>Mark (X) box 0 or ask:</i></p> <p>4a. Does -- have any difficulty bathing?</p> <p><i>If doesn't do, Ask: Is this because of a physical, mental, or emotional problem?</i></p> <p><i>If "Yes", mark (X) box 3 "Doesn't do/health"</i></p> <p><i>If "No", mark (X) box 2 "No"</i></p>		4a.	<p>0 <input type="checkbox"/> Bathing in X2 (4c)</p> <p>1 <input type="checkbox"/> Yes (Mark X2 then 4b)</p> <p>2 <input type="checkbox"/> No (4c)</p> <p>3 <input type="checkbox"/> Doesn't do/health (Mark X2, then 4c)</p> <p>9 <input type="checkbox"/> DK (4c)</p>	34
<p>b. How much difficulty does -- have bathing — some, a lot, or is -- unable to do it?</p>		b.	<p>1 <input type="checkbox"/> Some</p> <p>2 <input type="checkbox"/> A lot</p> <p>3 <input type="checkbox"/> Unable</p> <p>9 <input type="checkbox"/> DK</p>	35
<p><i>Mark (X) box 0 or ask:</i></p> <p>c. Does -- have any difficulty dressing?</p> <p><i>If doesn't do, Ask: Is this because of a physical, mental, or emotional problem?</i></p> <p><i>If "Yes", mark (X) box 3 "Doesn't do/health"</i></p> <p><i>If "No", mark (X) box 2 "No"</i></p>		c.	<p>0 <input type="checkbox"/> Dressing in X2 (4e on page 34)</p> <p>1 <input type="checkbox"/> Yes (Mark X2 then 4d on page 34)</p> <p>2 <input type="checkbox"/> No (4e on page 34)</p> <p>3 <input type="checkbox"/> Doesn't do/health (Mark X2, then 4e on page 34)</p> <p>9 <input type="checkbox"/> DK (4e on page 34)</p>	36

Section II - DISABILITY - Continued

Part C - ADL / IADL-Continued

		PERSON 1
<p>4d. How much difficulty does -- have dressing -- some, a lot, or is -- unable to do it?</p> <p>-----</p> <p><i>Mark (X) box 0 or ask:</i></p>	<p>4d.</p> <p>1 <input type="checkbox"/> Some 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable 9 <input type="checkbox"/> DK</p>	<p>37</p>
<p>e. Does -- have any difficulty eating?</p> <p><i>If doesn't do, Ask: Is this because of a physical, mental, or emotional problem?</i></p> <p style="padding-left: 40px;"><i>If "Yes", mark (X) box 3 "Doesn't do/health"</i> <i>If "No", mark (X) box 2 "No"</i></p> <p>-----</p>	<p>e.</p> <p>0 <input type="checkbox"/> Eating in X2 (4g) 1 <input type="checkbox"/> Yes (Mark X2 then 4f) 2 <input type="checkbox"/> No (4g) 3 <input type="checkbox"/> Doesn't do/health (Mark X2, then 4g) 9 <input type="checkbox"/> DK (4g)</p>	<p>38</p>
<p>f. How much difficulty does -- have eating -- some, a lot, or is -- unable to do it?</p> <p>-----</p> <p><i>Mark (X) box 0 or ask:</i></p>	<p>f.</p> <p>1 <input type="checkbox"/> Some 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable 9 <input type="checkbox"/> DK</p>	<p>39</p>
<p>g. Does -- have any difficulty getting in and out of bed or chairs?</p> <p><i>If doesn't do, Ask: Is this because of a physical, mental, or emotional problem?</i></p> <p style="padding-left: 40px;"><i>If "Yes", mark (X) box 3 "Doesn't do/health"</i> <i>If "No", mark (X) box 2 "No"</i></p> <p>-----</p>	<p>g.</p> <p>0 <input type="checkbox"/> Bed/Chair in X2 (4i) 1 <input type="checkbox"/> Yes (Mark X2 then 4h) 2 <input type="checkbox"/> No (4i) 3 <input type="checkbox"/> Doesn't do/health (Mark X2, then 4i) 9 <input type="checkbox"/> DK (4i)</p>	<p>40</p>
<p>h. How much difficulty does -- have getting in and out of beds or chairs -- some, a lot, or is -- unable to do it?</p> <p>-----</p> <p><i>Mark (X) box 0 or ask:</i></p>	<p>h.</p> <p>1 <input type="checkbox"/> Some 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable 9 <input type="checkbox"/> DK</p>	<p>41</p>
<p>i. Does -- have any difficulty using the toilet, including getting to the toilet?</p> <p><i>If doesn't do, Ask: Is this because of a physical, mental, or emotional problem?</i></p> <p style="padding-left: 40px;"><i>If "Yes", mark (X) box 3 "Doesn't do/health"</i> <i>If "No", mark (X) box 2 "No"</i></p> <p>-----</p>	<p>i.</p> <p>0 <input type="checkbox"/> Toilet in X2 (4k on page 36) 1 <input type="checkbox"/> Yes (Mark X2 then 4j) 2 <input type="checkbox"/> No (4k on page 36) 3 <input type="checkbox"/> Doesn't do/health (Mark X2, then 4k on page 36) 9 <input type="checkbox"/> DK (4k on page 36)</p>	<p>42</p>
<p>j. How much difficulty does -- have using the toilet, including getting to the toilet -- some, a lot, or is -- unable to do it?</p> <p>-----</p>	<p>j.</p> <p>1 <input type="checkbox"/> Some 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable 9 <input type="checkbox"/> DK</p> <p style="text-align: right;">} (4k on page 36)</p>	<p>43</p>

Section II – DISABILITY – Continued		
Part C – ADL / IADL – Continued		PERSON 1
<p>Mark (X) box 0 or ask:</p> <p>4k. Does -- have any difficulty getting around inside the home?</p> <p>If doesn't do, Ask: Is this because of a physical, mental, or emotional problem?</p> <p style="padding-left: 40px;">If "Yes", mark (X) box 3 "Doesn't do/health" If "No", mark (X) box 2 "No"</p> <hr/> <p>l. How much difficulty does -- have getting around inside the home — some, a lot, or is -- unable to do it?</p>	<p>4k.</p> <p>0 <input type="checkbox"/> Getting around in X2 (C1 on page 32 for NP, or C2 on page 38) 44</p> <p>1 <input type="checkbox"/> Yes (Mark X2 then 4l)</p> <p>2 <input type="checkbox"/> No (C1 on page 32 for NP, or C2 on page 38)</p> <p>3 <input type="checkbox"/> Doesn't do/health (Mark X2, then C1 on page 32 for NP, or C2 on page 38)</p> <p>9 <input type="checkbox"/> DK (C1 on page 32 for NP, or C2 on page 38)</p> <hr/> <p>l.</p> <p>1 <input type="checkbox"/> Some } (C1 on page 32 for NP, or C2 on page 38) 45</p> <p>2 <input type="checkbox"/> A lot }</p> <p>3 <input type="checkbox"/> Unable }</p> <p>9 <input type="checkbox"/> DK }</p>	
<p>HAND CARD DC1. Read categories if telephone interview.</p> <p>5a. Because of a physical, mental, or emotional problem, does -- have any difficulty with any of [these/the following] activities?</p> <p>If "Yes", ask "Which"? and mark the appropriate box(es) in person's column AND in "Difficulty/Doesn't do" column in X2.</p> <p>If doesn't do, ask: Is this because of a physical, mental, or emotional problem?</p> <p style="padding-left: 40px;">If "Yes", mark (X) box for that activity If "No", do not mark the box for that activity</p> <p>Mark (X) box 0 only if no other boxes are marked.</p> <hr/> <p>Ask only if box 1 "Bathing" in 5a; otherwise, skip to 5c.</p> <p>b. How much difficulty does -- have bathing or showering — some, a lot, or is -- unable to do it?</p> <hr/> <p>Ask only if box 2 "Dressing" in 5a; otherwise, skip to 5d.</p> <p>c. How much difficulty does -- have dressing — some, a lot, or is -- unable to do it?</p> <hr/> <p>Ask only if box 3 "Eating" in 5a; otherwise, skip to 5e.</p> <p>d. How much difficulty does -- have eating — some, a lot, or is -- unable to do it?</p> <hr/> <p>Ask only if box 4 "Getting in/out bed or chairs" in 5a; otherwise, skip to 5f on page 38.</p> <p>e. How much difficulty does -- have getting in and out of bed or chairs — some, a lot, or is -- unable to do it?</p>		<p>5a.</p> <p>0 <input type="checkbox"/> No difficulty (C1 on page 32 for NP, or C2 on page 38) 46</p> <p>1 <input type="checkbox"/> Bathing or showering 47</p> <p>2 <input type="checkbox"/> Dressing 48</p> <p>3 <input type="checkbox"/> Eating 49</p> <p>4 <input type="checkbox"/> Getting in/out bed or chairs 50</p> <p>5 <input type="checkbox"/> Using the toilet, including getting to the toilet 51</p> <p>6 <input type="checkbox"/> Getting around inside the home 52</p> <p>Mark (X) appropriate box(es) in X2</p> <hr/> <p>b.</p> <p>1 <input type="checkbox"/> Some 53</p> <p>2 <input type="checkbox"/> A lot</p> <p>3 <input type="checkbox"/> Unable</p> <p>9 <input type="checkbox"/> DK</p> <hr/> <p>c.</p> <p>1 <input type="checkbox"/> Some 54</p> <p>2 <input type="checkbox"/> A lot</p> <p>3 <input type="checkbox"/> Unable</p> <p>9 <input type="checkbox"/> DK</p> <hr/> <p>d.</p> <p>1 <input type="checkbox"/> Some 55</p> <p>2 <input type="checkbox"/> A lot</p> <p>3 <input type="checkbox"/> Unable</p> <p>9 <input type="checkbox"/> DK</p> <hr/> <p>e.</p> <p>1 <input type="checkbox"/> Some } (5f on page 38) 56</p> <p>2 <input type="checkbox"/> A lot }</p> <p>3 <input type="checkbox"/> Unable }</p> <p>9 <input type="checkbox"/> DK }</p>

Section II – DISABILITY – Continued			
Part C – ADL / IADL – Continued		PERSON 1	
	<i>Ask only if box 5 "Using the toilet" in 5a; otherwise, skip to 5g.</i>		57
5f.	How much difficulty does -- have using the toilet, including getting to the toilet -- some, a lot, or is -- unable to do it?	5f.	<input type="checkbox"/> 1 Some <input type="checkbox"/> 2 A lot <input type="checkbox"/> 3 Unable <input type="checkbox"/> 9 DK
	<i>Ask only if box 6 "Getting around inside" in 5a; otherwise, go to C1 on page 32 for NP, or C2.</i>		58
g.	How much difficulty does -- have getting around inside the home -- some, a lot, or is -- unable to do it?	g.	<input type="checkbox"/> 1 Some <input type="checkbox"/> 2 A lot <input type="checkbox"/> 3 Unable <input type="checkbox"/> 9 DK <div style="font-size: 2em; vertical-align: middle; margin-left: 10px;">}</div> <div style="font-size: 0.8em; vertical-align: middle; margin-left: 10px;">(C1 on page 32 for NP, or C2)</div>
ITEM C2	<i>Refer to age and item X2. Mark (X) first appropriate box.</i>	C2	59
If no more persons in family, skip to 10 on page 56.			
Notes			

Section II - DISABILITY - Continued

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Part C - ADL / IADL - Continued

ADL TABLE 1

ITEM C3	Enter person's number and name.	C3	Person number _____ Name _____	3-4
ITEM C4	Refer to X2 for this person. Mark (X) first appropriate box.	C4	<input type="checkbox"/> "Help/Remind" (6) <input type="checkbox"/> "Special equip." (7) <input type="checkbox"/> "Difficulty/doesn't do" (8 on page 42)	5
6a. You said that -- gets help, needs to be reminded, or needs someone close by when (activities with "help/remind" in X2). Who gives this help? Anyone else? Mark (X) all that apply. If ONLY help is from spouse/child(ren)/parent, mark (X) box 0; otherwise, ask: b. Is any of this help paid for? c. Which helpers are paid? Anyone else? Mark (X) all the apply.		6a. Household members Nonhousehold members 1 <input type="checkbox"/> Relative(s) 6 3 <input type="checkbox"/> Relative(s) 8 2 <input type="checkbox"/> Nonrelative(s) 7 4 <input type="checkbox"/> Nonrelative(s) 9 0 <input type="checkbox"/> Spouse/child(ren)/parent only (7) 10 b. 1 <input type="checkbox"/> Yes (6c) 2 <input type="checkbox"/> No } (7) 9 <input type="checkbox"/> DK } c. Household members Nonhousehold members 1 <input type="checkbox"/> Relative(s) 11 3 <input type="checkbox"/> Relative(s) 13 2 <input type="checkbox"/> Nonrelative(s) 12 4 <input type="checkbox"/> Nonrelative(s) 14		
Ask 7a and b only if "Help/remind" and/or "Special equip." for Bathing ; otherwise, skip to 7c. 15 7a. If -- did not [get help from another person/(and) use special equipment], how much difficulty would -- have bathing -- some, a lot, or would -- be completely unable to do this? 1 <input type="checkbox"/> Some 3 <input type="checkbox"/> Completely unable 2 <input type="checkbox"/> A lot 9 <input type="checkbox"/> DK b. WITH [help from another person/(and) special equipment], how much difficulty does -- have bathing -- some, a lot, or is -- completely unable to do this? 16 0 <input type="checkbox"/> No difficulty 2 <input type="checkbox"/> A lot 9 <input type="checkbox"/> DK 1 <input type="checkbox"/> Some 3 <input type="checkbox"/> Completely unable		Ask 7c and d only if "Help/remind" and/or "Special equip." for Dressing ; otherwise, skip to 7e. 17 7c. If -- did not [get help from another person/(and) use special equipment], how much difficulty would -- have dressing -- some, a lot, or would -- be completely unable to do this? 1 <input type="checkbox"/> Some 3 <input type="checkbox"/> Completely unable 2 <input type="checkbox"/> A lot 9 <input type="checkbox"/> DK d. WITH [help from another person/(and) special equipment] how much difficulty does -- have dressing -- some, a lot, or is -- completely unable to do this? 18 0 <input type="checkbox"/> No difficulty 2 <input type="checkbox"/> A lot 9 <input type="checkbox"/> DK 1 <input type="checkbox"/> Some 3 <input type="checkbox"/> Completely unable		
Notes				

Section II – DISABILITY – Continued

Part C – ADL / IADL – Continued

ADL TABLE 1 – Continued

Ask 7e and f only if "Help/remind" and/or "Special equip." for **Eating**; otherwise, skip to 7g. 19

7e. If -- did not [get help from another person/(and) use special equipment], how much difficulty would -- have eating -- some, a lot, or would -- be completely unable to do this?

- 1 Some 3 Completely unable
 2 A lot 9 DK

f. WITH [help from another person/(and) special equipment] how much difficulty does -- have eating -- some, a lot, or is -- completely unable to do this? 20

- 0 No difficulty 2 A lot 9 DK
 1 Some 3 Completely unable

Ask 7g and h only if "Help/remind" and/or "Special equip." for **Bed or chair**; otherwise, skip to 7i. 21

g. If -- did not [get help from another person/(and) use special equipment], how much difficulty would -- have getting in and out of bed or chairs -- some, a lot, or would -- be completely unable to do this?

- 1 Some 3 Completely unable
 2 A lot 9 DK

h. WITH [help from another person/(and) special equipment], how much difficulty does -- have getting in and out of bed or chairs -- some, a lot, or is -- completely unable to do this? 22

- 0 No difficulty 2 A lot 9 DK
 1 Some 3 Completely unable

Ask 7i and j only if "Help/remind" and/or "Special equip." for **Toilet**; otherwise, skip to 7k. 23

7i. If -- did not [get help from another person/(and) use special equipment], how much difficulty would -- have using the toilet, including getting to the toilet -- some, a lot, or would -- be completely unable to do this?

- 1 Some 3 Completely unable
 2 A lot 9 DK

j. WITH [help from another person/(and) special equipment] how much difficulty does -- have using the toilet, including getting to the toilet -- some, a lot, or would -- be completely unable to do this? 24

- 0 No difficulty 2 A lot 9 DK
 1 Some 3 Completely unable

Ask 7k and l only if "Help/remind" and/or "Special equip." for **Getting around**; otherwise, skip to 8 on page 42. 25

k. If -- did not [get help from another person/(and) use special equipment], how much difficulty, would -- have getting around inside the home -- some, a lot, or would -- be completely unable to do this?

