

**FORM HIS-3 (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**

**III. FAMILY RESOURCES**

**IV. YEAR 2000 OBJECTIVES**

**V. AIDS KNOWLEDGE AND ATTITUDES**

**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 45 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 84 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			26 39 40 1 a.m. 2 p.m.	9. Ending time 41-44 45 1 a.m. 2 p.m.	

**SAMPLE PERSON LIST**

**ITEM IV1**

Are there any nondeleted persons 18+ years old in this family?  Yes (List by age, oldest to youngest)  No (Section III)

RT 85	3-4	5-6	7			8	9
Line No.	Person No.	Age	Sex	Last name	First name	SP	List No.
1			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	1
2			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	1
3			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	1
4			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	1
5			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	1
6			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	1
7			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	1
8			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	1
9			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	1

Refer to the 18+ part of the sample selection label and circle as applicable. Mark (X) the "SP" box in the column above for the selected sample person 18+. THEN, go to Section III.

Notes

RT 87

**Section III – FAMILY RESOURCES**

**Part A – ACCESS TO CARE**

**PERSON 1**

3-4

*(The next questions are about medical care.)*

5

**1a. Is there one doctor, person, or place that -- USUALLY goes to when -- is sick or needs advice about -- health?**

**1a.**

- 1  Yes } (NP or A1)
- 2  No } (NP or A1)
- 3  There is more than one (1b)
- 9  DK (NP or A1)

6

**b. Is there ONE of those places that -- goes to MOST OFTEN when -- is sick or needs advice about -- health?**

**b.**

- 1  Yes } (NP or A1)
- 2  No } (NP or A1)
- 9  DK } (NP or A1)

**ITEM A1**

*Refer to questions 1a and 1b above.*

**A1**

- 1  Yes in 1a or 1b (5 on page 4)
- 2  DK in 1a (4 on page 4)
- 8  Other (2)

7

*HAND CARD FA1. Read categories if telephone interview.*

**2. Which of these is the MAIN reason -- does not have a usual source of medical care?**

**2.**

*Mark (X) only one.*

- 01  Two or more usual doctors/places (A2)
- 02  Doesn't need a doctor
- 03  Doesn't like/trust/believe in doctors
- 04  Doesn't know where to go
- 05  Previous doctor is not available/moved
- 06  No insurance/Can't afford it
- 07  Speak a different language
- 08  No care available/Care too far away, not convenient
- 09  Changed residence
- 98  Other – Specify
- 99  DK

8-9

(4 on page 4)

**ITEM A2**

*Refer to question 1a above.*

**A2**

- 1  "No" in 1a (3a)
- 2  "There is more than one" in 1a (3b)

10

**3a. Is there ONE of those places that -- goes to MOST OFTEN when -- is sick or needs advice about -- health?**

**3a.**

- 1  Yes (5 on page 4)
- 2  No } (3b)
- 9  DK } (3b)

11

**b. Is there a particular place -- USUALLY goes to when -- needs routine or preventive medical care, such as a general physical examination or check-up, a flu shot, or other immunizations?**

**b.**

- 1  Yes } (4 on page 4)
- 2  No } (4 on page 4)
- 9  DK } (4 on page 4)

12

Notes

<b>Part A – ACCESS TO CARE – Continued</b>		<b>PERSON 1</b>
<p><b>4a. At ANY time in the past 12 months, DID -- have a place that -- went to for medical care?</b></p>		<p><b>4a.</b> <span style="float: right;">13</span></p> <p>1 <input type="checkbox"/> Yes (4b)                  2 <input type="checkbox"/> No { (A1 for NP, or                  9 <input type="checkbox"/> DK } 10 on page 6)</p>
<p><b>b. What kind of place was it — a clinic, a health center, a hospital, a hospital emergency room, a doctor’s office, or some other place?</b></p> <p><i>Mark (X) only one.</i></p>		<p><b>b.</b> <span style="float: right;">14-15</span></p> <p>01 <input type="checkbox"/> Hospital emergency room                  02 <input type="checkbox"/> Urgent care/walk-in clinic                  03 <input type="checkbox"/> Doctor’s office                  04 <input type="checkbox"/> Clinic                  05 <input type="checkbox"/> Health center                  06 <input type="checkbox"/> Hospital outpatient clinic                  07 <input type="checkbox"/> HMO (Health Maintenance Organization)/ Prepaid group                  08 <input type="checkbox"/> Military or VA health care facility                  98 <input type="checkbox"/> Some other place -- Specify <u>z</u>                  _____                  99 <input type="checkbox"/> DK</p>
<p><b>c. If -- needed medical care NOW, would -- go to that (place in 4b)?</b></p> <p><i>HAND CARD FA2. Read categories if telephone interview.</i></p>		<p><b>c.</b> <span style="float: right;">16</span></p> <p>1 <input type="checkbox"/> Yes (A1 for NP, or 10 on page 6)                  2 <input type="checkbox"/> No (4d)                  9 <input type="checkbox"/> DK (A1 for NP, or 10 on page 6)</p>
<p><b>d. What is the MAIN reason -- would not use that place for medical care NOW?</b></p> <p><i>Mark (X) only one.</i></p>		<p><b>d.</b> <span style="float: right;">17-18</span></p> <p>01 <input type="checkbox"/> Changed residence/moved                  02 <input type="checkbox"/> Changed jobs                  03 <input type="checkbox"/> Employer changed insurance coverage                  04 <input type="checkbox"/> Former usual source not available                  05 <input type="checkbox"/> Owed money to former usual source                  06 <input type="checkbox"/> Dissatisfied with former source/ liked new source better                  07 <input type="checkbox"/> Medical care needs changed                  08 <input type="checkbox"/> Former usual source stopped taking insurance/ coverage                  98 <input type="checkbox"/> Other – Specify <u>z</u>                  _____                  99 <input type="checkbox"/> DK</p> <p style="text-align: right; margin-right: 20px;">} (A1 for NP, or 10 on page 6)</p>
<p><b>5a. What kind of place is it that -- goes to -- a clinic, a health center, a hospital, a hospital emergency room, a doctor’s office, or some other place?</b></p> <p><i>Mark (X) only one.</i></p>		<p><b>5a.</b> <span style="float: right;">19-20</span></p> <p>01 <input type="checkbox"/> Hospital emergency room } (7 on page 6)                  02 <input type="checkbox"/> Urgent care/ walk-in clinic }                  03 <input type="checkbox"/> Doctor’s office }                  04 <input type="checkbox"/> Clinic }                  05 <input type="checkbox"/> Health center } (5b)                  06 <input type="checkbox"/> Hospital outpatient clinic }                  07 <input type="checkbox"/> HMO (Health Maintenance Organization)/ Prepaid group }                  08 <input type="checkbox"/> Military or VA health care facility }                  98 <input type="checkbox"/> Some other place -- Specify <u>z</u>                  _____                  99 <input type="checkbox"/> DK</p>
<p><b>b. Is there a particular person -- usually sees when -- goes there?</b></p>		<p><b>b.</b> <span style="float: right;">21</span></p> <p>1 <input type="checkbox"/> Yes (6 on page 6)                  2 <input type="checkbox"/> No { (7 on page 6)                  9 <input type="checkbox"/> DK }</p>

<b>Part A – ACCESS TO CARE – Continued</b>		<b>PERSON 1</b>
<p><b>6a. Is that person a doctor or nurse or some other health professional?</b> <i>Mark (X) only one.</i></p>	<p><b>6a.</b></p> <p>1 <input type="checkbox"/> Doctor (6b)                  2 <input type="checkbox"/> Nurse                  3 <input type="checkbox"/> Nurse practitioner                  4 <input type="checkbox"/> Physician's assistant                  5 <input type="checkbox"/> Chiropractor                  6 <input type="checkbox"/> Other – Specify <u>z</u>                  _____                  9 <input type="checkbox"/> DK</p>	<p>22</p> <p>(7)</p>
<p><b>b. Is this a doctor who treats a variety of illnesses and gives routine care, or a doctor who mainly treats just one type of health problem?</b> <i>Mark (X) only one.</i></p>	<p><b>b.</b></p> <p>1 <input type="checkbox"/> Family doctor/general practitioner/internist/pediatrician                  2 <input type="checkbox"/> Obstetrician/gynecologist                  3 <input type="checkbox"/> Other specialist                  9 <input type="checkbox"/> DK</p>	<p>23</p>
<p><b>7. When was the last time -- went to the (place in 5a) for ANY kind of medical care? (This is the (place in 5a) that -- usually goes to for medical care.)</b> <i>Mark (X) only one.</i></p>	<p><b>7.</b></p> <p>0 <input type="checkbox"/> Hasn't been there yet/Never                  1 <input type="checkbox"/> Less than 3 months ago                  2 <input type="checkbox"/> At least 3 months, but less than 6 months ago                  3 <input type="checkbox"/> At least 6 months, but less than 1 year ago                  4 <input type="checkbox"/> At least 1 year, but less than 2 years ago                  5 <input type="checkbox"/> Two or more years ago                  9 <input type="checkbox"/> DK</p>	<p>24</p>
<p><b>8. Is the (place in 5a) the place -- [usually goes/would go] to when -- needs routine or preventive medical care, such as a general physical examination or check-up, a flu shot, or other immunizations? (This is the (place in 5a) that -- usually goes to for medical care.)</b></p>	<p><b>8.</b></p> <p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  9 <input type="checkbox"/> DK</p>	<p>25</p>
<p><b>9. During the past 12 months, did -- go to any OTHER place for medical care?</b></p>	<p><b>9.</b></p> <p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  9 <input type="checkbox"/> DK</p> <p style="text-align: right;">(A1 for NP, or 10)</p>	<p>26</p>
<p><b>10a. At any time in the past 12 months did anyone in the family CHANGE the place to which he or she USUALLY goes for medical care?</b></p>	<p><b>10a.</b></p> <p>1 <input type="checkbox"/> Yes (10b)                  2 <input type="checkbox"/> No                  9 <input type="checkbox"/> DK</p> <p style="text-align: right;">(11 on page 8)</p>	<p>27</p>
<p><b>b. Who is this?</b> <i>Mark (X) "Changed usual source" box in person's column.</i></p>	<p><b>b.</b></p> <p>1 <input type="checkbox"/> Changed usual source</p>	<p>28</p>
<p><b>c. Anyone else?</b>      <input type="checkbox"/> Yes (Reask 10b and c)      <input type="checkbox"/> No (10d) <i>HAND CARD FA2. Read categories if telephone interview.</i> <i>Ask for each person with 10b marked.</i></p>	<p><b>d. The LAST time this happened, what was the MAIN reason -- changed -- USUAL source of care?</b> <i>Mark (X) only one.</i></p>	<p>29-30</p>
<p><b>d.</b></p> <p>01 <input type="checkbox"/> Changed residence/moved                  02 <input type="checkbox"/> Changed jobs                  03 <input type="checkbox"/> Employer changed insurance coverage                  04 <input type="checkbox"/> Former usual source not available                  05 <input type="checkbox"/> Owed money to former usual source                  06 <input type="checkbox"/> Dissatisfied with former source or liked new source better                  07 <input type="checkbox"/> Medical care needs changed                  08 <input type="checkbox"/> Former usual source stopped taking insurance/coverage                  98 <input type="checkbox"/> Other – Specify <u>z</u>                  _____                  99 <input type="checkbox"/> DK</p>		<p>(10d for NP with 10b, or 11 on page 8)</p>

<b>Part A - ACCESS TO CARE - Continued</b>	<b>PERSON 1</b>
<p><b>11a. Sometimes people have difficulties in getting medical care when they need it. During the past 12 months, was there any time when someone in the family needed medical care or surgery, but did not get it?</b></p> <hr/> <p><b>b. Who didn't get needed care?</b> <i>Mark (X) "Didn't get care" box in person's column.</i></p> <hr/> <p><b>c. Anyone else?</b>      <input type="checkbox"/> Yes (<i>Reask 11b and c</i>)      <input type="checkbox"/> No <i>Ask 11d and e for each person with 11b marked.</i></p> <hr/> <p><b>d. The LAST time -- did not get the care -- needed, what was the MAIN reason -- didn't get care?</b> <i>Mark (X) only one.</i></p> <hr/> <p><b>e. At ANY TIME during the past 12 months was lack of insurance or money A reason why -- did not get the medical care -- needed?</b></p>	<p><b>11a.</b> <span style="float: right;">31</span>                      1 <input type="checkbox"/> Yes (<i>11b</i>)                      2 <input type="checkbox"/> No } (<i>12</i>)                      9 <input type="checkbox"/> DK }</p> <hr/> <p><b>b.</b> <span style="float: right;">32</span>                      1 <input type="checkbox"/> Didn't get care</p> <hr/> <p><b>d.</b> <span style="float: right;">33-34</span>                      01 <input type="checkbox"/> Could not afford it                      02 <input type="checkbox"/> No insurance                      03 <input type="checkbox"/> Doctor did not accept Medicaid/insurance plan                      04 <input type="checkbox"/> Insurance didn't cover                      05 <input type="checkbox"/> Not serious enough                      06 <input type="checkbox"/> Wait too long in clinic/office                      07 <input type="checkbox"/> Difficulty getting an appointment                      08 <input type="checkbox"/> Doesn't like/trust/believe in doctors                      09 <input type="checkbox"/> No doctor available                      10 <input type="checkbox"/> Didn't know where to go                      11 <input type="checkbox"/> No way to get there                      12 <input type="checkbox"/> Hours not convenient                      13 <input type="checkbox"/> Speak a different language                      14 <input type="checkbox"/> Health of another family member interfered                      15 <input type="checkbox"/> Clinic/office not accessible                      98 <input type="checkbox"/> Other - Specify <i>Z</i>                      99 <input type="checkbox"/> DK</p> <p style="text-align: right; margin-right: 20px;">} (<i>11d for NP with 11b marked, or 12</i>)                      } (<i>11e</i>)</p> <hr/> <p><b>e.</b> <span style="float: right;">35</span>                      1 <input type="checkbox"/> Yes } (<i>11d for NP with 11b, or 12</i>)                      2 <input type="checkbox"/> No }                      9 <input type="checkbox"/> DK }</p>
<p><b>12a. During the past 12 months, has anyone in the family delayed seeking medical care because of worry about the cost?</b></p> <hr/> <p><b>b. Who delayed getting needed care?</b> <i>Mark (X) "Delayed getting care" box in person's column.</i></p> <hr/> <p><b>c. Anyone else?</b>      <input type="checkbox"/> Yes (<i>Reask 12b and c</i>)      <input type="checkbox"/> No (<i>13</i>)</p>	<p><b>12a.</b> <span style="float: right;">36</span>                      1 <input type="checkbox"/> Yes (<i>12b</i>)                      2 <input type="checkbox"/> No } (<i>13</i>)                      9 <input type="checkbox"/> DK }</p> <hr/> <p><b>b.</b> <span style="float: right;">37</span>                      1 <input type="checkbox"/> Delayed getting care</p>
<p><b>13a. During the past 12 months, was there any time when someone in the family needed dental care but could not get it?</b></p> <hr/> <p><b>b. Who is this?</b> <i>Mark (X) "Didn't get dental care" box in person's column.</i></p> <hr/> <p><b>c. Anyone else?</b>      <input type="checkbox"/> Yes (<i>Reask 13b and c</i>)      <input type="checkbox"/> No (<i>14 on page 10</i>)</p>	<p><b>13a.</b> <span style="float: right;">38</span>                      1 <input type="checkbox"/> Yes (<i>13b</i>)                      2 <input type="checkbox"/> No } (<i>14 on page 10</i>)                      9 <input type="checkbox"/> DK }</p> <hr/> <p><b>b.</b> <span style="float: right;">39</span>                      1 <input type="checkbox"/> Didn't get dental care</p>
<p>Notes</p>	

<b>Part A - ACCESS TO CARE - Continued</b>		<b>PERSON 1</b>	
<p><b>14a. During the past 12 months, was there any time when someone in the family needed prescription medicines but could not get them?</b></p> <p>-----</p> <p><b>b. Who is this?</b> <i>Mark (X) "Didn't get prescription" box in person's column.</i></p> <p>-----</p> <p><b>c. Anyone else?</b>      <input type="checkbox"/> Yes (<i>Reask 14b and c</i>)      <input type="checkbox"/> No (<i>15</i>)</p>		<p><b>14a.</b></p> <p>1 <input type="checkbox"/> Yes (<i>14b</i>) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (<i>15</i>)</p>	40
<p>-----</p> <p><b>b.</b></p> <p>1 <input type="checkbox"/> Didn't get prescription</p>			41
<p>-----</p> <p><b>15a. During the past 12 months, was there any time when someone in the family needed eyeglasses but could not get them?</b></p> <p>-----</p> <p><b>b. Who is this?</b> <i>Mark (X) "Didn't get eyeglasses" box in person's column.</i></p> <p>-----</p> <p><b>c. Anyone else?</b>      <input type="checkbox"/> Yes (<i>Reask 15b and c</i>)      <input type="checkbox"/> No (<i>16</i>)</p>		<p><b>15a.</b></p> <p>1 <input type="checkbox"/> Yes (<i>15b</i>) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (<i>16</i>)</p>	42
<p>-----</p> <p><b>b.</b></p> <p>1 <input type="checkbox"/> Didn't get eyeglasses</p>			43
<p><b>16a. During the past 12 months, was there any time when someone in the family needed mental health care but could not get it?</b></p> <p>-----</p> <p><b>b. Who is this?</b> <i>Mark (X) "Didn't get mental health care" box in person's column.</i></p> <p>-----</p> <p><b>c. Anyone else?</b>      <input type="checkbox"/> Yes (<i>Reask 16b and c</i>)      <input type="checkbox"/> No (<i>Item A3</i>)</p>		<p><b>16a.</b></p> <p>1 <input type="checkbox"/> Yes (<i>16b</i>) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (<i>Item A3</i>)</p>	44
<p>-----</p> <p><b>b.</b></p> <p>1 <input type="checkbox"/> Didn't get mental health care</p>			45
<p><b>ITEM A3</b></p> <p><i>About how often did the respondent appear to answer the questions in Part A accurately?</i></p>		<p><b>A3</b></p> <p>1 <input type="checkbox"/> All the time 2 <input type="checkbox"/> Most of the time 3 <input type="checkbox"/> Some of the time 4 <input type="checkbox"/> Rarely or never 9 <input type="checkbox"/> DK</p>	46
<p><b>ITEM A4</b></p> <p><i>About how often did the respondent appear to answer the questions in Part A honestly?</i></p>		<p><b>A4</b></p> <p>1 <input type="checkbox"/> All the time 2 <input type="checkbox"/> Most of the time 3 <input type="checkbox"/> Some of the time 4 <input type="checkbox"/> Rarely or never 9 <input type="checkbox"/> DK</p>	47
<p><b>ITEM A5</b></p> <p><i>Enter the person number of the respondent. If more than one, enter the person number of the one who answered the most questions.</i></p>		<p><b>A5</b></p> <p>_____ Person number</p>	48-49
<b>CONTINUE WITH PART B</b>			
Notes			