- 1 Some 3 Completely unable
 2 A lot 9 DK

l. WITH [help from another person/(and) special equipment] how much difficulty does -- have getting around inside the home -- some, a lot, or is -- completely unable to do this? 26

- 0 No difficulty 2 A lot 9 DK
 1 Some 3 Completely unable

(Go to 8 on page 42)

Notes

Section II - DISABILITY - Continued

Part C - ADL / IADL - Continued

ADL TABLE 1 - Continued

<p><i>Ask only if "Bathing" marked in X2; otherwise, 8a for next activity.</i> 27-28</p> <p>8a. How old was -- when -- first had a problem with bathing or showering?</p> <p>_____ Years old (8d)</p> <p>96 <input type="checkbox"/> At birth (8d)</p> <p>99 <input type="checkbox"/> DK (8b)</p> <hr/> <p>b. Was it before -- was 18 years old? 29</p> <p>1 <input type="checkbox"/> Yes (8d)</p> <p>2 <input type="checkbox"/> No (8c)</p> <p>9 <input type="checkbox"/> DK (8d)</p> <hr/> <p>c. Was it before -- was 22 years old? 30</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p> <hr/> <p><i>If obvious, mark without asking; otherwise ask:</i> 31</p> <p>d. Is -- expected to have this problem with bathing or showering for at least 12 months longer?</p> <p>1 <input type="checkbox"/> Yes } (8a for next activity)</p> <p>2 <input type="checkbox"/> No }</p> <p>9 <input type="checkbox"/> DK }</p>	<p><i>Ask only if "Dressing" marked in X2; otherwise, 8a for next activity.</i> 37-38</p> <p>8a. How old was -- when -- first had a problem with dressing?</p> <p>_____ Years old (8d)</p> <p>96 <input type="checkbox"/> At birth (8d)</p> <p>99 <input type="checkbox"/> DK (8b)</p> <hr/> <p>b. Was it before -- was 18 years old? 39</p> <p>1 <input type="checkbox"/> Yes (8d)</p> <p>2 <input type="checkbox"/> No (8c)</p> <p>9 <input type="checkbox"/> DK (8d)</p> <hr/> <p>c. Was it before -- was 22 years old? 40</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p> <hr/> <p><i>If obvious, mark without asking; otherwise ask:</i> 41</p> <p>d. Is -- expected to have this problem with dressing for at least 12 months longer?</p> <p>1 <input type="checkbox"/> Yes } (8a for next activity)</p> <p>2 <input type="checkbox"/> No }</p> <p>9 <input type="checkbox"/> DK }</p>
<p><i>Ask only if "Eating" marked in X2; otherwise, 8a for next activity.</i> 32-33</p> <p>8a. How old was -- when -- first had a problem with eating?</p> <p>_____ Years old (8d)</p> <p>96 <input type="checkbox"/> At birth (8d)</p> <p>99 <input type="checkbox"/> DK (8b)</p> <hr/> <p>b. Was it before -- was 18 years old? 34</p> <p>1 <input type="checkbox"/> Yes (8d)</p> <p>2 <input type="checkbox"/> No (8c)</p> <p>9 <input type="checkbox"/> DK (8d)</p> <hr/> <p>c. Was it before -- was 22 years old? 35</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p> <hr/> <p><i>If obvious, mark without asking; otherwise ask:</i> 36</p> <p>d. Is -- expected to have this problem with eating for at least 12 months longer?</p> <p>1 <input type="checkbox"/> Yes } (8a for next activity)</p> <p>2 <input type="checkbox"/> No }</p> <p>9 <input type="checkbox"/> DK }</p>	<p><i>Ask only if "Bed or chairs" marked in X2; otherwise, 8a for next activity.</i> 42-43</p> <p>8a. How old was -- when -- first had a problem with getting in and out of bed or chairs?</p> <p>_____ Years old (8d)</p> <p>96 <input type="checkbox"/> At birth (8d)</p> <p>99 <input type="checkbox"/> DK (8b)</p> <hr/> <p>b. Was it before -- was 18 years old? 44</p> <p>1 <input type="checkbox"/> Yes (8d)</p> <p>2 <input type="checkbox"/> No (8c)</p> <p>9 <input type="checkbox"/> DK (8d)</p> <hr/> <p>c. Was it before -- was 22 years old? 45</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p> <hr/> <p><i>If obvious, mark without asking; otherwise ask:</i> 46</p> <p>d. Is -- expected to have this problem with getting in and out of bed or chairs for at least 12 months longer?</p> <p>1 <input type="checkbox"/> Yes } (8a for next activity)</p> <p>2 <input type="checkbox"/> No }</p> <p>9 <input type="checkbox"/> DK }</p>

Section II - DISABILITY - Continued

Part C - ADL / IADL - Continued

ADL TABLE 1 - Continued

<p>Ask only if "Toilet" marked in X2; otherwise, 8a for next activity. 47-48</p> <p>8a. How old was -- when -- first had a problem with using the toilet?</p> <p>_____ Years old (8d)</p> <p>96 <input type="checkbox"/> At birth (8d) 99 <input type="checkbox"/> DK (8b)</p> <hr style="border-top: 1px dashed black;"/> <p>b. Was it before -- was 18 years old? 49</p> <p>1 <input type="checkbox"/> Yes (8d) 2 <input type="checkbox"/> No (8c) 9 <input type="checkbox"/> DK (8d)</p> <hr style="border-top: 1px dashed black;"/> <p>c. Was it before -- was 22 years old? 50</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p> <hr style="border-top: 1px dashed black;"/> <p>If obvious, mark without asking; otherwise ask: 51</p> <p>d. Is -- expected to have this problem with using the toilet for at least 12 months longer?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (8a for next activity)</p>	<p>Ask only if "Getting around" marked in X2; otherwise, 9 below. 52-53</p> <p>8a. How old was -- when -- first had a problem with getting around inside the home?</p> <p>_____ Years old (8d)</p> <p>96 <input type="checkbox"/> At birth (8d) 99 <input type="checkbox"/> DK (8b)</p> <hr style="border-top: 1px dashed black;"/> <p>b. Was it before -- was 18 years old? 54</p> <p>1 <input type="checkbox"/> Yes (8d) 2 <input type="checkbox"/> No (8c) 9 <input type="checkbox"/> DK (8d)</p> <hr style="border-top: 1px dashed black;"/> <p>c. Was it before -- was 22 years old? 55</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p> <hr style="border-top: 1px dashed black;"/> <p>If obvious, mark without asking; otherwise ask: 56</p> <p>d. Is -- expected to have this problem with getting around inside the home for at least 12 months longer?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (9)</p>
<p>9. What is the MAIN problem or condition which causes -- trouble in (activities marked in X2)?</p>	<p>(Enter condition in X1 and mark box) 57</p> <p>1 <input type="checkbox"/> In C2 2 <input type="checkbox"/> Not in C2 } (C2 on page 38 for NP; or 10 on page 56)</p>

Notes

Section II - DISABILITY - Continued		RT 69
Part C - ADL / IADL		PERSON 1 3-4
<p><i>Skip to Part D, page 80 if no family members 18+ years old.</i> HAND CARD DC2. {Now I will ask about some other activities. These next few questions refer only to (read names of persons 18+).}</p>		
<p>10a. Because of a physical, mental, or emotional problem, do (read names of persons 18+) GET HELP OR SUPERVISION FROM ANOTHER PERSON with —</p> <p>(1) Preparing their own meals? -----</p> <p>(2) Shopping for personal items, such as toilet items or medicine? -----</p> <p>(3) Managing money, such as keeping track of expenses or paying bills? -----</p> <p>(4) Using the telephone? -----</p> <p>(5) Doing heavy work around the house like scrubbing floors, washing windows, and doing heavy yard work? -----</p> <p>(6) Doing light work around the house like doing dishes, straightening up, light cleaning, or taking out the trash? -----</p> <p>b. Who is this? (Anyone else?)</p> <p><i>Mark (X) appropriate box in person's column AND in "Help/supv." column in X3, then continue with 10a, or go to C5.</i></p>	<p>10a.</p> <p>1 <input type="checkbox"/> Yes(10b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 5</p> <hr/> <p>1 <input type="checkbox"/> Yes(10b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 6</p> <hr/> <p>1 <input type="checkbox"/> Yes(10b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 7</p> <hr/> <p>1 <input type="checkbox"/> Yes(10b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 8</p> <hr/> <p>1 <input type="checkbox"/> Yes(10b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 9</p> <hr/> <p>1 <input type="checkbox"/> Yes(10b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 10</p> <hr/> <p>1 <input type="checkbox"/> Yes(10b) 2 <input type="checkbox"/> No(C5) 9 <input type="checkbox"/> DK(C5) 11</p> <p>b.</p> <p>1 <input type="checkbox"/> Preparing meals 11</p> <p>2 <input type="checkbox"/> Shopping 12</p> <p>3 <input type="checkbox"/> Managing money 13</p> <p>4 <input type="checkbox"/> Using telephone 14</p> <p>5 <input type="checkbox"/> Heavy housework 15</p> <p>6 <input type="checkbox"/> Light housework 16</p> <p><i>(Mark (X) appropriate box(es) in X3)</i></p>	
ITEM C5	<p><i>Refer to age and item X3 for each person. Mark (X) first appropriate box.</i></p>	<p>C5</p> <p>0 <input type="checkbox"/> Under 18 (NP, or C6 on page 62) 17</p> <p>1 <input type="checkbox"/> One or more activities marked in X3 (11)</p> <p>2 <input type="checkbox"/> No activities in X3 (12 on page 60)</p>
<p><i>Mark (X) box 0 or ask:</i></p> <p>11a. Does -- have any difficulty preparing -- own meals?</p> <p><i>If doesn't do, ask: Is this because of a physical, mental, or emotional problem?</i></p> <p style="padding-left: 40px;"><i>If "Yes", mark (X) box 3 "Doesn't do/health"</i></p> <p style="padding-left: 40px;"><i>If "No", mark (X) box 2 "No"</i></p> <hr/> <p>b. How much difficulty does -- have preparing -- own meals — some, a lot, or is -- unable to do it?</p>	<p>11a.</p> <p>0 <input type="checkbox"/> Preparing meals in X3 (11c on page 58) 18</p> <p>1 <input type="checkbox"/> Yes (Mark X3, then 11b)</p> <p>2 <input type="checkbox"/> No (11c on page 58)</p> <p>3 <input type="checkbox"/> Doesn't do/health (Mark X3, then 11c on page 58)</p> <p>9 <input type="checkbox"/> DK(11c on page 58)</p> <hr/> <p>b.</p> <p>1 <input type="checkbox"/> Some } 19</p> <p>2 <input type="checkbox"/> A lot } (11c on page 58)</p> <p>3 <input type="checkbox"/> Unable }</p> <p>9 <input type="checkbox"/> DK }</p>	

Section II – DISABILITY – Continued		
Part C – ADL / IADL – Continued		PERSON 1
<p><i>Mark (X) box 0 or ask:</i></p> <p>11c. Does -- have any difficulty shopping for personal items?</p> <p><i>If doesn't do, ask: Is this because of a physical, mental, or emotional problem?</i></p> <p style="padding-left: 40px;"><i>If "Yes", mark (X) box 3 "Doesn't do/health"</i> <i>If "No", mark (X) box 2 "No"</i></p> <hr style="border-top: 1px dashed black;"/> <p>d. How much difficulty does -- have shopping for personal items — some, a lot, or is -- unable to do it?</p>	<p>11c.</p> <p>0 <input type="checkbox"/> Shopping in X3 (11e)</p> <p>1 <input type="checkbox"/> Yes (Mark X3, then 11d)</p> <p>2 <input type="checkbox"/> No (11e)</p> <p>3 <input type="checkbox"/> Doesn't do/health (Mark X3, then 11e)</p> <p>9 <input type="checkbox"/> DK(11e)</p> <hr style="border-top: 1px dashed black;"/> <p>d.</p> <p>1 <input type="checkbox"/> Some</p> <p>2 <input type="checkbox"/> A lot</p> <p>3 <input type="checkbox"/> Unable</p> <p>9 <input type="checkbox"/> DK</p>	<p style="border: 1px solid black; padding: 2px;">20</p> <hr style="border-top: 1px dashed black;"/> <p style="border: 1px solid black; padding: 2px;">21</p>
<p><i>Mark (X) box 0 or ask:</i></p> <p>e. Does -- have any difficulty managing money?</p> <p><i>If doesn't do, ask: Is this because of a physical, mental, or emotional problem?</i></p> <p style="padding-left: 40px;"><i>If "Yes", mark (X) box 3 "Doesn't do/health"</i> <i>If "No", mark (X) box 2 "No"</i></p> <hr style="border-top: 1px dashed black;"/> <p>f. How much difficulty does -- have managing money — some, a lot, or is -- unable to do it?</p>	<p>e.</p> <p>0 <input type="checkbox"/> Managing money in X3 (11g)</p> <p>1 <input type="checkbox"/> Yes (Mark X3, then 11f)</p> <p>2 <input type="checkbox"/> No (11g)</p> <p>3 <input type="checkbox"/> Doesn't do/health (Mark X3, then 11g)</p> <p>9 <input type="checkbox"/> DK(11g)</p> <hr style="border-top: 1px dashed black;"/> <p>f.</p> <p>1 <input type="checkbox"/> Some</p> <p>2 <input type="checkbox"/> A lot</p> <p>3 <input type="checkbox"/> Unable</p> <p>9 <input type="checkbox"/> DK</p>	<p style="border: 1px solid black; padding: 2px;">22</p> <hr style="border-top: 1px dashed black;"/> <p style="border: 1px solid black; padding: 2px;">23</p>
<p><i>Mark (X) box 0 or ask:</i></p> <p>g. Does -- have any difficulty using the telephone?</p> <p><i>If doesn't do, ask: Is this because of a physical, mental, or emotional problem?</i></p> <p style="padding-left: 40px;"><i>If "Yes", mark (X) box 3 "Doesn't do/health"</i> <i>If "No", mark (X) box 2 "No"</i></p> <hr style="border-top: 1px dashed black;"/> <p>h. How much difficulty does -- have using the telephone — some, a lot, or is -- unable to do it?</p>	<p>g.</p> <p>0 <input type="checkbox"/> Telephone in X3 (11i)</p> <p>1 <input type="checkbox"/> Yes (Mark X3, then 11h)</p> <p>2 <input type="checkbox"/> No (11i)</p> <p>3 <input type="checkbox"/> Doesn't do/health (Mark X3, then 11i)</p> <p>9 <input type="checkbox"/> DK(11i)</p> <hr style="border-top: 1px dashed black;"/> <p>h.</p> <p>1 <input type="checkbox"/> Some</p> <p>2 <input type="checkbox"/> A lot</p> <p>3 <input type="checkbox"/> Unable</p> <p>9 <input type="checkbox"/> DK</p>	<p style="border: 1px solid black; padding: 2px;">24</p> <hr style="border-top: 1px dashed black;"/> <p style="border: 1px solid black; padding: 2px;">25</p>
<p><i>Mark (X) box 0 or ask:</i></p> <p>i. Does -- have any difficulty doing heavy work around the house?</p> <p><i>If doesn't do, ask: Is this because of a physical, mental, or emotional problem?</i></p> <p style="padding-left: 40px;"><i>If "Yes", mark (X) box 3 "Doesn't do/health"</i> <i>If "No", mark (X) box 2 "No"</i></p> <hr style="border-top: 1px dashed black;"/> <p>j. How much difficulty does -- have doing heavy work around the house — some, a lot, or is -- unable to do it?</p>	<p>i.</p> <p>0 <input type="checkbox"/> Heavy work in X3 (11k on page 60)</p> <p>1 <input type="checkbox"/> Yes (Mark X3, then 11j)</p> <p>2 <input type="checkbox"/> No (11k on page 60)</p> <p>3 <input type="checkbox"/> Doesn't do/health (Mark X3, then 11k on page 60)</p> <p>9 <input type="checkbox"/> DK (11k on page 60)</p> <hr style="border-top: 1px dashed black;"/> <p>j.</p> <p>1 <input type="checkbox"/> Some</p> <p>2 <input type="checkbox"/> A lot</p> <p>3 <input type="checkbox"/> Unable</p> <p>9 <input type="checkbox"/> DK</p> <p style="text-align: right;">} (11k on page 60)</p>	<p style="border: 1px solid black; padding: 2px;">26</p> <hr style="border-top: 1px dashed black;"/> <p style="border: 1px solid black; padding: 2px;">27</p>

Section II - DISABILITY - Continued		
Part C - ADL / IADL - Continued		PERSON 1
<p>Mark (X) box 0 or ask:</p> <p>11k. Does -- have any difficulty doing light work around the house?</p> <p>If doesn't do, ask: Is this because of a physical, mental, or emotional problem?</p> <p style="padding-left: 40px;">If "Yes", mark (X) box 3 "Doesn't do/health" If "No", mark (X) box 2 "No"</p> <hr/> <p>l. How much difficulty does -- have doing light work around the house -- some, a lot, or is -- unable to do it?</p>		<p style="text-align: right;">28</p> <p>11k.</p> <p><input type="checkbox"/> Light work in X3 (C5 on page 56 for NP, or C6 on page 62)</p> <p><input type="checkbox"/> Yes (Mark X3, then 11l)</p> <p><input type="checkbox"/> No (C5 on page 56 for NP, or C6 on page 62)</p> <p><input type="checkbox"/> Doesn't do/health (Mark X3, then C5 on page 56 for NP, or C6 on page 62)</p> <p><input type="checkbox"/> DK (C5 on page 56 for NP, or C6 on page 62)</p> <hr/> <p>l.</p> <p><input type="checkbox"/> Some } (C5 on page 56 for NP, or C6 on page 62) <input type="checkbox"/> A lot } <input type="checkbox"/> Unable } <input type="checkbox"/> DK }</p> <p style="text-align: right;">29</p>
<p>Hand Card DC2.</p> <p>12a. Because of a physical, mental, or emotional problem does -- have any difficulty with any of [these/the following] activities? Read categories if telephone interview.</p> <p>If "Yes", ask "Which?" and mark the appropriate box(es), in person's column AND in "Difficulty/doesn't do" column in X3.</p> <p>If doesn't do, ask: Is this because of a physical, mental, or emotional problem?</p> <p style="padding-left: 40px;">If "Yes", mark the box for that activity If "No", do not make any entries</p> <p>Mark (X) box 0 only if no other box(es) are marked.</p> <p>Ask only if box 1 "Preparing meals" in 12a; otherwise, skip to 12c.</p> <hr/> <p>b. How much difficulty does -- have preparing -- own meals -- some, a lot, or is -- unable to do it?</p> <p>Ask only if box 2 "Shopping" in 12a; otherwise, skip to 12d.</p> <hr/> <p>c. How much difficulty does -- have shopping for personal items -- some, a lot, or is -- unable to do it?</p> <p>Ask only if box 3 "Managing money" in 12a; otherwise, skip to 12e.</p> <hr/> <p>d. How much difficulty does -- have managing money -- some, a lot, or is -- unable to do it?</p> <p>Ask only if box 4 "Using the telephone" in 12a; otherwise, skip to 12f on page 62.</p> <hr/> <p>e. How much difficulty does -- have using the telephone -- some, a lot, or is -- unable to do it?</p>		<p style="text-align: right;">30</p> <p>12a.</p> <p><input type="checkbox"/> No difficulty (C5 on page 56 for NP, or C6 on page 62)</p> <p><input type="checkbox"/> Preparing meals 31</p> <p><input type="checkbox"/> Shopping 32</p> <p><input type="checkbox"/> Managing money 33</p> <p><input type="checkbox"/> Using the telephone 34</p> <p><input type="checkbox"/> Heavy housework 35</p> <p><input type="checkbox"/> Light housework 36</p> <p>(Mark (X) appropriate box(es) in X3)</p> <hr/> <p>b.</p> <p><input type="checkbox"/> Some } (C5 on page 56 for NP, or C6 on page 62) <input type="checkbox"/> A lot } <input type="checkbox"/> Unable } <input type="checkbox"/> DK }</p> <p style="text-align: right;">37</p> <hr/> <p>c.</p> <p><input type="checkbox"/> Some } (C5 on page 56 for NP, or C6 on page 62) <input type="checkbox"/> A lot } <input type="checkbox"/> Unable } <input type="checkbox"/> DK }</p> <p style="text-align: right;">38</p> <hr/> <p>d.</p> <p><input type="checkbox"/> Some } (C5 on page 56 for NP, or C6 on page 62) <input type="checkbox"/> A lot } <input type="checkbox"/> Unable } <input type="checkbox"/> DK }</p> <p style="text-align: right;">39</p> <hr/> <p>e.</p> <p><input type="checkbox"/> Some } (12f on page 62) <input type="checkbox"/> A lot } <input type="checkbox"/> Unable } <input type="checkbox"/> DK }</p> <p style="text-align: right;">40</p>

Section II - DISABILITY - Continued		
Part C - ADL / IADL - Continued		PERSON 1
<p><i>Ask only if box 5 "Heavy housework" in 12a; otherwise, skip to 12g.</i></p> <p>12f. How much difficulty does -- have doing heavy work around the house -- some, a lot, or is -- unable to do it?</p>		<p style="text-align: right;">41</p> <p>12f. 1 <input type="checkbox"/> Some 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable 9 <input type="checkbox"/> DK</p>
<p><i>Ask only if box 6 "Light housework" in 12a; otherwise, go to C5 on page 56 for NP, or C6.</i></p> <p>g. How much difficulty does -- have doing light work around the house -- some, a lot, or is -- unable to do it?</p>		<p style="text-align: right;">42</p> <p>g. 1 <input type="checkbox"/> Some 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable 9 <input type="checkbox"/> DK</p> <p style="font-size: small; margin-left: 100px;">} (C5 on page 56 for NP, or C6)</p>
<p>ITEM C6</p>	<p><i>Refer to age and item X3. Mark (X) first appropriate box.</i></p>	<p style="text-align: right;">43</p> <p>C6 0 <input type="checkbox"/> Under 18 (NP, or Part D on page 80) 1 <input type="checkbox"/> One or more activities marked in X3 (IADL table) 2 <input type="checkbox"/> No activities in X3 (NP, or Part D on page 80)</p>

If no more persons in family, skip to Part D on page 80.