<b>Part B – HEALTH CARE COVERAGE – Continued</b>		<b>PERSON 1</b>	
<p><b>There is a program called Medicaid that pays for health care for persons in need. In this State it is also called (State name).</b></p> <p><b>2a. In (month), was anyone in the family covered by Medicaid?</b></p>		<b>2a.</b>	<div style="text-align: right;">28</div> <p>1 <input type="checkbox"/> Yes (2b)                  2 <input type="checkbox"/> No                  9 <input type="checkbox"/> DK } (B5)</p>
<p><b>b. Who was covered?</b>                  Mark (X) "Medicaid" in person's column and "Cov" on the HIS-1.</p>		<b>b.</b>	<div style="text-align: right;">29</div> <p>1 <input type="checkbox"/> Medicaid                  (Mark "Cov" box on HIS-1)</p>
<p><b>c. Anyone else?</b> <input type="checkbox"/> Yes (Reask 2b and c) <input type="checkbox"/> No (2d)                  Ask 2d-f for each person with "Medicaid" marked in 2b.</p>			
<p><b>d. How long has -- had Medicaid coverage?</b>                  Mark (X) only one.</p>		<b>d.</b>	<div style="text-align: right;">30</div> <p>1 <input type="checkbox"/> Less than 6 months                  2 <input type="checkbox"/> 6 months, but less than a year                  3 <input type="checkbox"/> 1 year, but less than 2 years                  4 <input type="checkbox"/> 2 years, but less than 5 years                  5 <input type="checkbox"/> 5 years or more                  6 <input type="checkbox"/> On and off for less than 2 years                  7 <input type="checkbox"/> On and off for 2 years, but less than 5 years                  8 <input type="checkbox"/> On and off for 5 years or more                  9 <input type="checkbox"/> DK</p>
<b>ITEM B4</b>	<p>Refer to Group A on "State Names for Medicaid" card and the address on the cover of the HIS-1. (Resident of Group A Medicaid State)</p>	<b>B4.</b>	<div style="text-align: right;">31</div> <p>1 <input type="checkbox"/> Resident of Group A State (2e)                  2 <input type="checkbox"/> Other (2d for NP with 2b, or B5)</p>
<p><b>2e. Can -- go to ANY doctor who will accept Medicaid or MUST -- choose from a specific group or list of doctors?</b>                  If doctor was assigned by the program, mark box 2.</p>		<b>2e.</b>	<div style="text-align: right;">32</div> <p>1 <input type="checkbox"/> Any doctor (2d for NP with 2b, or B5)                  2 <input type="checkbox"/> Select from list/group (2f)                  9 <input type="checkbox"/> DK (2d for NP with 2b, or B5)</p>
<p><b>f. If -- needs to go to a different doctor or place for special care other than emergency care, does -- need approval or a referral from -- usual doctor(s)?</b></p>		<b>f.</b>	<div style="text-align: right;">33</div> <p>1 <input type="checkbox"/> Yes } (2d for NP with 2b, or B5)                  2 <input type="checkbox"/> No                  9 <input type="checkbox"/> DK</p>
<b>ITEM B5</b>	<p>Refer to household composition and question 2a.</p>	<b>B5.</b>	<div style="text-align: right;">34</div> <p>1 <input type="checkbox"/> Single person family (4)                  2 <input type="checkbox"/> Other (3)</p>
<p><b>3a. During the past 12 months, has anyone in the family received health care that has been or will be paid for by Medicaid or (state name)?</b></p>		<b>3a.</b>	<div style="text-align: right;">35</div> <p>1 <input type="checkbox"/> Yes (3b)                  2 <input type="checkbox"/> No                  9 <input type="checkbox"/> DK } (4)</p>
<p><b>b. Who received this care in the past 12 months?</b>                  Mark (X) "Received Medicaid care" in person's column.</p>		<b>b.</b>	<div style="text-align: right;">36</div> <p>1 <input type="checkbox"/> Received Medicaid care</p>
<p><b>c. Anyone else?</b> <input type="checkbox"/> Yes (Reask 3b and c) <input type="checkbox"/> No (4)</p>			
<p><b>4a. In (month), was anyone in the family covered by any OTHER public assistance program (other than Medicaid) that pays for health care? (Do NOT include use of public or free clinics if that is the ONLY source of care.)</b></p>		<b>4a.</b>	<div style="text-align: right;">37</div> <p>1 <input type="checkbox"/> Yes (4b)                  2 <input type="checkbox"/> No                  9 <input type="checkbox"/> DK } (5 on page 16)</p>
<p><b>b. Who was covered?</b>                  Mark (X) "Public assistance" in person's column and "Cov" on HIS-1.</p>		<b>b.</b>	<div style="text-align: right;">38</div> <p>1 <input type="checkbox"/> Public assistance                  (Mark "Cov" box on HIS-1)</p>
<p><b>c. Anyone else?</b> <input type="checkbox"/> Yes (Reask 4b and c) <input type="checkbox"/> No (5 on page 16)</p>			
<p>Notes</p>			



<b>Part B – HEALTH CARE COVERAGE – Continued</b>		<b>PERSON 1</b>
<p><b>5a.</b> In <i>(month)</i>, was anyone in the family covered by military health care, including armed forces retirement benefits, the VA (Department of Veterans' Affairs), CHAMPUS or TRICARE, or CHAMP-VA?</p>	<p><b>5a.</b></p> <p>1 <input type="checkbox"/> Yes (5b)                  2 <input type="checkbox"/> No (5f)                  9 <input type="checkbox"/> DK (6)</p>	<p>39</p>
<p><b>b.</b> Was this CHAMPUS or TRICARE, or CHAMP-VA?                  Read if necessary: CHAMPUS or TRICARE is a program of medical care for dependents of active or retired military personnel. CHAMP-VA is medical insurance for dependents or survivors of disabled veterans.</p>	<p><b>b.</b></p> <p>1 <input type="checkbox"/> Yes (5c)                  2 <input type="checkbox"/> No (5f)                  9 <input type="checkbox"/> DK (5e)</p>	<p>40</p>
<p><b>c.</b> Who was covered by CHAMPUS or TRICARE, or CHAMP-VA?                  Mark (X) "CHAMPUS/TRICARE/CHAMP-VA" in person's column and "Cov" on the HIS-1.</p>	<p><b>c.</b></p> <p>1 <input type="checkbox"/> CHAMPUS/TRICARE/CHAMP-VA                  (Mark "Cov" box on HIS-1)</p>	<p>41</p>
<p><b>d.</b> Anyone else? <input type="checkbox"/> Yes (Reask 5c and d) <input type="checkbox"/> No (5e)</p>		
<p><b>e.</b> In <i>(month)</i>, was anyone in the family covered by any other military health care, including armed forces retirement benefits or the VA (Department of Veterans' Affairs)?</p>	<p><b>e.</b></p> <p>1 <input type="checkbox"/> Yes (5f)                  2 <input type="checkbox"/> No (6)                  9 <input type="checkbox"/> DK (6)</p>	<p>42</p>
<p><b>f.</b> Who was covered by other military health care?                  Mark (X) "Military" in person's column and "Cov" box on the HIS-1.</p>	<p><b>f.</b></p> <p>1 <input type="checkbox"/> Military                  (Mark "Cov" box on HIS-1)</p>	<p>43</p>
<p><b>g.</b> Anyone else? <input type="checkbox"/> Yes (Reask 5f and g) <input type="checkbox"/> No (6)</p>		
<p><b>6a.</b> In <i>(month)</i>, was anyone in the family covered by the Indian Health Service?</p>	<p><b>6a.</b></p> <p>1 <input type="checkbox"/> Yes (6b)                  2 <input type="checkbox"/> No (7)                  9 <input type="checkbox"/> DK (7)</p>	<p>44</p>
<p><b>b.</b> Who was covered?                  Mark (X) "IHS" in person's column and "Cov" on the HIS-1.</p>	<p><b>b.</b></p> <p>1 <input type="checkbox"/> IHS                  (Mark "Cov" box on HIS-1)</p>	<p>45</p>
<p><b>c.</b> Anyone else? <input type="checkbox"/> Yes (Reask 6b and c) <input type="checkbox"/> No (7)</p>		
<p><b>7a.</b> (Not counting the government health programs we just mentioned) In <i>(month)</i> was anyone in the family covered by a health insurance plan?                  Read if necessary: Besides government programs, people also get health insurance through their job or union, through other private groups, or directly from an insurance company. A variety of types of plans are available, including health maintenance organizations (HMOs).</p>	<p><b>7a.</b></p> <p>1 <input type="checkbox"/> Yes (7b)                  2 <input type="checkbox"/> No (Part C, question 8)                  9 <input type="checkbox"/> DK (on page 26)</p>	<p>46</p>
<p><b>b.</b> It's important that we have the complete and accurate name of each health insurance plan. What is the COMPLETE name of the plan? If "DK", probe: Do you have something with the plan name on it?                  Ask 7c after recording each plan. Record up to 4 plan names in Part C, Table H.I.</p>		
<p><b>c.</b> In <i>(month)</i>, was anyone in the family covered by any OTHER health insurance plan?</p>	<p><b>c.</b></p> <p>1 <input type="checkbox"/> Yes (Reask 7b and c)                  2 <input type="checkbox"/> No (Part C on page 18)</p>	<p>47</p>
<p>Notes</p>		

Part C - PRIVATE PLAN AND COVERAGE DETAIL		PERSON 1
<b>TABLE H.I. - PLAN 1</b>		RT 89 3-4
<b>PLAN 1 NAME</b>		5-6
<p><b>Now, I am going to ask some questions about the plan(s) you just told me about, (starting with (plan name).)</b></p> <p><b>1a. Who was covered under this plan?</b>                      Mark (X) "Private insurance" in person's column and "Cov" on the HIS-1.</p> <p><b>b. Anyone else?</b>      <input type="checkbox"/> Yes (Reask 1a and b)      <input type="checkbox"/> No (2)</p>		7 1a. <input type="checkbox"/> Private insurance (Mark "Cov" box on HIS-1)
<p><b>2. In whose name is this plan?</b>                      Mark (X) "In name" in person's column and also on the HIS-1.</p>		8 2. <input type="checkbox"/> In name <input type="checkbox"/> Person not in household
<p><b>3a. Was this plan originally obtained through the workplace, that is through a present or former employer or union?</b>                      If "Yes", probe for employer or union.                      Mark (X) only one.</p>	<p>1 <input type="checkbox"/> Employer                      2 <input type="checkbox"/> Union                      3 <input type="checkbox"/> Through workplace, but DK whether employer or union                      4 <input type="checkbox"/> No } (4)                      9 <input type="checkbox"/> DK }</p>	9 (3b)
<p><b>b. Does the employer or union currently pay for all, some, or none of the cost of premiums for this health insurance plan?</b>                      Read if necessary: <b>The cost of the plan refers to the premiums, which are regular payments for health insurance coverage only, not for health care services. Frequently, these payments are made by payroll deduction.</b></p>	<p>1 <input type="checkbox"/> All (5)                      2 <input type="checkbox"/> Some } (4)                      3 <input type="checkbox"/> None                      9 <input type="checkbox"/> DK }</p>	10
<p>HAND CARD FC1. Read categories if telephone interview.</p> <p><b>4. In (month), how much did [you/your family] spend for health insurance premiums for (plan name)? Please include payroll deductions for premiums.</b>                      Mark (X) only one.                      Read if necessary: <b>The cost of the plan refers to the premiums, which are regular payments for health insurance coverage only, not for health care services. Frequently, these payments are made by payroll deduction.</b></p>		11
<p><b>5a. Does this plan pay for a variety of health care services or does it pay for ONLY ONE type of service or care?</b></p>	<p>1 <input type="checkbox"/> Variety of services (6)                      2 <input type="checkbox"/> Only one type of service/care (5b)                      9 <input type="checkbox"/> DK (6)</p>	12
<p><b>b. What type of service or care does the plan pay for?</b>                      Mark (X) only one type of service.</p>	<p>01 <input type="checkbox"/> Accidents                      02 <input type="checkbox"/> AIDS care                      03 <input type="checkbox"/> Cancer treatment                      04 <input type="checkbox"/> Catastrophic care                      05 <input type="checkbox"/> Dental care                      06 <input type="checkbox"/> Disability insurance (cash payments when unable to work for health reasons)                      07 <input type="checkbox"/> Hospice care                      08 <input type="checkbox"/> Hospitalization-only                      09 <input type="checkbox"/> Long term care (nursing home care)                      10 <input type="checkbox"/> Prescriptions                      11 <input type="checkbox"/> Vision care                      98 <input type="checkbox"/> Other - Specify _____                      99 <input type="checkbox"/> DK</p> <p style="text-align: center;">GO TO 1a FOR NEXT HI PLAN; IF NO OTHER HI PLAN, GO TO 8 ON PAGE 26</p>	13-14
Notes		

	RT 89 3-4		RT 89 3-4		RT 89 3-4		RT 89 3-4	
PERSON 2		PERSON 3		PERSON 4		PERSON 5		
7		7		7		7		
<b>1a.</b> <input type="checkbox"/> Private insurance (Mark "Cov" box on HIS-1)		<b>1a.</b> <input type="checkbox"/> Private insurance (Mark "Cov" box on HIS-1)		<b>1a.</b> <input type="checkbox"/> Private insurance (Mark "Cov" box on HIS-1)		<b>1a.</b> <input type="checkbox"/> Private insurance (Mark "Cov" box on HIS-1)		
8		8		8		8		
<b>2.</b> <input type="checkbox"/> In name		<b>2.</b> <input type="checkbox"/> In name		<b>2.</b> <input type="checkbox"/> In name		<b>2.</b> <input type="checkbox"/> In name		
<b>6a. Is (plan name) an HMO (Health Maintenance Organization) or IPA (Individual Practice Association), or is it some other kind of plan?</b>								15
<p><i>Read if necessary: Health Maintenance Organizations, or HMO's and Individual Practice Associations, or IPA's, are plans whose members are required to use only those health care providers who work for or in association with the HMO or IPA. Sometimes there is an option to permit use of providers not associated with the plan, but usually at greater cost to the enrollee. Generally, members do not have to submit claims for costs of medical care services.</i></p>				<input type="checkbox"/> HMO/ IPA <input type="checkbox"/> Other <input type="checkbox"/> DK				
<b>b. Under this plan can you choose ANY doctor or MUST you choose one from a specific group or list of doctors?</b>								16
				<input type="checkbox"/> Any doctor (6c) <input type="checkbox"/> Select from group/list (6d) <input type="checkbox"/> DK (7)				
<b>c. Do you have the option of choosing a doctor from a preferred or select list at lower cost to you?</b>								17
				<input type="checkbox"/> Yes } (7) <input type="checkbox"/> No } <input type="checkbox"/> DK }				
<b>d. If you select a doctor who is not in the plan, will (plan name) pay for any part of the cost?</b>								18
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK				
<b>7a. Does (plan name) pay for any part of the cost for dental care?</b>								19
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK				
<i>Mark (X) box or ask:</i>								20
<b>b. Does this plan pay for any of the costs of well child care, that is visits when a child is NOT sick, but needs a check-up or immunization?</b>				<input type="checkbox"/> No persons under 18 in family } <input type="checkbox"/> Yes } <input type="checkbox"/> No } <input type="checkbox"/> DK }				Go to 1a for next plan; if no other plan go to 8 on page 26
Notes								

Part C – PRIVATE PLAN AND COVERAGE DETAIL – Continued		PERSON 1	
<b>8a. In the past 2 years, has anyone in the family been denied coverage, or had restricted or limited coverage, (under [this plan/any of the plans you just told me about]) because he or she already had a particular health condition, sometimes called a pre-existing condition?</b>		<b>8a.</b>	69 1 <input type="checkbox"/> Yes (8b) 2 <input type="checkbox"/> No } (9) 9 <input type="checkbox"/> DK }
<b>b. Who is this?</b> Mark (X) "Pre-existing condition" in person's column.		<b>b.</b>	70 1 <input type="checkbox"/> Pre-existing condition
<b>c. Anyone else?</b> <input type="checkbox"/> Yes (Reask 8b and c) <input type="checkbox"/> No (9) <input type="checkbox"/> DK (9)			
<b>9a. In the past 2 years, has anyone in the family applied for health insurance and not been able to get it?</b>		<b>9a.</b>	71 1 <input type="checkbox"/> Yes (9b) 2 <input type="checkbox"/> No } (10) 9 <input type="checkbox"/> DK }
<b>b. Who is this?</b> Mark (X) "Turned down" in person's column.		<b>b.</b>	72 1 <input type="checkbox"/> Turned down
<b>c. Anyone else?</b> <input type="checkbox"/> Yes (Reask 9b and c) <input type="checkbox"/> No (9d) <input type="checkbox"/> DK (9d) Ask for each person with "Turned down" marked in 9b.			
<b>d. Why was -- unable to get that health insurance? Anything else?</b> Mark (X) all that apply.		<b>d.</b>	73 1 <input type="checkbox"/> Because of pre-existing condition (such as cancer or diabetes) 2 <input type="checkbox"/> Because of health risk(s) (such as smoking or overweight) 74 3 <input type="checkbox"/> Because of work (such as construction worker, beautician, farm worker) 75 4 <input type="checkbox"/> Because premiums were too high 76 8 <input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/> 77 9 <input type="checkbox"/> DK 78
<b>10a. In the past two years or so, has anyone in the family decided to stay in one job rather than take another job mainly because of reasons related to health insurance?</b>		<b>10a.</b>	79 1 <input type="checkbox"/> Yes (10b) 2 <input type="checkbox"/> No } (C1) 9 <input type="checkbox"/> DK }
<b>b. Who is this?</b> Mark (X) "Stayed in job" in person's column.		<b>b.</b>	80 1 <input type="checkbox"/> Stayed in job
<b>c. Anyone else?</b> <input type="checkbox"/> Yes (Reask 10b and c) <input type="checkbox"/> No (C1) <input type="checkbox"/> DK (C1)			
<b>ITEM C1</b>	Refer to age and Wa/Wb in HIS-1. Mark (X) first appropriate box.	<b>C1</b>	81 1 <input type="checkbox"/> 70+ (NP, or C3 on page 28) 2 <input type="checkbox"/> Wa/Wb marked (C2) 8 <input type="checkbox"/> Other (NP, or C3 on page 28)
<b>ITEM C2</b>	Refer to "In name" box on HIS-1.	<b>C2</b>	82 1 <input type="checkbox"/> "In name" (C1 for NP, or C3 on page 28) 8 <input type="checkbox"/> Other (11)
<b>11. Was health insurance offered by -- employer?</b>		<b>11.</b>	83 1 <input type="checkbox"/> Yes } (C1 for NP, or C3 on page 28) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }
Notes			