Notes

Section II - DISABILITY - Continued

RT 70

Part C - ADL / IADL - Continued

IADL TABLE 1

ITEM C7	Enter person's number and name.	C7	Person number _____ Name _____	3-4	
ITEM C8	Refer to X3 for this person. Mark (X) first appropriate box.	C8	1 <input type="checkbox"/> "Help/supv." (13) 2 <input type="checkbox"/> "Difficulty/doesn't do" (15 on page 66)	5	
13a. You said that -- gets help or supervision with (activities with "help/supv." in X3). Who gives this help? Anyone else? Mark (X) all that apply. If ONLY help is from spouse/child(ren)/parent, mark (X) box 0; otherwise, ask: b. Is any of this help paid for? c. Which helpers are paid? Anyone else? Mark (X) all the apply.		13a. Household members Nonhousehold members 1 <input type="checkbox"/> Relative(s) 6 3 <input type="checkbox"/> Relative(s) 8 2 <input type="checkbox"/> Nonrelative(s) 7 4 <input type="checkbox"/> Nonrelative(s) 9			
		b. 0 <input type="checkbox"/> Spouse/child(ren)/parent only (14) 10 1 <input type="checkbox"/> Yes (13c) 2 <input type="checkbox"/> No } (14) 9 <input type="checkbox"/> DK }			
		c. Household members Nonhousehold members 1 <input type="checkbox"/> Relative(s) 11 3 <input type="checkbox"/> Relative(s) 13 2 <input type="checkbox"/> Nonrelative(s) 12 4 <input type="checkbox"/> Nonrelative(s) 14			
Ask 14a and b only if "Help/supv." for Preparing meals ; otherwise, skip to 14c.		15	Ask 14c and d only if "Help or supv." for Shopping ; otherwise, skip to 14e.		17
14a. If -- did not get help or supervision from another person, how much difficulty would -- have preparing -- meals on -- own -- some, a lot, or would -- be completely unable to do this? 1 <input type="checkbox"/> Some 3 <input type="checkbox"/> Completely unable 2 <input type="checkbox"/> A lot 9 <input type="checkbox"/> DK		16	14c. If -- did not get help or supervision from another person, how much difficulty would -- have shopping for personal items on -- own -- some, a lot, or would -- be completely unable to do this? 1 <input type="checkbox"/> Some 3 <input type="checkbox"/> Completely unable 2 <input type="checkbox"/> A lot 9 <input type="checkbox"/> DK		
b. WITH help or supervision, how much difficulty does -- have preparing -- meals -- some, a lot, or is -- completely unable to do this? 0 <input type="checkbox"/> No difficulty 2 <input type="checkbox"/> A lot 9 <input type="checkbox"/> DK 1 <input type="checkbox"/> Some 3 <input type="checkbox"/> Completely unable			d. WITH help or supervision, how much difficulty does -- have shopping for personal items -- some, a lot, or is -- completely unable to do this? 0 <input type="checkbox"/> No difficulty 2 <input type="checkbox"/> A lot 9 <input type="checkbox"/> DK 1 <input type="checkbox"/> Some 3 <input type="checkbox"/> Completely unable		18
Notes					

Section II - DISABILITY - Continued

Part C - ADL / IADL - Continued

IADL TABLE 1 - Continued

<p style="text-align: right; margin-bottom: 0;">19</p> <p><i>Ask 14e and f only if "Help/supv." for Managing money; otherwise, skip to 14g.</i></p> <p>14e. If -- did not get help or supervision from another person, how much difficulty would -- managing money on -- own -- some, a lot, or is -- be completely unable to do this?</p> <p>1 <input type="checkbox"/> Some 3 <input type="checkbox"/> Completely unable 2 <input type="checkbox"/> A lot 9 <input type="checkbox"/> DK</p> <hr style="border-top: 1px dashed black;"/> <p style="text-align: right; margin-bottom: 0;">20</p> <p>f. WITH help or supervision, how much difficulty does -- have managing money -- some, a lot, or is -- completely unable to do this?</p> <p>0 <input type="checkbox"/> No difficulty 2 <input type="checkbox"/> A lot 9 <input type="checkbox"/> DK 1 <input type="checkbox"/> Some 3 <input type="checkbox"/> Completely unable</p> <hr style="border-top: 1px dashed black;"/> <p style="text-align: right; margin-bottom: 0;">21</p> <p><i>Ask 14g and h only if "Help/supv. for Telephone"; otherwise, skip to 14i.</i></p> <p>g. If -- did not get help or supervision from another person, how much difficulty would -- have using the telephone -- some, a lot, or would -- be completely unable to do this?</p> <p>1 <input type="checkbox"/> Some 3 <input type="checkbox"/> Completely unable 2 <input type="checkbox"/> A lot 9 <input type="checkbox"/> DK</p> <hr style="border-top: 1px dashed black;"/> <p style="text-align: right; margin-bottom: 0;">22</p> <p>h. WITH help or supervision, how much difficulty does -- have using the telephone -- some, a lot, or is -- completely unable to do this?</p> <p>0 <input type="checkbox"/> No difficulty 2 <input type="checkbox"/> A lot 9 <input type="checkbox"/> DK 1 <input type="checkbox"/> Some 3 <input type="checkbox"/> Completely unable</p>	<p style="text-align: right; margin-bottom: 0;">23</p> <p><i>Ask 14i and j only if "Help/supv." for Heavy housework; otherwise, skip to 14k.</i></p> <p>14i. If -- did not get help or supervision from another person, how much difficulty would -- have doing heavy work around the house -- some, a lot, or would -- be completely unable to do this?</p> <p>1 <input type="checkbox"/> Some 3 <input type="checkbox"/> Completely unable 2 <input type="checkbox"/> A lot 9 <input type="checkbox"/> DK</p> <hr style="border-top: 1px dashed black;"/> <p style="text-align: right; margin-bottom: 0;">24</p> <p>j. WITH help or supervision, how much difficulty does -- have doing heavy work around the house -- some, a lot, or is -- completely unable to do this?</p> <p>0 <input type="checkbox"/> No difficulty 2 <input type="checkbox"/> A lot 9 <input type="checkbox"/> DK 1 <input type="checkbox"/> Some 3 <input type="checkbox"/> Completely unable</p> <hr style="border-top: 1px dashed black;"/> <p style="text-align: right; margin-bottom: 0;">25</p> <p><i>Ask 14k and l only if "Help/supv." for Light housework; otherwise, skip to 15 on page 66.</i></p> <p>k. If -- did not get help or supervision from another person, how much difficulty would -- have doing light work around the house -- some, a lot, or would -- be completely unable to do this?</p> <p>1 <input type="checkbox"/> Some 3 <input type="checkbox"/> Completely unable 2 <input type="checkbox"/> A lot 9 <input type="checkbox"/> DK</p> <hr style="border-top: 1px dashed black;"/> <p style="text-align: right; margin-bottom: 0;">26</p> <p>l. WITH help or supervision, how much difficulty does -- have doing light work around the house -- some, a lot, or is -- completely unable to do this?</p> <p>0 <input type="checkbox"/> No difficulty 2 <input type="checkbox"/> A lot 9 <input type="checkbox"/> DK 1 <input type="checkbox"/> Some 3 <input type="checkbox"/> Completely unable</p> <p style="text-align: right; margin-top: 10px;"><i>(Go to 15 on page 66)</i></p>
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Notes

Section II - DISABILITY - Continued

Part C - ADL / IADL - Continued

IADL TABLE 1 - Continued

<p style="text-align: right; font-size: small;">27-28</p> <p><i>Ask only if "Preparing meals" marked in X3; otherwise, 15a for next activity.</i></p> <p>15a. How old was -- when -- first had a problem with preparing -- own meals?</p> <p style="margin-left: 20px;">_____ Years old (15d)</p> <p>96 <input type="checkbox"/> At birth (15d)</p> <p>99 <input type="checkbox"/> DK (15b)</p> <hr style="border-top: 1px dashed black;"/> <p>b. Was it before -- was 18 years old? 29</p> <p>1 <input type="checkbox"/> Yes (15d)</p> <p>2 <input type="checkbox"/> No (15c)</p> <p>9 <input type="checkbox"/> DK (15d)</p> <hr style="border-top: 1px dashed black;"/> <p>c. Was it before -- was 22 years old? 30</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p> <hr style="border-top: 1px dashed black;"/> <p><i>If obvious, mark without asking; otherwise ask:</i> 31</p> <hr style="border-top: 1px dashed black;"/> <p>d. Is -- expected to have this problem with preparing -- own meals for at least 12 months longer?</p> <p>1 <input type="checkbox"/> Yes } (15a for next activity)</p> <p>2 <input type="checkbox"/> No }</p> <p>9 <input type="checkbox"/> DK }</p>	<p style="text-align: right; font-size: small;">37-38</p> <p><i>Ask only if "Shopping" marked in X3; otherwise, 15a for next activity.</i></p> <p>15a. How old was -- when -- first had a problem with shopping for personal items?</p> <p style="margin-left: 20px;">_____ Years old (15d)</p> <p>96 <input type="checkbox"/> At birth (15d)</p> <p>99 <input type="checkbox"/> DK (15b)</p> <hr style="border-top: 1px dashed black;"/> <p>b. Was it before -- was 18 years old? 39</p> <p>1 <input type="checkbox"/> Yes (15d)</p> <p>2 <input type="checkbox"/> No (15c)</p> <p>9 <input type="checkbox"/> DK (15d)</p> <hr style="border-top: 1px dashed black;"/> <p>c. Was it before -- was 22 years old? 40</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p> <hr style="border-top: 1px dashed black;"/> <p><i>If obvious, mark without asking; otherwise ask:</i> 41</p> <hr style="border-top: 1px dashed black;"/> <p>d. Is -- expected to have this problem with shopping for personal items for at least 12 months longer?</p> <p>1 <input type="checkbox"/> Yes } (15a for next activity)</p> <p>2 <input type="checkbox"/> No }</p> <p>9 <input type="checkbox"/> DK }</p>
<p style="text-align: right; font-size: small;">32-33</p> <p><i>Ask only if "Managing money" marked in X3; otherwise, 15a for next activity.</i></p> <p>15a. How old was -- when -- first had a problem with managing money?</p> <p style="margin-left: 20px;">_____ Years old (15d)</p> <p>96 <input type="checkbox"/> At birth (15d)</p> <p>99 <input type="checkbox"/> DK (15b)</p> <hr style="border-top: 1px dashed black;"/> <p>b. Was it before -- was 18 years old? 34</p> <p>1 <input type="checkbox"/> Yes (15d)</p> <p>2 <input type="checkbox"/> No (15c)</p> <p>9 <input type="checkbox"/> DK (15d)</p> <hr style="border-top: 1px dashed black;"/> <p>c. Was it before -- was 22 years old? 35</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p> <hr style="border-top: 1px dashed black;"/> <p><i>If obvious, mark without asking; otherwise ask:</i> 36</p> <hr style="border-top: 1px dashed black;"/> <p>d. Is -- expected to have this problem managing money for at least 12 months longer?</p> <p>1 <input type="checkbox"/> Yes } (15a for next activity)</p> <p>2 <input type="checkbox"/> No }</p> <p>9 <input type="checkbox"/> DK }</p>	<p style="text-align: right; font-size: small;">42-43</p> <p><i>Ask only if "Telephone" marked in X3; otherwise, 15a, for next activity.</i></p> <p>15a. How old was -- when -- first had a problem with using the telephone?</p> <p style="margin-left: 20px;">_____ Years old (15d)</p> <p>96 <input type="checkbox"/> At birth (15d)</p> <p>99 <input type="checkbox"/> DK (15b)</p> <hr style="border-top: 1px dashed black;"/> <p>b. Was it before -- was 18 years old? 44</p> <p>1 <input type="checkbox"/> Yes (15d)</p> <p>2 <input type="checkbox"/> No (15c)</p> <p>9 <input type="checkbox"/> DK (15d)</p> <hr style="border-top: 1px dashed black;"/> <p>c. Was it before -- was 22 years old? 45</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p> <hr style="border-top: 1px dashed black;"/> <p><i>If obvious, mark without asking; otherwise ask:</i> 46</p> <hr style="border-top: 1px dashed black;"/> <p>d. Is -- expected to have this problem using the telephone for at least 12 months longer?</p> <p>1 <input type="checkbox"/> Yes } (15a for next activity)</p> <p>2 <input type="checkbox"/> No }</p> <p>9 <input type="checkbox"/> DK }</p>

Section II - DISABILITY - Continued

Part C - ADL / IADL - Continued

IADL TABLE 1 - Continued

<p style="text-align: right; margin-bottom: 0;">47-48</p> <p><i>Ask only if "Heavy work" marked in X3; otherwise, 15a for next activity.</i></p> <p>15a. How old was -- when -- first had a problem with doing heavy work around the house?</p> <p>_____ Years old (15d)</p> <p>96 <input type="checkbox"/> At birth (15d) 99 <input type="checkbox"/> DK (15b)</p> <hr style="border-top: 1px dashed black;"/> <p>b. Was it before -- was 18 years old? 49</p> <p>1 <input type="checkbox"/> Yes (15d) 2 <input type="checkbox"/> No (15c) 9 <input type="checkbox"/> DK (15d)</p> <hr style="border-top: 1px dashed black;"/> <p>c. Was it before -- was 22 years old? 50</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p> <hr style="border-top: 1px dashed black;"/> <p><i>If obvious, mark without asking; otherwise ask:</i> 51</p> <p>d. Is -- expected to have this problem doing heavy work around the house for at least 12 months longer?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (15a for next activity)</p>	<p style="text-align: right; margin-bottom: 0;">52-53</p> <p><i>Ask only if "Light work" marked in X3; otherwise, 16, below.</i></p> <p>15a. How old was -- when -- first had a problem with doing light work around the house?</p> <p>_____ Years old (15d)</p> <p>96 <input type="checkbox"/> At birth (15d) 99 <input type="checkbox"/> DK (15b)</p> <hr style="border-top: 1px dashed black;"/> <p>b. Was it before -- was 18 years old? 54</p> <p>1 <input type="checkbox"/> Yes (15d) 2 <input type="checkbox"/> No (15c) 9 <input type="checkbox"/> DK (15d)</p> <hr style="border-top: 1px dashed black;"/> <p>c. Was it before -- was 22 years old? 55</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p> <hr style="border-top: 1px dashed black;"/> <p><i>If obvious, mark without asking; otherwise ask:</i> 56</p> <p>d. Is -- expected to have this problem doing light work around the house for at least 12 months longer?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (16)</p>
<p>16. What is the MAIN problem or condition which causes -- trouble in (activities marked in X3)?</p>	<p><i>(Enter condition in X1 and mark box)</i> 57</p> <p>1 <input type="checkbox"/> In C2 2 <input type="checkbox"/> Not in C2 } (C6 on page 62 for NP, or Part D on page 80)</p>

Notes

Section II - DISABILITY - Continued		RT 71
Part D - FUNCTIONAL LIMITATION		PERSON 1
ITEM D1	<i>Refer to ages of all family members.</i>	3-4 5
<p>These next few questions also refer to family members who are 18 years old or older, that is (read names of nondeleted persons 18+).</p> <p>1a. Do (names of persons 18+) have ANY difficulty lifting something as heavy as 10 pounds, such as a full bag of groceries?</p>		6
<p>1a. 1 <input type="checkbox"/> Yes (1b) 2 <input type="checkbox"/> No } (2 on page 82) 9 <input type="checkbox"/> DK</p>		
<p>b. Who is this? <i>Mark (X) "Difficulty lifting" box in person's column.</i></p>		7
<p>c. Anyone else? <input type="checkbox"/> Yes (Reask 1b and c) <input type="checkbox"/> No</p> <p><i>Ask 1d-g for each person with "Difficulty lifting" marked in 1b.</i></p>		
<p>d. How much difficulty does -- have lifting 10 pounds, some, a lot, or is -- completely unable to do this?</p>		8
<p>d. 1 <input type="checkbox"/> Some difficulty 2 <input type="checkbox"/> A lot of difficulty 3 <input type="checkbox"/> Completely unable 9 <input type="checkbox"/> DK</p>		
<p>e. At what age did -- first have difficulty doing this?</p> <p><i>Ask only if "Completely unable" in 1d; otherwise, skip to 1g.</i></p>		9-10
<p>e. _____ Years old OR 96 <input type="checkbox"/> Always had difficulty 97 <input type="checkbox"/> Never able 99 <input type="checkbox"/> DK</p>		
<p>f. [Do you expect/ls -- expected] to remain unable to do this for at least 12 months longer?</p>		11
<p>f. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>		
<p>g. Did this difficulty result from a motor vehicle accident?</p>		12
<p>g. 1 <input type="checkbox"/> Yes } (1d for NP in 1b, or 2 on page 82) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>		
Notes		