Part C - PRIVATE PLAN AND COVERAGE DETAIL - Continued		PERSON 1
		RT 90
		3-4
<b>ITEM C3</b>	<p>Refer to Age and "Cov." on HIS-1. Mark (X) first appropriate box.</p> <p>If no other person in family, go to 14 on page 30.</p>	5 1 <input type="checkbox"/> Covered (13 on page 30) 2 <input type="checkbox"/> Not covered, under 65 3 <input type="checkbox"/> Not covered, 65+ } (12)
<p>HAND CARD FC2. Read categories if telephone interview.</p> <p>If "Not covered, 65+," include "or Medicare".</p> <p><b>12a. Many people do not have health insurance for various reasons. Which of these statements describes why -- is not covered by any health insurance (or Medicare)? (Anything else?)</b></p> <p>Mark (X) all that apply.</p>		<p><b>12a.</b></p> 01 <input type="checkbox"/> Job layoff/loss/unemployment 6-7 02 <input type="checkbox"/> Wasn't offered by employer 8-9 03 <input type="checkbox"/> Not eligible because part time worker 10-11 04 <input type="checkbox"/> Family coverage not offered by employer 12-13 05 <input type="checkbox"/> Benefits from former employer ran out 14-15 06 <input type="checkbox"/> Can't obtain because of poor health, illness, or age 16-17 07 <input type="checkbox"/> Too expensive/ Can't afford 18-19 08 <input type="checkbox"/> Dissatisfied with previous insurance 20-21 09 <input type="checkbox"/> Don't believe in insurance 22-23 10 <input type="checkbox"/> Have usually been healthy, haven't needed insurance 24-25 11 <input type="checkbox"/> Covered by some other plan 26-27 12 <input type="checkbox"/> Too old for coverage under family plans 28-29 13 <input type="checkbox"/> Free/inexpensive source of care readily available 30-31 98 <input type="checkbox"/> Other reason - Specify <u>z</u> 32-33 99 <input type="checkbox"/> DK (12d) 34-35
<p>Ask 12b if more than one box is marked in 12a, otherwise transcribe number of box marked without asking.</p> <p><b>b. What is the MAIN reason -- was not covered in (month) by any health insurance (or Medicare)?</b></p> <p>Record number from Card FC2.</p> <p>Ask 12c if box 11 is marked in 12a; otherwise skip to 12d.</p> <p><b>c. Was -- covered by a state sponsored health plan, a private health insurance plan, or some other type of health plan?</b></p> <p>Mark (X) only one.</p> <p><b>d. When was the LAST time -- had health insurance? (Read categories if necessary.)</b></p> <p>Mark (X) only one.</p>		36-37 <p><b>b.</b> Main reason _____</p> 38 <p><b>c.</b></p> 1 <input type="checkbox"/> State Plan 2 <input type="checkbox"/> Private Plan } (C3 for NP, or 14 on page 30) 3 <input type="checkbox"/> Other Plan 9 <input type="checkbox"/> DK 39 <p><b>d.</b></p> 1 <input type="checkbox"/> Less than 6 months ago 2 <input type="checkbox"/> 6 months ago, but less than 1 year ago 3 <input type="checkbox"/> 1 year ago, but less than 3 years ago } (12e) 4 <input type="checkbox"/> 3 or more years ago 5 <input type="checkbox"/> Never had health insurance } (C3 for NP, or 14 on page 30) 9 <input type="checkbox"/> DK (12f)
<p>HAND CARD FC3. Read categories if telephone interview.</p> <p><b>e. What was the MAIN reason -- stopped being covered by health insurance?</b></p> <p>Mark (X) only one.</p>		40-41 <p><b>e.</b></p> 01 <input type="checkbox"/> Lost job or changed employers 02 <input type="checkbox"/> Spouse/parent lost job or changed employers 03 <input type="checkbox"/> Death of spouse or parent 04 <input type="checkbox"/> Became divorced or separated 05 <input type="checkbox"/> Became ineligible because of age 06 <input type="checkbox"/> Employer stopped offering coverage 07 <input type="checkbox"/> Cut back to part time 08 <input type="checkbox"/> Benefits from employer/ former employer ran out 98 <input type="checkbox"/> Other - Specify <u>z</u> 99 <input type="checkbox"/> DK } (12f on page 30)

Part C - PRIVATE PLAN AND COVERAGE DETAIL - Continued		PERSON 1
<b>12f. At the time that -- stopped being covered by health insurance, did -- try to find some other type of health insurance?</b>		<b>12f.</b> 42 1 <input type="checkbox"/> Yes (12g) 2 <input type="checkbox"/> No } (C3 on page 28 for NP, or 14) 9 <input type="checkbox"/> DK
<b>g. What was the MAIN reason -- was unable to find some other type of health insurance?</b> Mark (X) only one.		<b>g.</b> 43 1 <input type="checkbox"/> Could not afford 2 <input type="checkbox"/> Was rejected 3 <input type="checkbox"/> Other reason - Specify _____ } (C3 on page 28 for NP, or 14) 9 <input type="checkbox"/> DK
<b>13a. In the past 12 months, was there any time that -- did NOT have ANY health insurance or coverage?</b>		<b>13a.</b> 44 1 <input type="checkbox"/> Yes (13b) 2 <input type="checkbox"/> No } (C3 on page 28 for NP, or 14) 9 <input type="checkbox"/> DK
<b>b. In how many of the past 12 months was -- without coverage?</b> Mark (X) only one.		<b>b.</b> 45 1 <input type="checkbox"/> 1 month or less 2 <input type="checkbox"/> 2-3 months 3 <input type="checkbox"/> 4-6 months 4 <input type="checkbox"/> More than 6 months 9 <input type="checkbox"/> DK
HAND CARD FC3. Read categories if telephone interview.		
<b>c. What was the MAIN reason -- was without coverage?</b> Mark (X) only one.		<b>c.</b> 46-47 01 <input type="checkbox"/> Lost job or changed employers 02 <input type="checkbox"/> Spouse/parent lost job or changed employers 03 <input type="checkbox"/> Death of spouse or parent 04 <input type="checkbox"/> Became divorced or separated 05 <input type="checkbox"/> Became ineligible because of age 06 <input type="checkbox"/> Employer stopped offering coverage 07 <input type="checkbox"/> Cut back to part time 08 <input type="checkbox"/> Benefits from employer/ former employer ran out 98 <input type="checkbox"/> Other - Specify _____ } (C3 on page 28 for NP, or 14) 99 <input type="checkbox"/> DK
HAND CARD FC4. Read categories if telephone interview.		
<b>14. During the past 12 months, about how much did [you/your family] spend for medical care? Do NOT include the cost of over-the-counter remedies, the cost of health insurance premiums, or any costs for which you expect to be reimbursed.</b> Mark (X) only one.		<b>14.</b> 48 1 <input type="checkbox"/> Zero 2 <input type="checkbox"/> Less than \$500 3 <input type="checkbox"/> \$500 - \$1999 4 <input type="checkbox"/> \$2,000 - \$2,999 5 <input type="checkbox"/> \$3,000 - \$4,999 6 <input type="checkbox"/> \$5,000 or more 9 <input type="checkbox"/> DK
<b>ITEM C4</b>	About how often did the Respondent appear to answer the questions in Parts B and C accurately?	<b>C4</b> 49 1 <input type="checkbox"/> All the time 2 <input type="checkbox"/> Most of the time 3 <input type="checkbox"/> Some of the time 4 <input type="checkbox"/> Rarely or never 9 <input type="checkbox"/> DK
<b>ITEM C5</b>	About how often did the Respondent appear to answer the questions in Parts B and C honestly?	<b>C5</b> 50 1 <input type="checkbox"/> All the time 2 <input type="checkbox"/> Most of the time 3 <input type="checkbox"/> Some of the time 4 <input type="checkbox"/> Rarely or never 9 <input type="checkbox"/> DK
<b>ITEM C6</b>	Enter the person number of the Respondent. If more than one, enter the person number of the one who answered the most questions in Parts B and C.	<b>C6</b> 51-52 Person number _____

<b>Part D – INCOME AND ASSETS</b>		RT 91
<b>PERSON 1</b>		3-4
<p><i>Mark (X) box or ask for each nondeleted family member, including Armed Forces members living at home.</i></p> <p><b>1a. In (month), did -- have a job or business?</b></p>		5
<p><b>1a.</b></p> <p>0 <input type="checkbox"/> Under 14 (NP, or 6 on page 38)</p> <p>1 <input type="checkbox"/> Yes (1b)</p> <p>2 <input type="checkbox"/> No } (NP, or 6 on page 38)</p> <p>9 <input type="checkbox"/> DK }</p>		
<p><b>b. In (month), was -- working for an employer, was -- self-employed, or both?</b></p> <p><i>Read if necessary: Examples of self-employment include business, professional practice, or farm.</i></p> <p><i>Mark (X) only one.</i></p>		6
<p><b>b.</b></p> <p>1 <input type="checkbox"/> Employer only (2a)</p> <p>2 <input type="checkbox"/> Self-employed only (3 on page 34)</p> <p>3 <input type="checkbox"/> Both (4 on page 36)</p> <p>9 <input type="checkbox"/> DK (NP, or 6 on page 38)</p>		
<p><b>2a. In (month), how many hours per week did -- usually work in -- MAIN job?</b></p>		7-8
<p><b>2a.</b></p> <p>_____ Hours per week (Number)</p> <p>99 <input type="checkbox"/> DK</p>		
<p><b>b. Was -- paid by the hour at this MAIN job?</b></p>		9
<p><b>b.</b></p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p>		
<p><b>c. In (month), how much income did -- receive BEFORE deductions from -- MAIN job? Include any tips, bonuses, overtime pay, and commissions.</b></p>		10-16
<p><b>c.</b></p> <p>\$ _____ (Dollars)</p> <p>9999999 <input type="checkbox"/> DK</p>		
<p><b>d. How long has -- worked at this MAIN job?</b></p> <p><i>Mark (X) only one.</i></p>		17
<p><b>d.</b></p> <p>1 <input type="checkbox"/> One year or less</p> <p>2 <input type="checkbox"/> More than a year, but not more than 3 years</p> <p>3 <input type="checkbox"/> More than 3 years, but not more than 5 years</p> <p>4 <input type="checkbox"/> More than 5 years, but not more than 10 years</p> <p>5 <input type="checkbox"/> More than 10 years</p> <p>9 <input type="checkbox"/> DK</p>		
<p><b>e. In (month), how many hours per week did -- usually work at any OTHER jobs?</b></p>		18-19
<p><b>e.</b></p> <p>_____ Hours per week (2f) (Number)</p> <p>88 <input type="checkbox"/> None, only worked one job (2g)</p> <p>99 <input type="checkbox"/> DK (2f)</p>		
<p><b>f. In (month), how much income did -- receive BEFORE deductions in all OTHER jobs? Include any tips, bonuses, overtime pay, and commissions.</b></p>		20-26
<p><b>f.</b></p> <p>\$ _____ (Dollars)</p> <p>9999999 <input type="checkbox"/> DK</p>		
<p><b>g. In how many of the past 12 months did -- have AT LEAST ONE job or business?</b></p>		27-28
<p><b>g.</b></p> <p>_____ Months (Number)</p> <p>12 <input type="checkbox"/> All</p> <p>99 <input type="checkbox"/> DK</p> <p style="text-align: right;">} (D1 on page 36)</p>		
<p>Notes</p>		