Section II - DISABILITY - Continued		
Part D - FUNCTIONAL LIMITATION - Continued		PERSON 1
<p>2a. Do (names of persons 18+) have any difficulty walking up 10 steps without resting?</p>	<p>2a.</p> <p>1 <input type="checkbox"/> Yes (2b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (3 on page 84)</p>	<p>13</p>
<p>b. Who is this?</p> <p>Mark (X) "Difficulty walking up steps" box in person's column.</p>	<p>b.</p> <p>1 <input type="checkbox"/> Difficulty walking up steps</p>	<p>14</p>
<p>c. Anyone else? <input type="checkbox"/> Yes (Reask 2b and c) <input type="checkbox"/> No</p> <p>Ask 2d-g for each person with "Difficulty walking up steps" marked in 2b.</p>		
<p>d. How much difficulty does -- have walking up 10 steps without rest, some, a lot, or is -- completely unable to do this?</p>	<p>d.</p> <p>1 <input type="checkbox"/> Some difficulty 2 <input type="checkbox"/> A lot of difficulty 3 <input type="checkbox"/> Completely unable 9 <input type="checkbox"/> DK</p>	<p>15</p>
<p>e. At what age did -- first have difficulty doing this?</p> <p>Ask only if "Completely unable" in 2d; otherwise, skip to 2g.</p>	<p>e.</p> <p>_____ Years old OR 96 <input type="checkbox"/> Always had difficulty 97 <input type="checkbox"/> Never able 99 <input type="checkbox"/> DK</p>	<p>16-17</p>
<p>f. [Do you expect/Is -- expected] to remain unable to do this for at least 12 months longer?</p>	<p>f.</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p>18</p>
<p>g. Did this difficulty result from a motor vehicle accident?</p>	<p>g.</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (2d for NP in 2b, or 3 on page 84)</p>	<p>19</p>
<p>Notes</p>		

Section II - DISABILITY - Continued	
Part D - FUNCTIONAL LIMITATION - Continued	
	PERSON 1
<p>3a. Do (names of persons 18+) have any difficulty walking a quarter of a mile - about 3 city blocks?</p> <hr style="border-top: 1px dashed black;"/> <p>b. Who is this? Mark (X) "Difficulty walking" box in person's column.</p> <hr style="border-top: 1px dashed black;"/> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 3b and c) <input type="checkbox"/> No Ask 3d-g for each person with "Difficulty walking" marked in 3b.</p> <hr style="border-top: 1px dashed black;"/> <p>d. How much difficulty does -- have walking a quarter of a mile, some, a lot, or is -- completely unable to do this?</p> <hr style="border-top: 1px dashed black;"/> <p>e. At what age did -- first have difficulty doing this?</p> <hr style="border-top: 1px dashed black;"/> <p>Ask only if "Completely unable" in 3d; otherwise, skip to 3g.</p> <hr style="border-top: 1px dashed black;"/> <p>f. [Do you expect/ls -- expected] to remain unable to do this for at least 12 months longer?</p> <hr style="border-top: 1px dashed black;"/> <p>g. Did this difficulty result from a motor vehicle accident?</p>	<p>3a. 20 1 <input type="checkbox"/> Yes (3b) 2 <input type="checkbox"/> No } (4 on page 86) 9 <input type="checkbox"/> DK</p> <hr style="border-top: 1px dashed black;"/> <p>b. 21 1 <input type="checkbox"/> Difficulty walking</p> <hr style="border-top: 1px dashed black;"/> <p>d. 22 1 <input type="checkbox"/> Some difficulty 2 <input type="checkbox"/> A lot of difficulty 3 <input type="checkbox"/> Completely unable 9 <input type="checkbox"/> DK</p> <hr style="border-top: 1px dashed black;"/> <p>e. 23-24 _____ Years old OR 96 <input type="checkbox"/> Always had difficulty 97 <input type="checkbox"/> Never able 99 <input type="checkbox"/> DK</p> <hr style="border-top: 1px dashed black;"/> <p>f. 25 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p> <hr style="border-top: 1px dashed black;"/> <p>g. 26 1 <input type="checkbox"/> Yes } (3d for NP in 3b, 2 <input type="checkbox"/> No } or 4 on page 86) 9 <input type="checkbox"/> DK</p>
<p>Notes</p>	

Section II - DISABILITY - Continued		
Part D - FUNCTIONAL LIMITATION - Continued		PERSON 1
<p>4a. Do (names of persons 18+) have any difficulty standing for about 20 minutes?</p>	<p>4a.</p> <p>1 <input type="checkbox"/> Yes (4b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (5 on page 88)</p>	<p>27</p>
<p>b. Who is this? Mark (X) "Difficulty standing" box in person's column.</p>	<p>b.</p> <p>1 <input type="checkbox"/> Difficulty standing</p>	<p>28</p>
<p>c. Anyone else? <input type="checkbox"/> Yes (Reask 4b and c) <input type="checkbox"/> No</p> <p>Ask 4d-g for each person with "Difficulty standing" marked in 4b.</p>		<p>29</p>
<p>d. How much difficulty does -- have standing for about 20 minutes, some, a lot, or is -- completely unable to do this?</p>	<p>d.</p> <p>1 <input type="checkbox"/> Some difficulty 2 <input type="checkbox"/> A lot of difficulty 3 <input type="checkbox"/> Completely unable 9 <input type="checkbox"/> DK</p>	<p>30-31</p>
<p>e. At what age did -- first have difficulty doing this?</p> <p>Ask only if "Completely unable" in 4d; otherwise, skip to 4g.</p>	<p>e.</p> <p>_____ Years old OR 96 <input type="checkbox"/> Always had difficulty 97 <input type="checkbox"/> Never able 99 <input type="checkbox"/> DK</p>	<p>32</p>
<p>f. [Do you expect/Is -- expected] to remain unable to do this for at least 12 months longer?</p>	<p>f.</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p>33</p>
<p>g. Did this difficulty result from a motor vehicle accident?</p>	<p>g.</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (4d for NP in 4b, or 5 on page 88)</p>	<p>33</p>
<p>Notes</p>		

Section II – DISABILITY – Continued		PERSON 1
Part D – FUNCTIONAL LIMITATION – Continued		
<p>5a. Do <i>(names of persons 18+)</i> have any difficulty bending down from a standing position to pick up an object from the floor, for example, a shoe?</p> <p>-----</p> <p>b. Who is this? <i>Mark (X) "Difficulty bending" box in person's column.</i></p> <p>-----</p> <p>c. Anyone else? <input type="checkbox"/> Yes <i>(Reask 5b and c)</i> <input type="checkbox"/> No</p> <p><i>Ask 5d-g for each person with "Difficulty bending" marked in 5b.</i></p> <p>-----</p> <p>d. How much difficulty does -- have bending down from a standing position, some, a lot, or is - completely unable to do this?</p> <p>-----</p> <p>e. At what age did -- first have difficulty doing this?</p> <p>-----</p> <p><i>Ask only if "Completely unable" in 5d; otherwise, skip to 5g.</i></p> <p>-----</p> <p>f. [Do you expect/ls -- expected] to remain unable to do this for at least 12 months longer?</p> <p>-----</p> <p>g. Did this difficulty result from a motor vehicle accident?</p>	<p>5a. 34</p> <p>1 <input type="checkbox"/> Yes <i>(5b)</i> 2 <input type="checkbox"/> No } <i>(6 on page 90)</i> 9 <input type="checkbox"/> DK</p> <hr/> <p>b. 35</p> <p>1 <input type="checkbox"/> Difficulty bending</p> <hr/> <p>d. 36</p> <p>1 <input type="checkbox"/> Some difficulty 2 <input type="checkbox"/> A lot of difficulty 3 <input type="checkbox"/> Completely unable 9 <input type="checkbox"/> DK</p> <hr/> <p>e. 37-38</p> <p>_____ Years old OR 96 <input type="checkbox"/> Always had difficulty 97 <input type="checkbox"/> Never able 99 <input type="checkbox"/> DK</p> <hr/> <p>f. 39</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p> <hr/> <p>g. 40</p> <p>1 <input type="checkbox"/> Yes } <i>(5d for NP in 5b, or 6 on page 90)</i> 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }</p>	
<p>Notes</p>		

Section II – DISABILITY – Continued		
Part D – FUNCTIONAL LIMITATION – Continued		PERSON 1
<p>6a. Do (names of persons 18+) have any difficulty reaching up over the head or reaching out as if to shake someone's hand?</p> <p>-----</p> <p>b. Who is this? Mark (X) "Difficulty reaching" box in person's column.</p> <p>-----</p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 6b and c) <input type="checkbox"/> No</p> <p>-----</p> <p>Ask 6d–g for each person with "Difficulty reaching" marked in 6b.</p> <p>d. How much difficulty does -- have reaching up over the head or reaching out, some, a lot, or is -- completely unable to do this?</p> <p>-----</p> <p>e. At what age did -- first have difficulty doing this?</p> <p>-----</p> <p>Ask only if "Completely unable" in 6d; otherwise, skip to 6g.</p> <p>f. [Do you expect/ls -- expected] to remain unable to do this for at least 12 months longer?</p> <p>-----</p> <p>g. Did this difficulty result from a motor vehicle accident?</p> <p>-----</p>	<p>6a.</p> <p>-----</p> <p>b.</p> <p>-----</p> <p style="background-color: #cccccc;"></p> <p>d.</p> <p>-----</p> <p>e.</p> <p>-----</p> <p>f.</p> <p>-----</p> <p>g.</p>	<div style="text-align: right; border: 1px solid black; width: 30px; float: right; margin-bottom: 5px;">41</div> <p>1 <input type="checkbox"/> Yes (6b) 2 <input type="checkbox"/> No } (7 on page 92) 9 <input type="checkbox"/> DK</p> <hr style="border-top: 1px dashed black;"/> <div style="text-align: right; border: 1px solid black; width: 30px; float: right; margin-bottom: 5px;">42</div> <p>1 <input type="checkbox"/> Difficulty reaching</p> <hr style="border-top: 1px dashed black;"/> <div style="text-align: right; border: 1px solid black; width: 30px; float: right; margin-bottom: 5px;">43</div> <p>1 <input type="checkbox"/> Some difficulty 2 <input type="checkbox"/> A lot of difficulty 3 <input type="checkbox"/> Completely unable 9 <input type="checkbox"/> DK</p> <hr style="border-top: 1px dashed black;"/> <div style="text-align: right; border: 1px solid black; width: 30px; float: right; margin-bottom: 5px;">44-45</div> <p>____ Years old OR 96 <input type="checkbox"/> Always had difficulty 97 <input type="checkbox"/> Never able 99 <input type="checkbox"/> DK</p> <hr style="border-top: 1px dashed black;"/> <div style="text-align: right; border: 1px solid black; width: 30px; float: right; margin-bottom: 5px;">46</div> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p> <hr style="border-top: 1px dashed black;"/> <div style="text-align: right; border: 1px solid black; width: 30px; float: right; margin-bottom: 5px;">47</div> <p>1 <input type="checkbox"/> Yes } (6d for NP in 6b, 2 <input type="checkbox"/> No } or 7 on page 92) 9 <input type="checkbox"/> DK</p>
<p>Notes</p>		

Section II - DISABILITY - Continued		PERSON 1
Part D - FUNCTIONAL LIMITATION - Continued		
<p>7a. Do (names of persons 18+) have any difficulty using fingers to grasp or handle something such as picking up a glass from a table?</p> <p>-----</p> <p>b. Who is this? Mark (X) "Difficulty using fingers" box in person's column.</p> <p>-----</p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 7b and c) <input type="checkbox"/> No</p> <p>-----</p> <p>Ask 7d-g for each person with "Difficulty using fingers" marked in 7b.</p> <p>d. How much difficulty does -- have using the fingers to grasp or handle something, some, a lot, or is -- completely unable to do this?</p> <p>-----</p> <p>e. At what age did -- first have difficulty doing this?</p> <p>-----</p> <p>Ask only if "Completely unable" in 7d; otherwise, skip to 7g.</p> <p>f. [Do you expect/Is -- expected] to remain unable to do this for at least 12 months longer?</p> <p>-----</p> <p>g. Did this difficulty result from a motor vehicle accident?</p>	<p>7a. 48</p> <p>1 <input type="checkbox"/> Yes (7b) 2 <input type="checkbox"/> No } (8 on page 94) 9 <input type="checkbox"/> DK</p> <p>b. 49</p> <p>1 <input type="checkbox"/> Difficulty using fingers</p> <p style="background-color: #cccccc; text-align: center;"> </p> <p>d. 50</p> <p>1 <input type="checkbox"/> Some difficulty 2 <input type="checkbox"/> A lot of difficulty 3 <input type="checkbox"/> Completely unable 9 <input type="checkbox"/> DK</p> <p>e. 51-52</p> <p>_____ Years old OR 96 <input type="checkbox"/> Always had difficulty 97 <input type="checkbox"/> Never able 99 <input type="checkbox"/> DK</p> <p>f. 53</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p> <p>g. 54</p> <p>1 <input type="checkbox"/> Yes } (7d for NP in 7b, 2 <input type="checkbox"/> No } or 8 on page 94) 9 <input type="checkbox"/> DK</p>	
<p>Notes</p>		

Section II – DISABILITY – Continued		
Part D – FUNCTIONAL LIMITATION – Continued		PERSON 1
8a. Do <i>(names of persons 18+)</i> have any difficulty holding a pen or pencil?		55
	8a. 1 <input type="checkbox"/> Yes <i>(8b)</i> 2 <input type="checkbox"/> No } <i>(D2)</i> 9 <input type="checkbox"/> DK }	
b. Who is this? <i>Mark (X) "Difficulty holding a pen or pencil" box in person's column.</i>		56
b. 1 <input type="checkbox"/> Difficulty holding a pen or pencil		
c. Anyone else? <input type="checkbox"/> Yes <i>(Reask 8b and c)</i> <input type="checkbox"/> No <i>Ask 8d–g for each person with "Difficulty holding a pen or pencil" marked in 8b.</i>		57
d. How much difficulty -- have holding a pen or pencil, some, a lot, or is -- completely unable to do this?	d. 1 <input type="checkbox"/> Some difficulty 2 <input type="checkbox"/> A lot of difficulty 3 <input type="checkbox"/> Completely unable 9 <input type="checkbox"/> DK	
e. At what age did -- first have difficulty doing this? <i>Ask only if "Completely unable" in 8d; otherwise, skip to 8g.</i>	e. _____ Years old OR 96 <input type="checkbox"/> Always had difficulty 97 <input type="checkbox"/> Never able 99 <input type="checkbox"/> DK	58-59
f. Is -- expected to remain unable to do this for at least 12 months longer?	f. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	60
g. Did this difficulty result from a motor vehicle accident?	g. 1 <input type="checkbox"/> Yes } <i>(8d for NP in 8b, or D2)</i> 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }	61
ITEM D2	<i>Refer to questions 1b, 2b, 3b, 4b, 5b, 6b, 7b, and 8b on pages 80–95 in this HIS-2.</i>	62
	D2 1 <input type="checkbox"/> Any limitations marked (9) 2 <input type="checkbox"/> No limitations marked (NP)	
9. What is the MAIN problem or condition which causes -- trouble in <i>(limitations marked in Part D, Q1–8)?</i>	9. <i>(Enter condition in X1 and mark box)</i> 1 <input type="checkbox"/> In C2 } <i>(D2 for NP, or D3 on page 96)</i> 2 <input type="checkbox"/> Not in C2 }	63

Section II - DISABILITY - Continued		PERSON 1	
Part D - FUNCTIONAL LIMITATION - Continued			
ITEM D3	<p style="text-align: center;"><i>Refer to age or HIS-1, Part B, Questions 2a/b and 5a/b (pages 6-7).</i></p>	D3	<div style="text-align: right; border: 1px solid black; padding: 2px;">64</div> <p>2 <input type="checkbox"/> Under 18 (NP, or Part E on page 98)</p> <p>1 <input type="checkbox"/> Yes in 2a/b or 5a/b (10)</p> <p>2 <input type="checkbox"/> Other (NP, or Part E on page 98)</p>
<p>10. Earlier, I was told that -- was unable to work or was limited in the kind or amount of work -- could do because of an impairment or health problem. About how long has -- been unable to work or limited in the kind or amount of work -- can do?</p> <p><i>If less than one month, enter 1 month.</i></p>		10.	<div style="text-align: right; border: 1px solid black; padding: 2px;">65-67</div> <p>Number } 1 <input type="checkbox"/> Months } 2 <input type="checkbox"/> Years</p> <p style="text-align: center;">OR</p> <p>3 <input type="checkbox"/> Never able</p> <p style="text-align: center;"><i>(D3 for NP, or Part E on page 98)</i></p>
<p>Notes</p>			