<b>Part D – INCOME AND ASSETS – Continued</b>		<b>PERSON 1</b>
<p><b>3a. In (month), how many hours per week did -- usually work in -- MAIN business?</b></p>		<p><b>3a.</b> <span style="float: right;">29-30</span></p> <p style="text-align: right;">Hours per week</p> <p>(Number)</p> <p>99 <input type="checkbox"/> DK</p>
<p><b>b. In (month), how much income did -- receive from -- MAIN business? Report NET income, after business expenses.</b></p> <p><i>Read if necessary: For farms, include any earnings as a tenant farmer or share cropper.</i></p>		<p><b>b.</b></p> <p>1 <input type="checkbox"/> Already included <span style="float: right;">31</span></p> <p>0 <input type="checkbox"/> Loss <span style="float: right;">32</span></p> <p>\$ <span style="float: right;">33-39</span></p> <p style="text-align: center;">(Dollars)</p> <p>9999999 <input type="checkbox"/> DK</p>
<p><b>c. How long has -- worked at this MAIN business?</b></p> <p><i>Mark (X) only one.</i></p>		<p><b>c.</b> <span style="float: right;">40</span></p> <p>1 <input type="checkbox"/> One year or less</p> <p>2 <input type="checkbox"/> More than a year, but not more than 3 years</p> <p>3 <input type="checkbox"/> More than 3 years, but not more than 5 years</p> <p>4 <input type="checkbox"/> More than 5 years, but not more than 10 years</p> <p>5 <input type="checkbox"/> More than 10 years</p> <p>9 <input type="checkbox"/> DK</p>
<p><b>d. In (month), how many hours per week did -- usually work at all OTHER businesses?</b></p>		<p><b>d.</b> <span style="float: right;">41-42</span></p> <p style="text-align: right;">Hours per week (3e)</p> <p>(Number)</p> <p>88 <input type="checkbox"/> None, only worked at one business (3g)</p> <p>99 <input type="checkbox"/> DK (3e)</p>
<p><b>e. In (month), how much income did -- receive from all OTHER businesses? Report NET income, after business expenses.</b></p>		<p><b>e.</b></p> <p>1 <input type="checkbox"/> Already included <span style="float: right;">43</span></p> <p>0 <input type="checkbox"/> Loss <span style="float: right;">44</span></p> <p>\$ <span style="float: right;">45-51</span></p> <p style="text-align: center;">(Dollars)</p> <p>9999999 <input type="checkbox"/> DK</p>
<p><b>f. In how many of the past 12 months was -- self-employed?</b></p>		<p><b>f.</b> <span style="float: right;">52-53</span></p> <p style="text-align: right;">Months } <i>If 01-11 (3g)</i></p> <p>(Number) } <i>If 12 (D1 on page 36)</i></p> <p>12 <input type="checkbox"/> All } <i>(D1 on page 36)</i></p> <p>99 <input type="checkbox"/> DK }</p>
<p><b>g. In how many of the past 12 months did -- have AT LEAST ONE job or business?</b></p>		<p><b>g.</b> <span style="float: right;">54-55</span></p> <p style="text-align: right;">Months } <i>(D1 on page 36)</i></p> <p>(Number) }</p> <p>12 <input type="checkbox"/> All</p> <p>99 <input type="checkbox"/> DK</p>
<p>Notes</p>		



Part D - INCOME AND ASSETS - Continued		PERSON 1
<p><b>4a. In (month), how many hours per week did -- usually work in -- MAIN job or business?</b></p>		<p><b>4a.</b> <span style="float: right;">56-57</span></p> <p style="text-align: right;">Hours per week (Number)</p> <p>99 <input type="checkbox"/> DK</p>
<p><b>b. Was this a job or business?</b></p>		<p><b>b.</b> <span style="float: right;">58</span></p> <p>1 <input type="checkbox"/> Job (4c)</p> <p>2 <input type="checkbox"/> Business (4e)</p> <p>9 <input type="checkbox"/> DK (4c)</p>
<p><b>c. Was -- paid by the hour at this MAIN job?</b></p>		<p><b>c.</b> <span style="float: right;">59</span></p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p>
<p><b>d. In (month), how much income did -- receive BEFORE deductions from -- MAIN job? Include any tips, bonuses, overtime pay, and commissions.</b></p>		<p><b>d.</b> <span style="float: right;">60-66</span></p> <p>\$ _____</p> <p style="text-align: right;">(Dollars) } (4f)</p> <p>9999999 <input type="checkbox"/> DK</p>
<p><b>e. In (month), how much income did -- receive from -- MAIN business? Report NET income, after business expenses.</b></p> <p><i>Read if necessary: For farms, include any earnings as a tenant farmer or share cropper.</i></p>		<p><b>e.</b></p> <p>1 <input type="checkbox"/> Already included <span style="float: right;">67</span></p> <p>0 <input type="checkbox"/> Loss <span style="float: right;">68</span></p> <p>\$ _____ <span style="float: right;">69-75</span></p> <p style="text-align: right;">(Dollars)</p> <p>9999999 <input type="checkbox"/> DK</p>
<p><b>f. How long has -- worked at this MAIN [job/business]?</b></p> <p><i>Mark (X) only one.</i></p>		<p><b>f.</b> <span style="float: right;">76</span></p> <p>1 <input type="checkbox"/> One year or less</p> <p>2 <input type="checkbox"/> More than a year, but not more than 3 years</p> <p>3 <input type="checkbox"/> More than 3 years, but not more than 5 years</p> <p>4 <input type="checkbox"/> More than 5 years, but not more than 10 years</p> <p>5 <input type="checkbox"/> More than 10 years</p> <p>9 <input type="checkbox"/> DK</p>
<p><b>g. In (month), how many hours per week did -- usually work at all OTHER jobs or businesses?</b></p>		<p><b>g.</b> <span style="float: right;">77-78</span></p> <p style="text-align: right;">Hours per week (Number)</p> <p>99 <input type="checkbox"/> DK</p>
<p><b>h. In (month), how much income did -- receive from all OTHER businesses? Report NET income, after business expenses.</b></p> <p><i>Read if necessary: For farms, include any earnings as a tenant farmer or share cropper.</i></p>		<p><b>h.</b></p> <p>1 <input type="checkbox"/> Already included <span style="float: right;">79</span></p> <p>0 <input type="checkbox"/> Loss <span style="float: right;">80</span></p> <p>\$ _____ <span style="float: right;">81-87</span></p> <p style="text-align: right;">(Dollars)</p> <p>9999998 <input type="checkbox"/> No other business</p> <p>9999999 <input type="checkbox"/> DK</p>
<p><b>i. In (month), how much income did -- receive BEFORE deductions from all OTHER jobs? Include any tips, bonuses, overtime pay, and commissions.</b></p>		<p><b>i.</b> <span style="float: right;">88-94</span></p> <p>\$ _____</p> <p style="text-align: right;">(Dollars)</p> <p>9999998 <input type="checkbox"/> No other job</p> <p>9999999 <input type="checkbox"/> DK</p>
<p><b>j. In how many of the past 12 months was -- self-employed?</b></p>		<p><b>j.</b> <span style="float: right;">95-96</span></p> <p style="text-align: right;">Months } If 01-11 (4k)                   } If 12 (D1)</p> <p>(Number)</p> <p>12 <input type="checkbox"/> All } (D1)</p> <p>99 <input type="checkbox"/> DK }</p>
<p><b>k. In how many of the past 12 months did -- have AT LEAST ONE job or business?</b></p>		<p><b>k.</b> <span style="float: right;">97-98</span></p> <p style="text-align: right;">Months (Number)</p> <p>12 <input type="checkbox"/> All</p> <p>99 <input type="checkbox"/> DK</p>
<p><b>ITEM D1</b></p> <p><i>Refer to age.</i></p>		<p><b>D1</b> <span style="float: right;">99</span></p> <p>1 <input type="checkbox"/> 18+ (5 on page 38)</p> <p>8 <input type="checkbox"/> Other (1a on page 32 for NP, or 6 on page 38)</p>