Section II - DISABILITY - Continued		RT 72
Part E - MENTAL HEALTH		PERSON 1 3-4
<p>These next questions are about mental and emotional health. They refer again only to (names of nondeleted persons age 18+).</p>		
<p>1a. Are (read names of persons 18+) FREQUENTLY depressed or anxious?</p>	<p>1a.</p> <p>1 <input type="checkbox"/> Yes (1b) 2 <input type="checkbox"/> No } (2) 9 <input type="checkbox"/> DK }</p>	5
<p>b. Who is this?</p> <p>Mark (X) "Depressed or anxious" box in person's column.</p>	<p>b.</p> <p>1 <input type="checkbox"/> Depressed or anxious</p>	6
<p>c. Anyone else? <input type="checkbox"/> Yes (Reask 1b and c) <input type="checkbox"/> No (2)</p>		
<p>2a. Do (any of/either of) you have a lot of trouble making or keeping friendships?</p>	<p>2a.</p> <p>1 <input type="checkbox"/> Yes (2b) 2 <input type="checkbox"/> No } (3) 9 <input type="checkbox"/> DK }</p>	7
<p>b. Who is this?</p> <p>Mark (X) "Trouble with friendships" box in person's column.</p>	<p>b.</p> <p>1 <input type="checkbox"/> Trouble with friendships</p>	8
<p>c. Anyone else? <input type="checkbox"/> Yes (Reask 2b and c) <input type="checkbox"/> No (3)</p>		
<p>3a. Do (any of/either of) you have a lot of trouble getting along with other people in social or recreational settings?</p>	<p>3a.</p> <p>1 <input type="checkbox"/> Yes (3b) 2 <input type="checkbox"/> No } (4) 9 <input type="checkbox"/> DK }</p>	9
<p>b. Who is this?</p> <p>Mark (X) "Trouble in social settings" box in person's column.</p>	<p>b.</p> <p>1 <input type="checkbox"/> Trouble in social settings</p>	10
<p>c. Anyone else? <input type="checkbox"/> Yes (Reask 3b and c) <input type="checkbox"/> No (4)</p>		
<p>4a. Do (any of/either of) you have a lot of trouble concentrating long enough to complete everyday tasks?</p>	<p>4a.</p> <p>1 <input type="checkbox"/> Yes (4b) 2 <input type="checkbox"/> No } (5 on page 100) 9 <input type="checkbox"/> DK }</p>	11
<p>b. Who is this?</p> <p>Mark (X) "Trouble concentrating" box in person's column.</p>	<p>b.</p> <p>1 <input type="checkbox"/> Trouble concentrating</p>	12
<p>c. Anyone else? <input type="checkbox"/> Yes (Reask 4b and c) <input type="checkbox"/> No (5 on page 100)</p>		

Section II - DISABILITY - Continued		
Part E - MENTAL HEALTH - Continued		PERSON 1
<p>5a. Do ([any of/either of]) you have SERIOUS difficulty coping with day-to-day stresses?</p>	<p>5a.</p> <p>1 <input type="checkbox"/> Yes (5b) 2 <input type="checkbox"/> No } (6) 9 <input type="checkbox"/> DK }</p>	<p>13</p>
<p>b. Who is this?</p> <p>Mark (X) "Trouble coping with stress" box in person's column.</p>	<p>b.</p> <p>1 <input type="checkbox"/> Trouble coping with stress</p>	<p>14</p>
<p>c. Anyone else?</p> <p><input type="checkbox"/> Yes (Reask 5b and c) <input type="checkbox"/> No (6)</p>		
<p>6a. Are ([any of/either of]) you FREQUENTLY confused, disoriented or forgetful?</p>	<p>6a.</p> <p>1 <input type="checkbox"/> Yes (6b) 2 <input type="checkbox"/> No } (7) 9 <input type="checkbox"/> DK }</p>	<p>15</p>
<p>b. Who is this?</p> <p>Mark (X) "Confused" box in person's column.</p>	<p>b.</p> <p>1 <input type="checkbox"/> Confused</p>	<p>16</p>
<p>c. Anyone else?</p> <p><input type="checkbox"/> Yes (Reask 6b and c) <input type="checkbox"/> No (7)</p>		
<p>7a. Do ([any of/either of]) you have phobias or UNREASONABLY strong fears, that is, a fear of something or some situation where most people would not be afraid?</p>	<p>7a.</p> <p>1 <input type="checkbox"/> Yes (7b) 2 <input type="checkbox"/> No } (Check Item E1) 9 <input type="checkbox"/> DK }</p>	<p>17</p>
<p>b. Who is this?</p> <p>Mark (X) "Phobia" box in person's column.</p>	<p>b.</p> <p>1 <input type="checkbox"/> Phobia</p>	<p>18</p>
<p>c. Anyone else?</p> <p><input type="checkbox"/> Yes (Reask 7b and c) <input type="checkbox"/> No (Check Item E1)</p>		
<p>ITEM E1</p> <p>Refer to age or questions 1b, 2b, 3b, 4b, 5b, 6b, and 7b on pages 98-101 for each person.</p>	<p>E1</p> <p>2 <input type="checkbox"/> Under 18 (NP, or 9 on page 102) 1 <input type="checkbox"/> Any box marked (8) 2 <input type="checkbox"/> No box marked (NP, or 9 on page 102)</p>	<p>19</p>
<p>8. During the past 12 months, did any of these problems SERIOUSLY interfere with -- ability to work or attend school or to manage -- day-to-day activities?</p>	<p>8.</p> <p>1 <input type="checkbox"/> Yes } (E1 for NP, or 9 on page 102) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }</p>	<p>20</p>

Section II – DISABILITY – Continued			
Part E – MENTAL HEALTH – Continued		PERSON 1	
These next questions are about specific mental and emotional disorders. Again, I will only ask about (names of persons 18 years of age and older).			
9a. During the past 12 months, did (names of persons 18+) have –	9a.	21	
(1) Schizophrenia (skit-suh-free'-nee-uh)?	(1) 1 <input type="checkbox"/> Yes (9b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	22	
(2) Paranoid or delusional disorder, other than schizophrenia?	(2) 1 <input type="checkbox"/> Yes (9b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	23	
(3) Manic episodes or manic depression, also called bipolar disorder?	(3) 1 <input type="checkbox"/> Yes (9b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	24	
(4) Major depression? Major depression is a depressed mood and loss of interest in almost all activities FOR AT LEAST 2 WEEKS.	(4) 1 <input type="checkbox"/> Yes (9b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	25	
(5) Anti-social personality, obsessive-compulsive personality, or any other SEVERE personality disorder?	(5) 1 <input type="checkbox"/> Yes (9b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	26	
(6) Alzheimer's (alltz'hi-merz) disease or another type of senile disorder?	(6) 1 <input type="checkbox"/> Yes (9b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	27	
(7) Alcohol abuse disorder?	(7) 1 <input type="checkbox"/> Yes (9b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	28	
(8) Drug abuse disorder?	(8) 1 <input type="checkbox"/> Yes (9b) 2 <input type="checkbox"/> No (10) 9 <input type="checkbox"/> DK (10)		
b. Who is this?	b.		
<i>Mark (X) appropriate box in person's column and enter condition in X1.</i>	1 <input type="checkbox"/> Schizophrenia	29	
	2 <input type="checkbox"/> Paranoid disorder	30	
	3 <input type="checkbox"/> Bipolar disorder	31	
	4 <input type="checkbox"/> Major depression	32	
	5 <input type="checkbox"/> Personality disorder	33	
	6 <input type="checkbox"/> Senility	34	
	7 <input type="checkbox"/> Alcohol abuse	35	
	8 <input type="checkbox"/> Drug abuse disorder	36	
	<i>(Enter condition in X1, then 9c)</i>		
c. Anyone else?	If "Yes" (Reask 9b and c) If "No" (9a for next disorder, or 10 on page 104)		
Notes			

Section II – DISABILITY – Continued			
Part E – MENTAL HEALTH – Continued			PERSON 1
<p>10a. DURING THE PAST 12 MONTHS, did (any of/either of) you have any OTHER mental or emotional disorders? Include only those disorders which SERIOUSLY interfered with [their/your] ability to work or attend school or to manage [their/your] day-to-day activities.</p> <p>b. Who is this? <i>Mark (X) "Other disorder" box in person's column.</i></p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 10b and c) <input type="checkbox"/> No</p> <p><i>Ask for each person with "Other disorder" marked in 10b.</i></p> <p>d. What would you call the disorder -- has? <i>If more than one other disorder, probe for the "Main" one causing difficulty.</i></p>	<p>10a.</p> <p>1 <input type="checkbox"/> Yes (10b) 2 <input type="checkbox"/> No } (11) 9 <input type="checkbox"/> DK }</p> <p>b.</p> <p>1 <input type="checkbox"/> Other disorder</p> <p>d.</p> <p>(Enter condition in X1 and mark box)</p> <p>1 <input type="checkbox"/> In C2 } (10d for NP with 2 <input type="checkbox"/> Not in C2 } 10b, or 11)</p>	<p>37</p> <p>38</p> <p>39</p>	
<p>11a. DURING THE PAST 12 MONTHS, did (any of/either of) you take any prescription medication for any ongoing mental or emotional condition?</p> <p>b. Who is this? <i>Mark (X) "Medication" box in person's column.</i></p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 11b and c) <input type="checkbox"/> No (Item E2)</p>	<p>11a.</p> <p>1 <input type="checkbox"/> Yes (11b) 2 <input type="checkbox"/> No } (Item E2) 9 <input type="checkbox"/> DK }</p> <p>b.</p> <p>1 <input type="checkbox"/> Medication</p>	<p>40</p> <p>41</p>	
<p>ITEM E2</p> <p><i>Refer to age or questions 1b, 2b, 3b, 4b, 5b, 6b, 7b, 9b, 10b, and 11b on pages 98-105 for each person.</i></p>	<p>E2</p> <p>0 <input type="checkbox"/> Under 18 (NP, or Part F on page 106) 1 <input type="checkbox"/> Any box marked (12) 2 <input type="checkbox"/> No box marked (NP, or Part F on page 106)</p>	<p>42</p>	
<p>12a. Because of [this/any of these] mental or emotional problem(s), is -- UNABLE TO WORK OR LIMITED IN THE KIND OR AMOUNT OF WORK -- CAN DO?</p> <p>b. Because of [this/any of these] mental or emotional problem(s), does -- have trouble FINDING OR KEEPING A JOB OR DOING JOB TASKS?</p>	<p>12a.</p> <p>1 <input type="checkbox"/> Yes (13) 2 <input type="checkbox"/> No } (12b) 9 <input type="checkbox"/> DK }</p> <p>b.</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p>43</p> <p>44</p>	
<p>13. Because of [this/any of these] mental or emotional problem(s), during the past 12 months, has -- received any services from a mental health community support program?</p> <p><i>Read if necessary: A community support program for clients with mental or emotional problems is a program that makes available mental health, health, social and support services based on individual need.</i></p>	<p>13.</p> <p>1 <input type="checkbox"/> Yes } (E2 for NP, or Part F 2 <input type="checkbox"/> No } on page 106) 9 <input type="checkbox"/> DK }</p>	<p>45</p>	

Section II - DISABILITY - Continued		RT 73
Part F - SERVICES AND BENEFITS		PERSON 1
1a. Some programs help people with disabilities to develop skills and opportunities for paid employment. During the past 12 months, did <i>(read names of persons 18+)</i> participate in a sheltered workshop, transitional work training, or supported employment?	1a. 1 <input type="checkbox"/> Yes (1b) 2 <input type="checkbox"/> No } (1d) 9 <input type="checkbox"/> DK }	5 3-4
b. Who is this? <i>Ask if necessary: In which programs did -- participate during the past 12 months, sheltered workshop, transitional work training, or supported employment?</i> <i>Mark (X) appropriate box(es) in person's column.</i>	b. 1 <input type="checkbox"/> Sheltered workshop 2 <input type="checkbox"/> Transitional work training 3 <input type="checkbox"/> Supported employment	6 7 8
c. Did anyone else participate in any of these programs during the past 12 months? <input type="checkbox"/> Yes (Reask 1b and c) <input type="checkbox"/> No (1d)		9
d. Are <i>(names of persons 18+)</i> now on a waiting list for any of these programs?	d. 1 <input type="checkbox"/> Yes (1e) 2 <input type="checkbox"/> No } (2 on page 108) 9 <input type="checkbox"/> DK }	10
e. Who is this?	e. 1 <input type="checkbox"/> Waiting list	10
f. Anyone else? <input type="checkbox"/> Yes (Reask 1e and f) <input type="checkbox"/> No (2 on page 108)		

Notes

Section II - DISABILITY - Continued		
Part F - SERVICES AND BENEFITS - Continued		PERSON 1
<p>2a. During the past 12 months, did (read names of persons 18+) go to a day activity center for persons with disabilities which provides social, recreational and developmental activities during normal working hours?</p>	<p>2a.</p> <p>1 <input type="checkbox"/> Yes (2b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (2d)</p>	<p>11</p>
<p>b. Who is this?</p> <p>Mark (X) "Day activity center" box in person's column.</p>	<p>b.</p> <p>1 <input type="checkbox"/> Day activity center</p>	<p>12</p>
<p>c. Anyone else?</p> <p style="text-align: center;"><input type="checkbox"/> Yes (Reask 2b and c) <input type="checkbox"/> No (2d)</p>		
<p>d. Are (names of persons 18+) now on a waiting list for a day activity center?</p>	<p>d.</p> <p>1 <input type="checkbox"/> Yes (2e) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (3 on page 110)</p>	<p>13</p>
<p>e. Who is this?</p> <p>Mark (X) "Waiting list" box in person's column.</p>	<p>e.</p> <p>1 <input type="checkbox"/> Waiting list</p>	<p>14</p>
<p>f. Anyone else?</p> <p style="text-align: center;"><input type="checkbox"/> Yes (Reask 2e and f) <input type="checkbox"/> No (3 on page 110)</p>		
<p>Notes</p>		

Section II – DISABILITY – Continued	
Part F – SERVICES AND BENEFITS – Continued	
	PERSON 1
<p>3a. During the past 12 months, have (names of persons 18+) received any physical therapy?</p>	<p>3a. 15 1 <input type="checkbox"/> Yes (3b) 2 <input type="checkbox"/> No } (4a) 9 <input type="checkbox"/> DK }</p>
<p>b. Who is this? (Anyone else?) Mark (X) "Physical therapy" box in person's column. Ask 3c-d for each person with box marked in 3b.</p>	<p>b. 16 1 <input type="checkbox"/> Physical therapy</p>
<p>c. Has the condition for which -- gets physical therapy been going on or is it expected to go on for at least 12 months?</p>	<p>c. 17 1 <input type="checkbox"/> Yes (3d) 2 <input type="checkbox"/> No } (NP with 3b, or 4) 9 <input type="checkbox"/> DK }</p>
<p>d. What is the main condition for which -- gets physical therapy?</p>	<p>d. 18 (Enter condition in X1 and mark box) 1 <input type="checkbox"/> In C2 } (3c for NP with 2 <input type="checkbox"/> Not in C2 } 3b, or 4)</p>
<p>4a. During the past 12 months, have (names of persons 18+) received any occupational therapy?</p>	<p>4a. 19 1 <input type="checkbox"/> Yes (4b) 2 <input type="checkbox"/> No } (5 on page 112) 9 <input type="checkbox"/> DK }</p>
<p>b. Who is this? (Anyone else?) Mark (X) "Occupational therapy" box in person's column. Ask 4c-d for each person with box marked in 4b.</p>	<p>b. 20 1 <input type="checkbox"/> Occupational therapy</p>
<p>c. Has the condition for which -- gets occupational therapy been going on or is it expected to go on for at least 12 months?</p>	<p>c. 21 1 <input type="checkbox"/> Yes (4d) 2 <input type="checkbox"/> No } (NP with 4b, or 5 on 9 <input type="checkbox"/> DK } page 112)</p>
<p>d. What is the main condition for which -- gets occupational therapy?</p>	<p>d. 22 (Enter condition in X1 and mark box) 1 <input type="checkbox"/> In C2 } (4c for NP with 2 <input type="checkbox"/> Not in C2 } 4b, or 5 on page 112)</p>
<p>Notes</p>	

Section II - DISABILITY - Continued		PERSON 1
Part F - SERVICES AND BENEFITS - Continued		
<p style="text-align: center;">Vocational rehabilitation provides equipment and services to people with disabilities to improve their ability to work or live independently.</p> <p>5a. Have <i>(read names of persons 18+)</i> EVER received any equipment or services through vocational rehabilitation?</p> <p>-----</p> <p>b. Who is this?</p> <p><i>Mark (X) "Vocational rehabilitation" box in person's column.</i></p> <p>-----</p> <p>c. Anyone else?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <i>(Reask 5b and c)</i> <input type="checkbox"/> No <i>(6)</i></p>	<p>5a.</p> <p>1 <input type="checkbox"/> Yes <i>(5b)</i> 2 <input type="checkbox"/> No } <i>(6)</i> 9 <input type="checkbox"/> DK }</p> <p style="text-align: right;">23</p> <hr style="border-top: 1px dashed black;"/> <p>b.</p> <p>1 <input type="checkbox"/> Vocational rehabilitation</p> <p style="text-align: right;">24</p>	
<p style="text-align: center;">A case manager coordinates personal care, and social or medical services for persons with special needs.</p> <p>6a. During the past 12 months, did <i>(read names of persons 18+)</i> have a case manager?</p> <p>-----</p> <p>b. Who is this?</p> <p><i>Mark (X) "Case manager" box in person's column.</i></p> <p>-----</p> <p>c. Anyone else?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <i>(Reask 6b and c)</i> <input type="checkbox"/> No <i>(7)</i></p>	<p>6a.</p> <p>1 <input type="checkbox"/> Yes <i>(6b)</i> 2 <input type="checkbox"/> No } <i>(7)</i> 9 <input type="checkbox"/> DK }</p> <p style="text-align: right;">25</p> <hr style="border-top: 1px dashed black;"/> <p>b.</p> <p>1 <input type="checkbox"/> Case manager</p> <p style="text-align: right;">26</p>	
<p><i>Ask only for persons 18+ without 6b marked; otherwise, go to 8.</i></p> <p>7a. During the past 12 months, did <i>(persons 18+ without 6b marked)</i> NEED a case manager to coordinate personal care or social or medical services?</p> <p>-----</p> <p>b. Who is this?</p> <p><i>Mark (X) "Needs case manager" box in person's column.</i></p> <p>-----</p> <p>c. Anyone else?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <i>(Reask 7b and c)</i> <input type="checkbox"/> No <i>(8)</i></p>	<p>7a.</p> <p>1 <input type="checkbox"/> Yes <i>(7b)</i> 2 <input type="checkbox"/> No } <i>(8)</i> 9 <input type="checkbox"/> DK }</p> <p style="text-align: right;">27</p> <hr style="border-top: 1px dashed black;"/> <p>b.</p> <p>1 <input type="checkbox"/> Needs case manager</p> <p style="text-align: right;">28</p>	
<p>8a. Do <i>(read names of persons 18+)</i> have a court-appointed legal guardian?</p> <p>-----</p> <p>b. Who has a legal guardian?</p> <p><i>Mark (X) "Legal guardian" box in person's column.</i></p> <p>-----</p> <p>c. Anyone else?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <i>(Reask 8b and c)</i> <input type="checkbox"/> No <i>(Part G on page 114)</i></p>	<p>8a.</p> <p>1 <input type="checkbox"/> Yes <i>(8b)</i> 2 <input type="checkbox"/> No } <i>(Part G on page 114)</i> 9 <input type="checkbox"/> DK }</p> <p style="text-align: right;">29</p> <hr style="border-top: 1px dashed black;"/> <p>b.</p> <p>1 <input type="checkbox"/> Legal guardian</p> <p style="text-align: right;">30</p>	

Section II - DISABILITY - Continued		RT 74
Part G - SPECIAL HEALTH NEEDS OF CHILDREN		PERSON 1
ITEM G1	<i>Refer to family composition.</i>	5
		1 <input type="checkbox"/> One or more members under 18 (1) 2 <input type="checkbox"/> All members 18+ (Part L on page 156)
The next questions refer to family members who are under 18 years old, that is (read names of nondeleted persons under 18).		6
1a. Do (names of persons under 18) NOW go to a medical doctor or specialist on a regular basis for anything other than routine physical exams?		1 <input type="checkbox"/> Yes (1b) 2 <input type="checkbox"/> No } (2) 9 <input type="checkbox"/> DK
b. Who is this? (Anyone else?) <i>Mark (X) "Regular visits" box in person's column.</i> <i>Ask 1c-d for each person with box marked in 1b.</i>		7
c. Has any problem or condition for which -- sees a doctor regularly been going on or is it expected to go on for at least 12 months? <i>Ask only if "Yes" in 1c.</i>		8
d. What is the main problem or condition for which -- goes to a doctor regularly?		9
2a. Do you think that (names of persons under 18) have any significant problems or delays in physical development?		10
b. Who is this? (Anyone else?) <i>Mark (X) "Problem or delay" box in person's column.</i> <i>Ask 2c for each person with box marked in 2b.</i>		11
c. Have any doctors or health care professionals discussed or mentioned -- problem or delay in physical development?		12
Notes		

Section II – DISABILITY – Continued	
Part G – SPECIAL HEALTH NEEDS OF CHILDREN – Continued	PERSON 1
<p>3a. Do (names of persons under 18) NOW have a physical, mental, or emotional problem for which they regularly take prescription medication?</p> <p>-----</p> <p>b. Who is this? (Anyone else?) Mark (X) "Prescription medication" box in person's column. Ask 3c-d for each person with box marked in 3b.</p> <p>-----</p> <p>c. Has the problem or condition for which -- regularly takes prescription medication been going on or is it expected to go on for at least 12 months?</p> <p>-----</p> <p>Ask only if "Yes" in 3c.</p> <p>d. What is the main problem or condition for which -- regularly takes prescription medication?</p>	<p>3a. 13 <input type="checkbox"/> Yes (3b) <input type="checkbox"/> No } (4) <input type="checkbox"/> DK }</p> <p>-----</p> <p>b. 14 <input type="checkbox"/> Prescription medication</p> <p>-----</p> <p>c. 15 <input type="checkbox"/> Yes (3d) <input type="checkbox"/> No } (NP with 3b, or 4) <input type="checkbox"/> DK }</p> <p>-----</p> <p>d. 16 (Enter condition in X1 and mark box) <input type="checkbox"/> In C2 } (3c for NP with <input type="checkbox"/> Not in C2 } 3b, or 4)</p>
<p>4a. Has (names of persons under 18) ever been a patient in a hospital overnight for a physical, mental, or emotional condition that they STILL HAVE or GET FROM TIME TO TIME?</p> <p>-----</p> <p>b. Who is this? (Anyone else?) Mark (X) "Hospital overnight" box in person's column. Ask 4c-d for each person with box marked in 4b.</p> <p>-----</p> <p>c. Has the problem or condition for which -- was hospitalized been going on or is it expected to go on for at least 12 months?</p> <p>-----</p> <p>Ask only if "Yes" in 4c.</p> <p>d. What is the main condition which caused -- hospitalization(s)?</p>	<p>4a. 17 <input type="checkbox"/> Yes (4b) <input type="checkbox"/> No } (5) <input type="checkbox"/> DK }</p> <p>-----</p> <p>b. 18 <input type="checkbox"/> Hospital overnight</p> <p>-----</p> <p>c. 19 <input type="checkbox"/> Yes (4d) <input type="checkbox"/> No } (NP with 4b, or 5) <input type="checkbox"/> DK }</p> <p>-----</p> <p>d. 20 (Enter condition in X1 and mark box) <input type="checkbox"/> In C2 } (4c for NP with <input type="checkbox"/> Not in C2 } 4b, or 5)</p>
<p>5a. Do (names of persons under 18) NOW have any life-threatening allergic reactions to any foods?</p> <p>-----</p> <p>b. Who is this? (Anyone else?) Mark (X) "Allergic reaction" box in person's column.</p>	<p>5a. 21 <input type="checkbox"/> Yes (5b) <input type="checkbox"/> No } (6 on page 118) <input type="checkbox"/> DK }</p> <p>-----</p> <p>b. 22 <input type="checkbox"/> Allergic reaction</p>

Section II - DISABILITY - Continued		
Part G - SPECIAL HEALTH NEEDS OF CHILDREN - Continued		PERSON 1
<p>6a. Are (names of persons under 18) following a special diet ordered by a doctor because of a serious ongoing medical condition?</p> <p>-----</p> <p>b. Who is this? (Anyone else?) Mark (X) "Special diet" box in person's column. Ask 6c-d for each person with box marked in 6b.</p> <p>c. Would going off this diet cause -- to have a serious life-threatening reaction or illness?</p> <p>-----</p> <p>Ask only if "Yes" in 6c.</p> <p>d. What is the main problem or condition for which -- follows a special diet?</p>	<p>6a. 1 <input type="checkbox"/> Yes (6b) 2 <input type="checkbox"/> No } (7) 9 <input type="checkbox"/> DK }</p> <p>b. 1 <input type="checkbox"/> Special diet</p> <p>c. 1 <input type="checkbox"/> Yes (6d) 2 <input type="checkbox"/> No } (NP with 6b, or 7) 9 <input type="checkbox"/> DK }</p> <p>d. (Enter condition in X1 and mark box) 1 <input type="checkbox"/> In C2 } (6c for NP with 2 <input type="checkbox"/> Not in C2 } 6b, or 7)</p>	<p>23</p> <p>24</p> <p>25</p> <p>26</p>
<p>7a. Do (names of persons under 18) NOW need special medical equipment in order to breathe?</p> <p>-----</p> <p>b. Who is this? (Anyone else?) Mark (X) "Special equipment" box in person's column. Ask 7c-d for each person with box marked in 7b.</p> <p>c. Has the problem or condition for which -- needs this equipment been going on or is it expected to go on for at least 12 months?</p> <p>-----</p> <p>Ask only if "Yes" in 7c.</p> <p>d. What is the main problem or condition for which -- needs medical equipment in order to breathe?</p>	<p>7a. 1 <input type="checkbox"/> Yes (7b) 2 <input type="checkbox"/> No } (8 on page 120) 9 <input type="checkbox"/> DK }</p> <p>b. 1 <input type="checkbox"/> Special equipment</p> <p>c. 1 <input type="checkbox"/> Yes (7d) 2 <input type="checkbox"/> No } (NP with 7b, or 8 9 <input type="checkbox"/> DK } on page 120)</p> <p>d. (Enter condition in X1 and mark box) 1 <input type="checkbox"/> In C2 } (7c for NP with 2 <input type="checkbox"/> Not in C2 } 7b, or 8 on page 120)</p>	<p>27</p> <p>28</p> <p>29</p> <p>30</p>
Notes		

Section II – DISABILITY – Continued	
Part G – SPECIAL HEALTH NEEDS OF CHILDREN – Continued	
PERSON 1	
<p>8a. Do <i>(names of persons under 18)</i> NOW go to a counselor, psychiatrist, psychologist, or social worker on a regular basis?</p> <p>-----</p> <p>b. Who is this? (Anyone else?) <i>Mark (X) "Counselor" box in person's column.</i> <i>Ask 8c for each person with box marked in 8b.</i></p> <p>-----</p> <p>c. Has -- counseling gone on or is it expected to go on for at least 12 months?</p>	<p>8a. 31 1 <input type="checkbox"/> Yes (8b) 2 <input type="checkbox"/> No } (9) 9 <input type="checkbox"/> DK } -----</p> <p>b. 32 1 <input type="checkbox"/> Counselor -----</p> <p>c. 33 1 <input type="checkbox"/> Yes } (NP with 8b, or 9) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }</p>
<p>9a. During the past 12 months, have <i>(names of persons under 18)</i> received any physical therapy?</p> <p>-----</p> <p>b. Who is this? (Anyone else?) <i>Mark (X) "Physical therapy" box in person's column.</i> <i>Ask 9c-d for each person with box marked in 9b.</i></p> <p>-----</p> <p>c. Has the problem or condition for which -- gets physical therapy been going on or is it expected to go on for at least 12 months?</p> <p>-----</p> <p><i>Ask only if "Yes" in 9c.</i></p> <p>d. What is the main problem or condition for which -- gets physical therapy?</p>	<p>9a. 34 1 <input type="checkbox"/> Yes (9b) 2 <input type="checkbox"/> No } (10 on page 122) 9 <input type="checkbox"/> DK } -----</p> <p>b. 35 1 <input type="checkbox"/> Physical therapy -----</p> <p>c. 36 1 <input type="checkbox"/> Yes (9d) 2 <input type="checkbox"/> No } (NP with 9b, or 10 9 <input type="checkbox"/> DK } on page 122) -----</p> <p>d. 37 (Enter condition in X1 and mark box) 1 <input type="checkbox"/> In C2 } (9c for NP with 2 <input type="checkbox"/> Not in C2 } 9b, or 10 on page 122) -----</p>
<p>Notes</p>	

Section II – DISABILITY – Continued		
Part G – SPECIAL HEALTH NEEDS OF CHILDREN – Continued		PERSON 1
<p>10a. During the past 12 months, have (names of persons under 18) received any occupational therapy?</p> <p>-----</p> <p>b. Who is this? (Anyone else?) Mark (X) "Occupational therapy" box in person's column. Ask 10c-d for each person with box marked in 10b.</p> <p>c. Has the problem or condition for which -- gets occupational therapy been going on or is it expected to go on for at least 12 months?</p> <p>Ask only if "Yes" in 10c.</p> <p>d. What is the main problem or condition for which -- gets occupational therapy?</p>	<p>10a. 38</p> <p>1 <input type="checkbox"/> Yes (10b) 2 <input type="checkbox"/> No } (Item G2) 9 <input type="checkbox"/> DK }</p> <hr/> <p>b. 39</p> <p>1 <input type="checkbox"/> Occupational therapy</p> <hr/> <p>c. 40</p> <p>1 <input type="checkbox"/> Yes (10d) 2 <input type="checkbox"/> No } (NP with 10b, or G2) 9 <input type="checkbox"/> DK }</p> <hr/> <p>d. 41</p> <p>(Enter condition in X1 and mark box)</p> <p>1 <input type="checkbox"/> In C2 } (10c for NP with 2 <input type="checkbox"/> Not in C2 } 10b, or G2)</p>	
		42
<p>ITEM G2</p>	<p>Refer to age or 9c and 10c on pages 120-123 for each person.</p>	<p>G2 42</p> <p>2 <input type="checkbox"/> 18+ (NP, or 14 on page 132) 1 <input type="checkbox"/> Yes in 9c or 10c (11) 2 <input type="checkbox"/> Other (NP, or 14 on page 132)</p>
<p>11a. Does -- NOW receive any physical or occupational therapy AT HOME? THIS INCLUDES THERAPY GIVEN BY YOU, OTHER FAMILY MEMBERS, FRIENDS, VOLUNTEERS, OR PAID PROFESSIONALS.</p> <p>-----</p> <p>b. What are the names of all persons who give -- therapy at home?</p> <p>-----</p> <p>Ask 11c and d only if 4 names were entered in Table T for this person; otherwise, go to 11e in Table T.</p> <p>c. Are there any other persons who give -- physical or occupational therapy at home?</p> <p>-----</p> <p>d. How many others?</p>	<p>11a. 43</p> <p>1 <input type="checkbox"/> Yes (11b) 2 <input type="checkbox"/> No } (12 on page 128) 9 <input type="checkbox"/> DK }</p> <hr/> <p>b. 44</p> <p>(Record up to 4 names in Table T on page 124, then return to 11c)</p> <hr/> <p>c. 44</p> <p>1 <input type="checkbox"/> Yes (11d) 2 <input type="checkbox"/> No } (11e in Table T 9 <input type="checkbox"/> DK } on page 124)</p> <hr/> <p>d. 45-46</p> <p>____ Therapist(s) (Number) (11e in Table T on page 124)</p>	
Notes		

Section II – DISABILITY – Continued		RT 75
Part G – SPECIAL HEALTH NEEDS OF CHILDREN – Continued		THERAPIST AT HOME
TABLE T		
	Child's name Child's number 3-4 Therapist name 5-6	
11e. Does (therapist) do physical or occupational therapy with --? <hr style="border-top: 1px dashed black;"/> <p style="text-align: center;"><i>HAND CARD DG1. Read categories if telephone interview.</i></p> f. What is (therapist) relationship to --? Mark (X) only one.	11e. <ul style="list-style-type: none"> 1 <input type="checkbox"/> Physical 2 <input type="checkbox"/> Occupational 3 <input type="checkbox"/> Both 9 <input type="checkbox"/> DK 7	
g. Is this therapy paid for?	f. <ul style="list-style-type: none"> 0 <input type="checkbox"/> Parent (11k) 1 <input type="checkbox"/> Other relative who lives here 2 <input type="checkbox"/> Other relative who does not live here 3 <input type="checkbox"/> Non-relative who lives here 4 <input type="checkbox"/> Friend/neighbor 5 <input type="checkbox"/> Unpaid volunteer from an organization or business (11j) 6 <input type="checkbox"/> Paid employee of an organization or business (11h) 7 <input type="checkbox"/> Paid employee of yours 8 <input type="checkbox"/> Other (11g) 9 <input type="checkbox"/> DK (11g) 8	
g. <ul style="list-style-type: none"> 1 <input type="checkbox"/> Yes (11h on page 126) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK (11j on page 126) 9		
Notes		

Section II - DISABILITY - Continued																							
Part G - SPECIAL HEALTH NEEDS OF CHILDREN - Continued	THERAPIST AT HOME																						
TABLE T - Continued																							
<i>HAND CARD DG2. Read categories if telephone interview.</i>																							
<p>11h. Who pays for this therapy? (Anyone else?) <i>Mark (X) all that apply.</i></p>	<p>11h.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> 00 Parent</td> <td style="text-align: right;">10-11</td> </tr> <tr> <td><input type="checkbox"/> 01 Other relative who lives here</td> <td style="text-align: right;">12-13</td> </tr> <tr> <td><input type="checkbox"/> 02 Other relatives who do not live here</td> <td style="text-align: right;">14-15</td> </tr> <tr> <td><input type="checkbox"/> 03 Private insurance</td> <td style="text-align: right;">16-17</td> </tr> <tr> <td><input type="checkbox"/> 04 Rehabilitation program</td> <td style="text-align: right;">18-19</td> </tr> <tr> <td><input type="checkbox"/> 05 Medicaid</td> <td style="text-align: right;">20-21</td> </tr> <tr> <td><input type="checkbox"/> 06 Public school system</td> <td style="text-align: right;">22-23</td> </tr> <tr> <td><input type="checkbox"/> 07 Other public source</td> <td style="text-align: right;">24-25</td> </tr> <tr> <td><input type="checkbox"/> 08 Other private source</td> <td style="text-align: right;">26-27</td> </tr> <tr> <td><input type="checkbox"/> 09 Other</td> <td style="text-align: right;">28-29</td> </tr> <tr> <td><input type="checkbox"/> 99 DK or Refused</td> <td style="text-align: right;">30-31</td> </tr> </table>	<input type="checkbox"/> 00 Parent	10-11	<input type="checkbox"/> 01 Other relative who lives here	12-13	<input type="checkbox"/> 02 Other relatives who do not live here	14-15	<input type="checkbox"/> 03 Private insurance	16-17	<input type="checkbox"/> 04 Rehabilitation program	18-19	<input type="checkbox"/> 05 Medicaid	20-21	<input type="checkbox"/> 06 Public school system	22-23	<input type="checkbox"/> 07 Other public source	24-25	<input type="checkbox"/> 08 Other private source	26-27	<input type="checkbox"/> 09 Other	28-29	<input type="checkbox"/> 99 DK or Refused	30-31
<input type="checkbox"/> 00 Parent	10-11																						
<input type="checkbox"/> 01 Other relative who lives here	12-13																						
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<input type="checkbox"/> 07 Other public source	24-25																						
<input type="checkbox"/> 08 Other private source	26-27																						
<input type="checkbox"/> 09 Other	28-29																						
<input type="checkbox"/> 99 DK or Refused	30-31																						