<b>Part D – INCOME AND ASSETS – Continued</b>		<b>PERSON 1</b>
HAND CARD FD1. Read categories if telephone interview.		100
<p><b>5a. Thinking about -- (MAIN) job or business in (month), how many people are employed full and part time, including employees at all locations?</b></p> <p>Mark (X) only one.</p>	<p><b>5a.</b></p> <p>1 <input type="checkbox"/> 1-9                  2 <input type="checkbox"/> 10-24                  3 <input type="checkbox"/> 25-49                  4 <input type="checkbox"/> 50-99                  5 <input type="checkbox"/> 100-499                  6 <input type="checkbox"/> 500-999                  7 <input type="checkbox"/> 1,000 or more                  9 <input type="checkbox"/> DK (5b)</p>	<p>(1a on page 32 for NP, or 6)</p>
<p><b>b. Thinking about the particular location where -- worked in (month), how many people are employed THERE full and part time?</b></p> <p>Mark (X) only one.</p>	<p><b>b.</b></p> <p>1 <input type="checkbox"/> 1-9                  2 <input type="checkbox"/> 10-24                  3 <input type="checkbox"/> 25-49                  4 <input type="checkbox"/> 50-99                  5 <input type="checkbox"/> 100-499                  6 <input type="checkbox"/> 500-999                  7 <input type="checkbox"/> 1,000 or more                  9 <input type="checkbox"/> DK</p>	<p>(1a on page 32 for NP, or 6)</p>
<p><b>6a. In (month), did anyone in the family receive Social Security or Railroad Retirement payments?</b></p> <p>Read if necessary: <b>Social Security checks are either automatically deposited in the bank or mailed to arrive on the 3rd of every month. If mailed, they are sent in a gold colored envelope.</b></p>		<p><b>6a.</b></p> <p>1 <input type="checkbox"/> Yes (6b)                  2 <input type="checkbox"/> No                  9 <input type="checkbox"/> DK } (7)</p>
<p><b>b. Who was this?</b></p> <p>Mark (X) "SS/RR" in person's column.</p>	<p><b>b.</b></p> <p>1 <input type="checkbox"/> SS/RR</p>	<p>103</p>
<p><b>c. Anyone else?</b>    <input type="checkbox"/> Yes (Reask 6b and c)    <input type="checkbox"/> No (6d)    <input type="checkbox"/> DK (6d)</p> <p>Ask 6d-g as appropriate for each person with "SS/RR" marked in 6b.</p>		
<p><b>d. How much income did -- receive in (month), from Social Security or Railroad Retirement?</b></p>	<p><b>d.</b></p> <p>1 <input type="checkbox"/> Already included</p> <p>\$ _____                  (Dollars)                  9999 <input type="checkbox"/> DK</p>	<p>104</p> <p>105-108</p>
<p><b>e. How long has -- received Social Security or Railroad Retirement income?</b></p>	<p><b>e.</b></p> <p>(Number)    <input type="checkbox"/> 1 Months                                    <input type="checkbox"/> 2 Years                  99 <input type="checkbox"/> DK</p>	<p>109-110</p> <p>111</p>
<p>Ask 6f-g ONLY if person is under 65; otherwise, go to 6d for NP with "SS/RR" in 6b, or 7.</p>		
<p><b>f. Was -- Social Security or Railroad Retirement income received as a disability benefit?</b></p>	<p><b>f.</b></p> <p>1 <input type="checkbox"/> Yes (6g)                  2 <input type="checkbox"/> No                  9 <input type="checkbox"/> DK } (6d for NP with "SS/RR" in 6b, or 7)</p>	<p>112</p>
<p><b>g. Did -- receive this benefit because -- is disabled?</b></p>	<p><b>g.</b></p> <p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  9 <input type="checkbox"/> DK } (6d for NP with "SS/RR" in 6b, or 7)</p>	<p>113</p>
<p><b>7a. (Besides --) Has anyone in the family EVER APPLIED for disability benefits from Social Security? This includes people who applied for benefits even if the claim was denied.</b></p>		<p><b>7a.</b></p> <p>1 <input type="checkbox"/> Yes (7b)                  2 <input type="checkbox"/> No                  9 <input type="checkbox"/> DK } (8 on page 40)</p>
<p><b>b. Who was this?</b></p> <p>Mark (X) "Applied for SSA" in person's column.</p>	<p><b>b.</b></p> <p>1 <input type="checkbox"/> Applied for SSA</p>	<p>115</p>
<p><b>c. Anyone else?</b>    <input type="checkbox"/> Yes (Reask 7b and c)    <input type="checkbox"/> No (7d)    <input type="checkbox"/> DK (7d)</p> <p>Ask 7d for each person with box marked in 7b.</p>		
<p><b>d. How many times has -- applied for disability benefits from Social Security?</b></p>	<p><b>d.</b></p> <p>Times applied for SSA                  (Number)                  99 <input type="checkbox"/> DK                  (7d for NP with 7b, or 8 on page 40)</p>	<p>116-117</p>

<b>Part D – INCOME AND ASSETS – Continued</b>		RT 92
		3-4
<p><b>8a. In (month), did anyone in the family receive Supplemental Security Income or SSI?</b></p> <p><i>Read if necessary: Federal SSI are either automatically deposited in the bank or mailed to arrive on the first of every month. If mailed, they are sent in a blue colored envelope.</i></p> <p><b>b. Who was this?</b></p> <p><i>Mark (X) "SSI" in person's column.</i></p> <p><b>c. Anyone else?</b>    <input type="checkbox"/> Yes (Reask 8b and c)    <input type="checkbox"/> No (8d)    <input type="checkbox"/> DK (8d)</p> <p><i>Ask 8d-e for each person with "SSI" marked in 8b.</i></p> <p><b>d. How much income did -- receive in (month) for Supplemental Security Income or SSI?</b></p> <p><b>e. How long has -- received Supplement Security Income?</b></p>	<p><b>8a.</b></p> <p>1 <input type="checkbox"/> Yes (8b) 2 <input type="checkbox"/> No } (9) 9 <input type="checkbox"/> DK }</p> <p><b>b.</b></p> <p>1 <input type="checkbox"/> SSI</p> <p><b>d.</b></p> <p>\$ _____ (Dollars) 9999 <input type="checkbox"/> DK</p> <p><b>e.</b></p> <p>(Number) { 1 <input type="checkbox"/> Months 2 <input type="checkbox"/> Years 99 <input type="checkbox"/> DK (8d for NP with 8b, or 9)</p>	<p>5</p> <p>6</p> <p>7-10</p> <p>11-12 13</p>
<p><b>9a. (Besides --) Has anyone in the family EVER applied for Supplemental Security Income or SSI? This includes people who applied for benefits even if the claim was denied.</b></p> <p><b>b. Who was this?</b></p> <p><i>Mark (X) "Applied for SSI" in person's column.</i></p> <p><b>c. Anyone else?</b>    <input type="checkbox"/> Yes (Reask 9b and c)    <input type="checkbox"/> No (9d)    <input type="checkbox"/> DK (9d)</p> <p><i>Ask 9d for each person with box marked in 9b.</i></p> <p><b>d. How many times has -- applied for Supplemental Security Income (SSI)?</b></p>	<p><b>9a.</b></p> <p>1 <input type="checkbox"/> Yes (9b) 2 <input type="checkbox"/> No } (10) 9 <input type="checkbox"/> DK }</p> <p><b>b.</b></p> <p>1 <input type="checkbox"/> Applied for SSI</p> <p><b>d.</b></p> <p>_____ Times applied for SSI (Number) 99 <input type="checkbox"/> DK (9d for NP with 9b, or 10)</p>	<p>14</p> <p>15</p> <p>16-17</p>
<p><b>10a. In (month), did anyone in the family receive any disability pension (other than Social Security or Railroad Retirement)?</b></p> <p><b>b. Who was this?</b></p> <p><i>Mark (X) "Disability" in person's column.</i></p> <p><b>c. Anyone else?</b>    <input type="checkbox"/> Yes (Reask 10b and c)    <input type="checkbox"/> No (10d)    <input type="checkbox"/> DK (10d)</p> <p><i>Ask 10d for each person with "Disability" marked in 10b.</i></p> <p><b>d. How much did -- receive in (month) BEFORE deductions from a disability pension?</b></p>	<p><b>10a.</b></p> <p>1 <input type="checkbox"/> Yes (10b) 2 <input type="checkbox"/> No } (11 on page 42) 9 <input type="checkbox"/> DK }</p> <p><b>b.</b></p> <p>1 <input type="checkbox"/> Disability</p> <p><b>d.</b></p> <p>1 <input type="checkbox"/> Already included</p> <p>\$ _____ (Dollars) 9999 <input type="checkbox"/> DK (10d for NP with 10b, or 11 on page 42)</p>	<p>18</p> <p>19</p> <p>20</p> <p>21-24</p>
<p>Notes</p>		