<p><i>Ask 11i only if box 00 or 01 is marked in 11h; otherwise, skip to 11j.</i></p> <p>i. How much did [you/the family] pay for this therapy during the past 2 weeks? Do not count money that will be reimbursed by insurance, an HMO, or other source.</p> <p><i>If none, enter 0; otherwise, enter amount in whole dollars.</i></p>	<p>i. \$ _____ (Dollars)</p> <p style="text-align: right;">32-35</p>																						
<p>j. How satisfied are you with this therapy? Would you say very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?</p> <p><i>If respondent is not a parent or guardian, explain, if necessary, that "you" refers to the family in general.</i></p>	<p>j.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> 1 Very satisfied</td> <td rowspan="5" style="text-align: right; vertical-align: middle;">36</td> </tr> <tr> <td><input type="checkbox"/> 2 Somewhat satisfied</td> </tr> <tr> <td><input type="checkbox"/> 3 Somewhat dissatisfied</td> </tr> <tr> <td><input type="checkbox"/> 4 Very dissatisfied</td> </tr> <tr> <td><input type="checkbox"/> 9 DK</td> </tr> </table>	<input type="checkbox"/> 1 Very satisfied	36	<input type="checkbox"/> 2 Somewhat satisfied	<input type="checkbox"/> 3 Somewhat dissatisfied	<input type="checkbox"/> 4 Very dissatisfied	<input type="checkbox"/> 9 DK																
<input type="checkbox"/> 1 Very satisfied	36																						
<input type="checkbox"/> 2 Somewhat satisfied																							
<input type="checkbox"/> 3 Somewhat dissatisfied																							
<input type="checkbox"/> 4 Very dissatisfied																							
<input type="checkbox"/> 9 DK																							
<p>k. How many days during the past 2 weeks did (therapist) work with -- ?</p>	<p>k.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> 00 None in past 2 weeks</td> <td rowspan="2" style="text-align: right; vertical-align: middle;">37-38</td> </tr> <tr> <td>_____ Days (Number)</td> </tr> </table>	<input type="checkbox"/> 00 None in past 2 weeks	37-38	_____ Days (Number)																			
<input type="checkbox"/> 00 None in past 2 weeks	37-38																						
_____ Days (Number)																							
<p>l. Please estimate the hours per day that (therapist) did therapy with -- . Include therapy that is part of another activity such as play.</p>	<p>l.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td>_____ Hours/Day</td> <td rowspan="2" style="text-align: right; vertical-align: middle;">39-40</td> </tr> <tr> <td><input type="checkbox"/> 00 Less than 1 hour/day</td> </tr> </table>	_____ Hours/Day	39-40	<input type="checkbox"/> 00 Less than 1 hour/day																			
_____ Hours/Day	39-40																						
<input type="checkbox"/> 00 Less than 1 hour/day																							
<p><i>If another therapist in Table T for this person, ask 11e on page 124 for the next therapist; otherwise, continue with 12a on page 128 for this person.</i></p>																							
<p>Notes</p>																							

Section II - DISABILITY - Continued		RT 76
Part G - SPECIAL HEALTH NEEDS OF CHILDREN - Continued		PERSON 1
<p>12a. Does -- receive any physical or occupational therapy at any other place, that is, OTHER THAN AT HOME?</p> <p>-----</p> <p>b. Does -- receive this therapy at school, at a location other than school or both places? <i>Mark (X) only one.</i></p> <p>-----</p> <p>c. Is the therapy -- receives at school physical therapy, occupational therapy or both? <i>Mark (X) only one.</i></p>	<p>12a.</p> <p>1 <input type="checkbox"/> Yes (12b) 2 <input type="checkbox"/> No } (G2 on page 122 for NP, 9 <input type="checkbox"/> DK } or 14 on page 132)</p> <p>b.</p> <p>1 <input type="checkbox"/> School (12c) 2 <input type="checkbox"/> Location other than school (13 on page 130) 3 <input type="checkbox"/> Both (12c)</p> <p>c.</p> <p>1 <input type="checkbox"/> Physical therapy 2 <input type="checkbox"/> Occupational therapy 3 <input type="checkbox"/> Both</p>	<p>5</p> <p>6</p> <p>7</p>
<p>ITEM G3</p>	<p><i>Refer to 12b for this person.</i></p>	<p>G3</p> <p>1 <input type="checkbox"/> School only (G2 on page 122 for NP, or 14 on page 132) 2 <input type="checkbox"/> All others (13 on page 130)</p>
<p>Notes</p>		

Section II – DISABILITY – Continued		
Part G – SPECIAL HEALTH NEEDS OF CHILDREN – Continued		PERSON 1
<p>These questions are about therapy that -- receives OTHER THAN AT HOME AND AT SCHOOL.</p>		<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto; text-align: center; line-height: 20px;">9</div>
<p>13a. Is this physical therapy, occupational therapy, or both? <i>Mark (X) only one.</i></p>	13a.	<p>1 <input type="checkbox"/> Physical therapy 2 <input type="checkbox"/> Occupational therapy 3 <input type="checkbox"/> Both</p>
<p>b. During the past 2 weeks how often did -- receive [physical/(and)occupational] therapy NOT COUNTING THERAPY AT HOME OR SCHOOL?</p> <p><i>SHOW CARD DG2. Read categories if telephone interview.</i></p>	b.	<p>00 <input type="checkbox"/> None 10-11</p> <p style="text-align: center;">_____ Times (Number)</p>
<p>c. Who pays for this therapy? <i>Mark (X) all that apply.</i></p>	c.	<p>00 <input type="checkbox"/> Parent 12-13 01 <input type="checkbox"/> Other family member in HH 14-15 02 <input type="checkbox"/> Other family member not in HH 16-17 03 <input type="checkbox"/> Private insurance 18-19 04 <input type="checkbox"/> Rehabilitation program 20-21 05 <input type="checkbox"/> Medicaid 22-23 06 <input type="checkbox"/> Public school system 24-25 07 <input type="checkbox"/> Other public source 26-27 08 <input type="checkbox"/> Other private source 28-29 09 <input type="checkbox"/> Other 30-31 99 <input type="checkbox"/> DK or Refused 32-33</p>
<p><i>Ask 13d only if box 00 or 01 is marked in 13c; otherwise, skip to 13e.</i></p> <p>d. How much did [you/the family] pay for this therapy during the past 2 weeks. Do not count money that will be reimbursed by insurance, an HMO, or other source. <i>If none, enter 0; otherwise enter amount in whole dollars.</i></p>	d.	<p>\$ _____ 34-37 (Dollars)</p>
<p>e. How satisfied are you with this therapy? Would you say very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied? <i>If respondent is not a parent or guardian, explain, if necessary, that "you" refers to the family in general.</i></p>	e.	<p>1 <input type="checkbox"/> Very satisfied 2 <input type="checkbox"/> Somewhat satisfied 3 <input type="checkbox"/> Somewhat dissatisfied 4 <input type="checkbox"/> Very dissatisfied</p> <p style="text-align: right; font-size: small;">} (G2 on page 122 for NP, or 14 on page 132)</p>
<p>Notes</p>		

Section II – DISABILITY – Continued			
Part G – SPECIAL HEALTH NEEDS OF CHILDREN – Continued		PERSON 1	
	14a. (Besides physical or occupational therapy) do (names of persons under 18) NOW have any (other) medical or health procedures done AT HOME?	14a.	39
		<input type="checkbox"/> Yes (14b) <input type="checkbox"/> No } (Item G4) <input type="checkbox"/> DK	
	b. Who is this? (Anyone else?) <i>Mark (X) "Medical Procedures" box in person's column.</i> <i>Ask 14c – d for each person with box marked in 14b.</i>	b.	40
		<input type="checkbox"/> Medical procedures	
	c. Has the problem or condition for which -- has (other) medical procedures done AT HOME been going on or is it expected to go on for at least 12 months?	c.	41
		<input type="checkbox"/> Yes (14d) <input type="checkbox"/> No } (NP with 14b, or G4) <input type="checkbox"/> DK	
	<i>Ask only if "Yes" in 14c.</i>		
	d. What is the main problem or condition for which -- gets medical procedures done AT HOME?	d.	42
		(Enter condition in X1 and mark box) <input type="checkbox"/> In C2 } (14c for NP with <input type="checkbox"/> Not in C2 } 14b, or G4)	
ITEM G4	<i>Refer to ages of all family members.</i>	G4	43
		<input type="checkbox"/> Any 1–17 years (15) <input type="checkbox"/> All others (Item G6 on page 136)	
	15a. Do you think that (names of persons 1–17 years old) NOW have any problems or delays in understanding things, that is, delays in cognitive or mental development?	15a.	44
		<input type="checkbox"/> Yes (15b) <input type="checkbox"/> No } (16) <input type="checkbox"/> DK	
	b. Who is this? (Anyone else?) <i>Mark (X) "Mental development" box in person's column.</i> <i>Ask 15c for each person with box marked in 15b.</i>	b.	45
		<input type="checkbox"/> Mental development	
	c. Have any doctors or health care professionals discussed or mentioned -- problem or delay in understanding things?	c.	46
		<input type="checkbox"/> Yes <input type="checkbox"/> No } (NP with 15b, or 16) <input type="checkbox"/> DK	
	16a. Do you think that (names of persons 1–17 years old) NOW have any problems or delays in speech or language development?	16a.	47
		<input type="checkbox"/> Yes (16b) <input type="checkbox"/> No } (17 on page 134) <input type="checkbox"/> DK	
	b. Who is this? (Anyone else?) <i>Mark (X) "Speech" box for each appropriate person.</i> <i>Ask 16c for each person with box marked in 16b.</i>	b.	48
		<input type="checkbox"/> Speech	
	c. Have any doctors or health care professionals discussed or mentioned -- problem or delay in speech or language development?	c.	49
		<input type="checkbox"/> Yes <input type="checkbox"/> No } (NP with 16b, or 17 <input type="checkbox"/> DK } on page 134)	

Section II – DISABILITY – Continued		
Part G – SPECIAL HEALTH NEEDS OF CHILDREN – Continued		PERSON 1
<p>17a. Do you think that<i>(names of persons 1–17 years old)</i> NOW have any problems or delays in emotional or behavioral development?</p> <p>-----</p> <p>b. Who is this? (Anyone else?) <i>Mark (X) "Behavior" box in person's column.</i> <i>Ask 17c for each person with box marked in 17b.</i></p> <p>-----</p> <p>c. Have any doctors or health care professionals discussed or mentioned -- problem or delay in emotional or behavioral development?</p>	<p>17a. 50</p> <p>1 <input type="checkbox"/> Yes (17b) 2 <input type="checkbox"/> No } <i>(Item G5)</i> 9 <input type="checkbox"/> DK }</p> <hr/> <p>b. 51</p> <p>1 <input type="checkbox"/> Behavior</p> <hr/> <p>c. 52</p> <p>1 <input type="checkbox"/> Yes } <i>(NP with 17b, or G5)</i> 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }</p>	
<p>ITEM G5 <i>Refer to ages of all family members.</i></p>	<p>G5 53</p> <p>1 <input type="checkbox"/> Any 2–17 (18) 2 <input type="checkbox"/> Others <i>(Item G6 on page 136)</i></p>	
<p>18a. Because of a physical, mental, or emotional problem, do <i>(names of persons 2–17 years old)</i> NOW have any difficulty participating in strenuous activity, such as running or swimming, compared to other children their age?</p> <p>-----</p> <p>b. Who is this? (Anyone else?) <i>Mark (X) "Activity" box in person's column.</i> <i>Ask 18c–d for each person with box marked in 18b.</i></p> <p>-----</p> <p>c. Has the problem or condition which causes -- to have difficulty participating in strenuous activity been going on or is it expected to go on for at least 12 months?</p> <p>-----</p> <p><i>Ask only if "Yes" in 18c.</i></p> <p>d. What is the main problem or condition which causes -- to have difficulty participating in strenuous activity?</p>	<p>18a. 54</p> <p>1 <input type="checkbox"/> Yes (18b) 2 <input type="checkbox"/> No } <i>(19 on page 136)</i> 9 <input type="checkbox"/> DK }</p> <hr/> <p>b. 55</p> <p>1 <input type="checkbox"/> Activity</p> <hr/> <p>c. 56</p> <p>1 <input type="checkbox"/> Yes (18d) 2 <input type="checkbox"/> No } <i>(NP with 18b, or 19 on page 136)</i> 9 <input type="checkbox"/> DK }</p> <hr/> <p>d. 57</p> <p><i>(Enter condition in X1 and mark box)</i></p> <p>1 <input type="checkbox"/> In C2 } <i>(18c for NP with 18b, or 19 on page 136)</i> 2 <input type="checkbox"/> Not in C2 }</p>	
Notes		

Section II – DISABILITY – Continued			
Part G – SPECIAL HEALTH NEEDS OF CHILDREN – Continued		PERSON 1	
<p>19a. Because of a physical, mental, or emotional problem, do (names of persons 2-17 years old) NOW have any difficulty playing or getting along with others their age?</p> <p>-----</p> <p>b. Who is this? (Anyone else?) <i>Mark (X) "Getting along" box in person's column.</i> <i>Ask 19c-d for each person with box marked in 19b.</i></p> <p>c. Has the problem or condition which causes -- to have difficulty getting along with others been going on or is it expected to go on for at least 12 months?</p> <p>-----</p> <p><i>Ask only if "Yes" in 19c.</i></p> <p>d. What is the main problem or condition which causes -- to have difficulty getting along with others?</p>		<p>19a.</p> <p>1 <input type="checkbox"/> Yes (19b) 2 <input type="checkbox"/> No } (Item G6) 9 <input type="checkbox"/> DK }</p> <p>b.</p> <p>1 <input type="checkbox"/> Getting along</p> <p>c.</p> <p>1 <input type="checkbox"/> Yes (19d) 2 <input type="checkbox"/> No } (NP with 19b, or G6) 9 <input type="checkbox"/> DK }</p> <p>d. (Enter condition in X1 and mark box)</p> <p>1 <input type="checkbox"/> In C2 } (19c for NP with 2 <input type="checkbox"/> Not in C2 } 19b, or G6)</p>	<p>58</p> <p>59</p> <p>60</p> <p>61</p>
<p>ITEM G6 <i>Refer to ages of all family members.</i></p>		<p>G6</p> <p>1 <input type="checkbox"/> Any persons under 5 (20) 2 <input type="checkbox"/> None under 5 <i>(Part J on page 146)</i></p>	<p>62</p>
<p>20a. Do (names of persons under 5) NOW have any physical, mental, or emotional problems which makes it difficult to chew, swallow, or digest?</p> <p>-----</p> <p>b. Who is this? (Anyone else?) <i>Mark (X) "Digest" box in person's column.</i> <i>Ask 20c-d for each person with box marked in 20b.</i></p> <p>c. Has the problem or condition which causes -- to have difficulty chewing, swallowing, or digesting been going on or is it expected to go on for at least 12 months?</p> <p>-----</p> <p><i>Ask only if "Yes" in 20c.</i></p> <p>d. What is the main problem or condition which causes -- to have difficulty chewing, swallowing, or digesting?</p>		<p>20a.</p> <p>1 <input type="checkbox"/> Yes (20b) 2 <input type="checkbox"/> No } (21 on page 138) 9 <input type="checkbox"/> DK }</p> <p>b.</p> <p>1 <input type="checkbox"/> Digest</p> <p>c.</p> <p>1 <input type="checkbox"/> Yes (20d) 2 <input type="checkbox"/> No } (NP with 20b, or 21 9 <input type="checkbox"/> DK } on page 138)</p> <p>d. (Enter condition in X1 and mark box)</p> <p>1 <input type="checkbox"/> In C2 } (20c for NP with 2 <input type="checkbox"/> Not in C2 } 20b, or 21 on page 138)</p>	<p>63</p> <p>64</p> <p>65</p> <p>66</p>
Notes			

Section II - DISABILITY - Continued	
Part G - SPECIAL HEALTH NEEDS OF CHILDREN - Continued	
	PERSON 1
<p>21a. Do (names of persons under age 5) NOW need special medical equipment to assist with eating or toileting?</p> <p>-----</p> <p>b. Who is this? (Anyone else?) Mark (X) "Eating or toileting" box in person's column. Ask 21c-d for each person with box marked in 21b.</p> <p>-----</p> <p>c. Has the problem or condition which causes -- to need special medical equipment been going on or is it expected to go on for at least 12 months?</p> <p>-----</p> <p>Ask only if "Yes" in 21c.</p> <p>d. What is the main problem or condition which causes -- to need special medical equipment to assist with eating or toileting?</p>	<p>21a. 67 1 <input type="checkbox"/> Yes (21b) 2 <input type="checkbox"/> No } (Part H on page 140) 9 <input type="checkbox"/> DK }</p> <hr/> <p>b. 68 1 <input type="checkbox"/> Eating or toileting</p> <hr/> <p>c. 69 1 <input type="checkbox"/> Yes (21d) 2 <input type="checkbox"/> No } (NP with 21b, or Part H 9 <input type="checkbox"/> DK } on page 140)</p> <hr/> <p>d. 70 (Enter condition in X1 and mark box) 1 <input type="checkbox"/> In C2 } (21c for NP with 2 <input type="checkbox"/> Not in C2 } 21b, or Part H on page 140)</p>
<p>Notes</p>	

Section II – DISABILITY – Continued		RT 77
Part H – EARLY CHILD DEVELOPMENT		3-4
		PERSON 1
ITEM H1	Refer to age for each family member.	5 H1 1 <input type="checkbox"/> 5+ (NP, or Part J on page 146) 2 <input type="checkbox"/> Under 5 (H2)
ITEM H2	Refer to child's date of birth and date of interview. Calculate age in months or convert with card MC in HIS-501.1 Information Booklet.	6-7 H2 _____ Months <input type="checkbox"/> Birthdate unknown (1)
ITEM H3	Refer to H2.	8 H3 1 <input type="checkbox"/> Under 4 months (H1 for NP, or Part J on page 146) 2 <input type="checkbox"/> 4-8 months (2) 3 <input type="checkbox"/> 9-15 months (5) 4 <input type="checkbox"/> 16-29 months (11 on page 142) 5 <input type="checkbox"/> 30-59 months (18 on page 142)
HAND CARD DH1. Read categories if telephone interview.		9
1. Which age group do you think -- belongs in?		1 1 <input type="checkbox"/> Under 4 months (H1 for NP, or Part J on page 146) 2 <input type="checkbox"/> 4-8 months (2) 3 <input type="checkbox"/> 9-15 months (5) 4 <input type="checkbox"/> 16-29 months (11 on page 142) 5 <input type="checkbox"/> 30-59 months (18 on page 142)
2. Does -- usually show an interest in things around -- by looking at sights or by turning toward sounds?		10 2 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
3. Does -- usually seem happy or pleased when -- sees -- favorite people?		11 3 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
4. Can -- hold -- head up without support?		12 4 1 <input type="checkbox"/> Yes } (H1 for NP, or Part J on page 146) 2 <input type="checkbox"/> No }
5. Does -- usually show an interest in things around -- by looking at sights or by turning toward sounds?		13 5 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
6. Does -- usually seem happy or pleased when -- sees -- favorite people?		14 6 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
7. Can -- sit upright without leaning against anything?		15 7 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
8. Has -- ever crawled or crept on hands or stomach?		16 8 1 <input type="checkbox"/> Yes } (9 on page 142) 2 <input type="checkbox"/> No }

Section II - DISABILITY - Continued		
Part H - EARLY CHILD DEVELOPMENT - Continued		PERSON 1
9. Is -- able to show what -- wants by pointing at something, reaching out to be picked up, making special noises, or saying words?	9.	17 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
10. Does -- ever respond to people talking or playing with -- by making sounds, faces, or saying words?	10.	18 1 <input type="checkbox"/> Yes } (H1 on page 140 for NP, 2 <input type="checkbox"/> No } or Part J on page 146)
11. Does -- usually pay attention to things that interest -- such as toys, picture books, or a person -- likes for as long as a minute?	11.	19 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
12. Does -- usually seem happy or pleased when -- sees -- favorite people?	12.	20 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
13. Can -- sit upright without leaning against anything?	13.	21 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
14. Is -- able to show what -- wants by pointing at things, reaching out to be picked up, making special noises, or saying words?	14.	22 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
15a. Does -- walk without holding on to anything?	15a.	23 1 <input type="checkbox"/> Yes (16) 2 <input type="checkbox"/> No (15b)
b. Has -- ever crawled or crept on hands or stomach?	b.	24 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
16. Is -- able to show what -- wants or needs by using actions or words, such as leading you by the hand to open a door or saying words like "juice" or "that"?	16.	25 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
17. Does -- ever respond to people talking or playing with -- by making sounds or faces or by saying words?	17.	26 1 <input type="checkbox"/> Yes } (H1 on page 140 for NP, 2 <input type="checkbox"/> No } or Part J on page 146)
18. Does -- usually pay attention for as long as a minute to things that interest --, such as toys, picture books, or a person -- likes?	18.	27 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
19. Does -- usually seem happy or pleased when -- sees -- favorite people?	19.	28 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
20. Does -- walk rapidly or run?	20.	29 1 <input type="checkbox"/> Yes (22 on page 144) 2 <input type="checkbox"/> No (21 on page 144)

Section II - DISABILITY - Continued		
Part H - EARLY CHILD DEVELOPMENT - Continued		PERSON 1
21a. Does -- walk without holding on to anything?	21a.	30 1 <input type="checkbox"/> Yes (22) 2 <input type="checkbox"/> No (21b)
----- b. Has -- ever crawled or crept on hands or stomach?	b.	31 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
----- c. Can -- sit upright without leaning against anything?	c.	32 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
22. Is -- able to show what -- wants or needs by using actions, or words, such as leading you by the hand to open a door or saying words like "juice" or "that" or talking?	22.	33 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
23a. Does -- talk in phrases or sentences most of the time?	23a.	34 1 <input type="checkbox"/> Yes (25) 2 <input type="checkbox"/> No (24) 3 <input type="checkbox"/> Child is deaf (23b)
----- b. Is -- able to show that -- likes or dislikes something by actions such as shaking -- head or using gestures?	b.	35 1 <input type="checkbox"/> Yes } (25) 2 <input type="checkbox"/> No }
24. Is -- able to use words to show what -- likes or dislikes, such as "want that" or "no want"?	24.	36 1 <input type="checkbox"/> Yes } (25) 2 <input type="checkbox"/> No }
25. Does -- ever play "make believe," such as feeding a doll, playing house, or pretending to be a TV or movie superstar?	25.	37 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
26. Can -- play with another person? For example, can -- help another person build with blocks or feed a baby doll?	26.	38 1 <input type="checkbox"/> Yes } (H1 on page 140 for NP, 2 <input type="checkbox"/> No } or Part J on page 146)
Notes		

Section II - DISABILITY - Continued		RT 78
Part J - EDUCATION		PERSON 1
		3-4
ITEM J1	<i>Refer to age for each family member.</i>	5
1a. Is -- now going to school or on vacation from school?		6
<i>Hand Card DJ1. Read categories if telephone interview.</i>		7
b. Why isn't -- going to school?	<i>Mark (X) only one.</i>	8
c. Is this because of a physical, mental, or emotional problem?		9
d. Has -- had this problem for at least 12 months or is -- expected to have it for 12 months?		10
Notes		

Section II - DISABILITY - Continued		
Part J - EDUCATION - Continued		PERSON 1
<i>Hand Card DJ2.</i>		10
2. Does -- have significant problems at school with -		
a. Understanding instructional materials?	a. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Can't do or does not apply because of limitation	
b. Paying attention in class?	b. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Can't do or does not apply because of limitation	11
c. Following rules or controlling [his/her] behavior?	c. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Can't do or does not apply because of limitation	12
d. Communicating with teachers and other students?	d. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Can't do or does not apply because of limitation	13
3. Is -- now receiving special education services? Do not include gifted or talented programs. {Special education is teaching designed to meet the individual needs of a child with special needs. It is paid for by the public school system and may take place at a regular school, a special school, a private school, at home, or at a hospital.}		14
4. Does -- now have an Individual Education Plan or IEP? {An IEP, or Individual Education Plan, is a written plan for a child with special needs, describing what that child will learn.}		15
5. Does -- attend a special school or day camp for children with special needs?		16
		1 <input type="checkbox"/> Yes } (J1 on page 146 for 2 <input type="checkbox"/> No } NP, or Part K on 9 <input type="checkbox"/> DK } page 152)
Notes		

Section II - DISABILITY - Continued			
Part J - EDUCATION - Continued			PERSON 1
<p>{Early Intervention Services are services designed to meet the needs of very young children with special needs. They are provided by the State or school system at no cost to the parent.}</p> <p>6. Does -- now receive Early Intervention Services?</p>		6.	<div style="text-align: right;">17</div> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>
<p>{An Individual Family Service Plan (IFSP) is a written plan of goals and services for young children with special needs and their families.}</p> <p>7. Does -- now have an Individual Family Service Plan or IFSP?</p>		7.	<div style="text-align: right;">18</div> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>
ITEM J2	<i>Refer to this child's age.</i>	J2	<div style="text-align: right;">19</div> <p>1 <input type="checkbox"/> 1-2 years (8) 2 <input type="checkbox"/> Other (J1 on page 146 for NP, or Part K on page 152)</p>
<p>8. Does -- now attend a special school or day camp for children with special needs?</p>		8.	<div style="text-align: right;">20</div> <p>1 <input type="checkbox"/> Yes } (J1 on page 146 for NP, 2 <input type="checkbox"/> No } or Part K on page 152)</p>
<p>Notes</p>			

Section II - DISABILITY - Continued		RT 79
Part K - RELATIONSHIPS TO RESPONDENT		PERSON 1
ITEM K1	Enter person number of respondent for each family member.	3-4
ITEM K2	Refer to each person's age.	5-6
Verify or ask:		
1a. How are you related to --?	Mark (X) only one.	7
1a.	1 <input type="checkbox"/> Mother } (1b) 2 <input type="checkbox"/> Father } 3 <input type="checkbox"/> Brother/Sister (1d) 4 <input type="checkbox"/> Grandparent } (2 on page 154) 5 <input type="checkbox"/> Other relative } 6 <input type="checkbox"/> Nonrelative } (K1 for NP, or Part L on page 156) 7 <input type="checkbox"/> Self } 8 <input type="checkbox"/> Spouse }	8
b. Are you -- biological or natural, adoptive, step, or foster parent?	Mark (X) only one.	9
b.	1 <input type="checkbox"/> Biological/Natural (2 on page 154) 2 <input type="checkbox"/> Adoptive } (1c) 3 <input type="checkbox"/> Step } 4 <input type="checkbox"/> Foster }	9
c. How old was -- when -- first started living with you?		10-12
c.	_____ { 1 <input type="checkbox"/> Months } { 2 <input type="checkbox"/> Years } (2 on page 154) 000 <input type="checkbox"/> Since birth 999 <input type="checkbox"/> DK	10-12
d. Are you -- full, half, step, adoptive, or foster [brother/sister]?	Mark (X) only one.	13
d.	1 <input type="checkbox"/> Full } (2 on page 154) 2 <input type="checkbox"/> Half } 3 <input type="checkbox"/> Step } 4 <input type="checkbox"/> Adoptive } 5 <input type="checkbox"/> Foster }	13
Notes		

Section II - DISABILITY - Continued							
Part K - RELATIONSHIPS TO RESPONDENT - Continued							
<p>2a. Are you the person in the household who knows the MOST about -- health?</p> <hr style="border-top: 1px dashed black;"/> <p>b. Who in the household knows the MOST about -- health? <i>Enter name and person number, or mark (X) box.</i></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">PERSON 1</th> </tr> </thead> <tbody> <tr> <td style="width: 5%;">2a.</td> <td style="width: 95%;"> <div style="text-align: right; border: 1px solid black; padding: 2px;">14</div> <p>1 <input type="checkbox"/> Yes (K1 on page 152 for NP, or Part L on page 156) 2 <input type="checkbox"/> No (2b)</p> </td> </tr> <tr> <td style="width: 5%;">b.</td> <td style="width: 95%;"> <div style="text-align: right; border: 1px solid black; padding: 2px;">15-16</div> <p>99 <input type="checkbox"/> No one in household or DK</p> <p>Person number _____</p> <p>First name _____</p> <div style="text-align: right; border: 1px solid black; padding: 2px;">17-36</div> <p>Last name _____</p> <div style="text-align: right; border: 1px solid black; padding: 2px;">37-56</div> <p style="text-align: right; font-size: small;">(K1 on page 152 for NP, or Part L on page 156)</p> </td> </tr> </tbody> </table>	PERSON 1		2a.	<div style="text-align: right; border: 1px solid black; padding: 2px;">14</div> <p>1 <input type="checkbox"/> Yes (K1 on page 152 for NP, or Part L on page 156) 2 <input type="checkbox"/> No (2b)</p>	b.	<div style="text-align: right; border: 1px solid black; padding: 2px;">15-16</div> <p>99 <input type="checkbox"/> No one in household or DK</p> <p>Person number _____</p> <p>First name _____</p> <div style="text-align: right; border: 1px solid black; padding: 2px;">17-36</div> <p>Last name _____</p> <div style="text-align: right; border: 1px solid black; padding: 2px;">37-56</div> <p style="text-align: right; font-size: small;">(K1 on page 152 for NP, or Part L on page 156)</p>
PERSON 1							
2a.	<div style="text-align: right; border: 1px solid black; padding: 2px;">14</div> <p>1 <input type="checkbox"/> Yes (K1 on page 152 for NP, or Part L on page 156) 2 <input type="checkbox"/> No (2b)</p>						
b.	<div style="text-align: right; border: 1px solid black; padding: 2px;">15-16</div> <p>99 <input type="checkbox"/> No one in household or DK</p> <p>Person number _____</p> <p>First name _____</p> <div style="text-align: right; border: 1px solid black; padding: 2px;">17-36</div> <p>Last name _____</p> <div style="text-align: right; border: 1px solid black; padding: 2px;">37-56</div> <p style="text-align: right; font-size: small;">(K1 on page 152 for NP, or Part L on page 156)</p>						
<p>Notes</p>							

Section II – DISABILITY – Continued		RT 80
Part L – PERCEIVED DISABILITY		PERSON 1
<p>1a. Do you consider yourself (or anyone in your family) to have a disability?</p> <p>-----</p> <p>b. Who is this? Mark (X) "Respondent-perceived disability" box in person's column.</p> <p>-----</p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 1b and c) <input type="checkbox"/> No (2)</p>	<p>1a.</p> <p>1 <input type="checkbox"/> Yes (1b) 2 <input type="checkbox"/> No } (2) 9 <input type="checkbox"/> DK }</p> <p>-----</p> <p>b.</p> <p>1 <input type="checkbox"/> Respondent-perceived disability</p>	<p>3-4</p> <p>5</p> <p>6</p>
<p>2a. Would other people consider you (or anyone in the family) to have a disability?</p> <p>-----</p> <p>b. Who would others consider to have a disability? Mark (X) "Others perceived disability" box in person's column.</p> <p>-----</p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 2b and c) <input type="checkbox"/> No (L1)</p>	<p>2a.</p> <p>1 <input type="checkbox"/> Yes (2b) 2 <input type="checkbox"/> No } (L1) 9 <input type="checkbox"/> DK }</p> <p>-----</p> <p>b.</p> <p>1 <input type="checkbox"/> Others perceived disability</p>	<p>7</p> <p>8</p>
ITEM L1	<p>Enter person number(s) of respondent(s) for Section II, Disability.</p>	<p>L1 _____ Person number(s) of respondents</p>
<p>Review X1 for each person. If a condition is also in C2 on the HIS-1, enter the condition NUMBER in the triangular space. If it is not in C2, complete a Disability Condition Page in Part M for it and enter the condition LETTER in the triangular space.</p>		
<p>Notes</p>		

Section II - DISABILITY - Continued

RT 31 3-4 5-6

Part M - CONDITION A

7

PERSON NO. _____

1. Name of condition 8

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

- | | | | |
|---|---|--------|---|
| <input type="checkbox"/> Interview week (Reask 2) | <input type="checkbox"/> 2 yrs., less than 5 yrs. | } (3b) | 9 |
| <input type="checkbox"/> 2-wk. ref. pd. | <input type="checkbox"/> 5 yrs. or more | | |
| <input type="checkbox"/> Over 2 weeks, less than 6 mos. | <input type="checkbox"/> Dr. seen, DK when | | |
| <input type="checkbox"/> 6 mos., less than 1 yr. | <input type="checkbox"/> DK if Dr. seen | | |
| <input type="checkbox"/> 1 yr., less than 2 yrs. | <input type="checkbox"/> Dr. never seen | | |

3a. Did the doctor or assistant call the (condition) by a more technical or specific name? 10

- Yes No DK
- Ask 3b if "Yes" in 3a, otherwise transcribe condition name from item 1 without asking: 11-14
- _____ 15

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

- | | | | |
|---|---------------------------------------|--------|----|
| <input type="checkbox"/> Color Blindness (NC) | <input type="checkbox"/> Cancer (3e) | } (3b) | 16 |
| <input type="checkbox"/> Normal pregnancy, normal delivery, vasectomy (5) | <input type="checkbox"/> Old age (NC) | | |
| <input type="checkbox"/> Other (3c) | | | |

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

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

d. Did the (condition in 3b) result from an accident or injury? 17

- Yes (Probe, then 5) No
- Ask as necessary. Record responses in 3c: (How did the accident happen?) (What was -- doing at the time of the injury?)

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

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

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

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

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

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

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

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

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

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

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

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

(Specify) _____

Ask if there are any of the following entries in 3b-f: 18

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

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

Malignant Benign DK

5. a. When was -- (condition in 3b) first noticed? 19

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

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

Ask probes as necessary:

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

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

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

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

Section II - DISABILITY - Continued

Part M - CONDITION A - Continued

ITEM M1	<input type="checkbox"/> Missing extremity or organ (M2) <input type="checkbox"/> Other (12)	Mark box if under 18. <input type="checkbox"/> Under 18 (16) 27 15a. Was -- under 18 when the accident happened? 1 <input type="checkbox"/> Yes (16) <input type="checkbox"/> No <hr/> b. Was -- in the Armed Forces when the accident happened? 2 <input type="checkbox"/> Yes (16) <input type="checkbox"/> No <hr/> c. Was -- at work at -- job or business when the accident happened? 3 <input type="checkbox"/> Yes <input type="checkbox"/> No						
	12a. Does -- still have this condition? 20 1 <input type="checkbox"/> Yes (M2) <input type="checkbox"/> No <hr/> b. Is this condition completely cured or is it under control? 2 <input type="checkbox"/> Cured <input type="checkbox"/> Other (Specify) <input type="checkbox"/> _____ 3 <input type="checkbox"/> Under control (M2) _____ (M2)	16a. Was a car, truck, bus, or other motor vehicle involved in the accident in any way? 28 1 <input type="checkbox"/> Yes <input type="checkbox"/> No (17)						
	c. About how long did -- have this condition before it was cured? 21-23 000 <input type="checkbox"/> Less than 1 month OR _____ Number { 1 <input type="checkbox"/> Months 2 <input type="checkbox"/> Years	b. Was more than one vehicle involved? 29 1 <input type="checkbox"/> Yes <input type="checkbox"/> No						
	d. Was this condition present at any time during the past 12 months? 24 1 <input type="checkbox"/> Yes <input type="checkbox"/> No	c. Was [it/either one] moving at the time? 30 1 <input type="checkbox"/> Yes <input type="checkbox"/> No						
ITEM M2	<input type="checkbox"/> Not an accident/injury (NC) <input type="checkbox"/> Accident/injury (14)	17a. At the time of the accident what part of the body was hurt? 31 What kind of injury was it? Anything else? <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">Part(s) of body *</th> <th style="width:50%;">Kind of injury</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Part(s) of body *	Kind of injury				
Part(s) of body *	Kind of injury							
	14. Where did the accident happen? 26 1 <input type="checkbox"/> At home (inside house) 2 <input type="checkbox"/> At home (adjacent premises) 3 <input type="checkbox"/> Street and highway (includes roadway and public sidewalk) 4 <input type="checkbox"/> Farm 5 <input type="checkbox"/> Industrial place (includes premises) (Specify) <input type="checkbox"/> _____ 6 <input type="checkbox"/> School (includes premises) 7 <input type="checkbox"/> Place of recreation and sports, except at school 8 <input type="checkbox"/> Other (Specify) <input type="checkbox"/> _____	Ask if box 3, 4, or 5 marked in Q. 5: b. What part of the body is affected now? 32 How is -- (part of body) affected? Is -- affected in any other way? <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">Part(s) of body *</th> <th style="width:50%;">Present effects</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Part(s) of body *	Present effects				
Part(s) of body *	Present effects							
		* Enter part of body in same detail as for 3 g.						

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10. Response Status

a. Section I (Immunization)

0 No child 0-5

Interview:

1 Complete }
 2 Partial } *Mark (X) mode. Explain "Partial" in notes.*

Noninterview:

3 Refused }
 4 Other } *Explain in notes*

3

b. Section II (Disability)

5

Interview:

1 Complete }
 2 Partial } *Mark (X) mode. Explain "Partial" in notes.*

Noninterview:

3 Refused }
 4 Other } *Explain in notes*

4

Mode of interview:

All or most -

1 In person
 2 By telephone

6

Mode of interview:

All or most -

1 In person
 2 By telephone

Notes