<b>Part D - INCOME AND ASSETS - Continued</b>		<b>PERSON 1</b>
<p><b>11a. (In (month), did anyone in the family receive) Any retirement or survivor pension (other than [Social Security or Railroad Retirement/(or) disability pension])?</b></p> <p>-----</p> <p><b>b. Who was this?</b> <i>Mark (X) "Pension" in person's column.</i></p> <p>-----</p> <p><b>c. Anyone else?</b>    <input type="checkbox"/> Yes (<i>Reask 11b and c</i>)    <input type="checkbox"/> No (<i>11d</i>)    <input type="checkbox"/> DK (<i>11d</i>) <i>Ask 11d for each person with "Pension" marked in 11b.</i></p> <p>-----</p> <p><b>d. How much income did -- receive BEFORE deductions from retirement or survivor pensions (other than [Social Security or Railroad Retirement/(or) disability pension]) in (month)?</b></p>	<p><b>11a.</b>    <input type="checkbox"/> Yes (<i>11b</i>)    <input type="checkbox"/> No    <input type="checkbox"/> DK } (<i>D2</i>)    <b>25</b></p> <hr/> <p><b>b.</b>    <input type="checkbox"/> Pension    <b>26</b></p> <hr/> <p><b>d.</b>    <input type="checkbox"/> Already included    <b>27</b> \$ _____    <b>28-33</b>           (Dollars) 999999 <input type="checkbox"/> DK <i>(11d for NP with 11b, or D2)</i></p>	
<b>ITEM D2</b>	<i>Refer to family composition and income in 8a on page 48 of HIS-1.</i>	<p><b>D2</b>    <input type="checkbox"/> Single person family and income = \$20,000 or more (<i>14 on page 44</i>) <input type="checkbox"/> Married couple only and family income = \$20,000 or more (<i>14 on page 44</i>) <input type="checkbox"/> Other (<i>12</i>)    <b>34</b></p>
<p><b>12a. In (month), did anyone in the family receive public assistance or welfare payments from the state or local welfare office? Do not include SSI.</b></p> <p>-----</p> <p><b>b. Who was this?</b> <i>Mark (X) "Welfare" in person's column.</i></p> <p>-----</p> <p><b>c. Anyone else?</b>    <input type="checkbox"/> Yes (<i>Reask 12b and c</i>)    <input type="checkbox"/> No (<i>12d</i>)    <input type="checkbox"/> DK (<i>12d</i>) <i>Ask 12d-f for each person with "Welfare" marked in 12b.</i></p> <p>-----</p> <p><b>d. Did -- receive Aid to Families with Dependent Children, sometimes called AFDC or ADC, or some other type of assistance payments in (month)?</b> <i>Mark (X) only one.</i></p> <p>-----</p> <p><b>e. In how many of the past 12 months did -- receive these payments?</b></p> <p>-----</p> <p><b>f. How much income did -- receive from public assistance or welfare in (month)?</b></p>	<p><b>12a.</b>    <input type="checkbox"/> Yes (<i>12b</i>)    <input type="checkbox"/> No    <input type="checkbox"/> DK } (<i>13 on page 44</i>)    <b>35</b></p> <hr/> <p><b>b.</b>    <input type="checkbox"/> Welfare    <b>36</b></p> <hr/> <p><b>d.</b>    <input type="checkbox"/> AFDC    <input type="checkbox"/> Other    <input type="checkbox"/> Both    <input type="checkbox"/> DK    <b>37</b></p> <hr/> <p><b>e.</b>    <input type="checkbox"/> All    <b>38-39</b>           Months (Number) 99 <input type="checkbox"/> DK</p> <hr/> <p><b>f.</b>    <input type="checkbox"/> Already included    <b>40</b> \$ _____    <b>41-44</b>           (Dollars) 9999 <input type="checkbox"/> DK <i>(12d for NP with 12b, or 13 on page 44)</i></p>	
Notes		

Part D - INCOME AND ASSETS - Continued	PERSON 1
<p><b>13a.</b> In <i>(month)</i>, did anyone in the family receive food stamps? This includes receipt of a food stamp card or vouchers, or cash grants from the state for food.</p>	<p><b>13a.</b> <input type="checkbox"/> Yes (13b) <span style="float: right;">45</span>  <input type="checkbox"/> No } (14)  <input type="checkbox"/> DK }</p>
<p><b>b.</b> What was the total value of the food stamp allotment received in <i>(month)</i>? (This includes receipt of a food stamp card or vouchers, or cash grants from the state for food.)</p>	<p><b>b.</b> <span style="float: right;">46-49</span>                  \$ _____                  (Dollars)                  9999 <input type="checkbox"/> DK</p>
<p><b>14a.</b> In <i>(month)</i>, did anyone in the family have money in any kind of savings or other bank account that EARNED interest? Do not include dividends.  <i>Read if necessary: Include saving accounts, money market funds, treasury notes, IRA's or certificates of deposit, interest earning checking accounts, bonds or any other investments that earn interest.</i></p>	<p><b>14a.</b> <input type="checkbox"/> Yes (14b) <span style="float: right;">50</span>  <input type="checkbox"/> No } (15 on page 46)  <input type="checkbox"/> DK }</p>
<p><b>b.</b> Who was this?  <i>Mark (X) "Interest" in person's column.</i></p>	<p><b>b.</b> <span style="float: right;">51</span>  <input type="checkbox"/> Interest</p>
<p><b>c.</b> Anyone else? <input type="checkbox"/> Yes (Reask 14b and c) <input type="checkbox"/> No (14d) <input type="checkbox"/> DK (14d)  <i>Ask 14d-f as appropriate for each person with "Interest" marked in 14b.</i></p>	<p><b>d.</b> <input type="checkbox"/> Already included } (14d for NP with 14b, or 15 on page 46) <span style="float: right;">52</span>                  \$ _____                  (Dollars) } <span style="float: right;">53-56</span>                  9999 <input type="checkbox"/> DK (14e)</p>
<p><b>d.</b> What is your best estimate of the total amount of interest -- earned in <i>(month)</i>?</p>	<p><b>e.</b> <span style="float: right;">57</span>  <input type="checkbox"/> More than \$25 (14f)  <input type="checkbox"/> Less than \$25 } (14d for NP with 14b, or 15 on page 46)  <input type="checkbox"/> \$25 exactly  <input type="checkbox"/> DK</p>
<p><b>e.</b> Was it more than \$25 or less than \$25?</p>	<p><b>f.</b> <span style="float: right;">58</span>  <input type="checkbox"/> \$25-\$99,  <input type="checkbox"/> \$100-\$499,  <input type="checkbox"/> \$500-\$999,  <input type="checkbox"/> \$1000-\$4999, or } (14d for NP with 14b, or 15 on page 46)  <input type="checkbox"/> \$5000 or more?  <input type="checkbox"/> DK</p>
<p><b>f.</b> Was it - Read answer categories.</p>	
<p>Notes</p>	

<b>Part D – INCOME AND ASSETS – Continued</b>	<b>PERSON 1</b>
<b>15a. In (month), did anyone in the family receive dividend income from stocks or mutual funds or income from rental property, royalties, estates, or trusts?</b>	<b>15a.</b> <span style="float: right;">59</span> 1 <input type="checkbox"/> Yes (15b) 2 <input type="checkbox"/> No } (16) 9 <input type="checkbox"/> DK }
<b>b. Who was this?</b> Mark (X) "Dividends" in person's column.	<b>b.</b> <span style="float: right;">60</span> 1 <input type="checkbox"/> Dividends
<b>c. Anyone else?</b> <input type="checkbox"/> Yes (Reask 15b and c) <input type="checkbox"/> No (15d) <input type="checkbox"/> DK (15d) Ask 15d-f as appropriate for each person with "Dividends" marked in 15b.	
<b>d. What is your best estimate of the total amount that -- received from dividends, NET rental property income, royalties, estates, or trusts in (month)?</b>	<b>d.</b> <span style="float: right;">61</span> 1 <input type="checkbox"/> Already included } (15d for NP with 15b, or 16) <span style="float: right;">62</span> 0 <input type="checkbox"/> Loss } \$ _____ (Dollars) } <span style="float: right;">63-66</span> 9999 <input type="checkbox"/> DK (15e)
<b>e. Was it more than \$25 or less than \$25?</b>	<b>e.</b> <span style="float: right;">67</span> 1 <input type="checkbox"/> More than \$25 (15f) 2 <input type="checkbox"/> Less than \$25 } (15d for NP with 15b, or 16) 3 <input type="checkbox"/> \$25 exactly } 9 <input type="checkbox"/> DK
HAND CARD FD2. <b>f. Was it – Read answer categories.</b>	<b>f.</b> <span style="float: right;">68</span> 1 <input type="checkbox"/> \$25-\$99, } (15d for NP with 15b, or 16) 2 <input type="checkbox"/> \$100-\$499, } 3 <input type="checkbox"/> \$500-\$999, } 4 <input type="checkbox"/> \$1000-\$4999, or } 5 <input type="checkbox"/> \$5000 or more? } 9 <input type="checkbox"/> DK

<b>16a. In (month), did anyone in the family receive income from ANY OTHER sources, such as veterans payments, worker's or unemployment compensation, child support or alimony? Do not include lump sum payments, such as money from an inheritance or sale of a home.</b>	<b>16a.</b> <span style="float: right;">69</span> 1 <input type="checkbox"/> Yes (16b) 2 <input type="checkbox"/> No } (17 on page 48) 9 <input type="checkbox"/> DK }
<b>b. Who was this?</b> Mark (X) "Other income" in person's column.	<b>b.</b> <span style="float: right;">70</span> 1 <input type="checkbox"/> Other income
<b>c. Anyone else?</b> <input type="checkbox"/> Yes (Reask 16b and c) <input type="checkbox"/> No (16d) <input type="checkbox"/> DK (16d) Ask 16d-f as appropriate for each person with "Other Income" marked in 16b.	
<b>d. How much income did -- receive in (month) from ALL OTHER sources?</b>	<b>d.</b> <span style="float: right;">71</span> 1 <input type="checkbox"/> Already included } (16d for NP with 16b, or 17 on page 48) <span style="float: right;">72-75</span> \$ _____ (Dollars) } 9999 <input type="checkbox"/> DK (15e)
<b>e. Was it more than \$25 or less than \$25?</b>	<b>e.</b> <span style="float: right;">76</span> 1 <input type="checkbox"/> More than \$25 (16f) 2 <input type="checkbox"/> Less than \$25 } (16d for NP with 16b, or 17 on page 48) 3 <input type="checkbox"/> \$25 exactly } 9 <input type="checkbox"/> DK
HAND CARD FD2. <b>f. Was it – Read answer categories.</b>	<b>f.</b> <span style="float: right;">77</span> 1 <input type="checkbox"/> \$25-\$99, } (16d for NP with 16b, or 17 on page 48) 2 <input type="checkbox"/> \$100-\$499, } 3 <input type="checkbox"/> \$500-\$999, } 4 <input type="checkbox"/> \$1000-\$4999, or } 5 <input type="checkbox"/> \$5000 or more? } 9 <input type="checkbox"/> DK

Notes

<b>Part D – INCOME AND ASSETS – Continued</b>	
<b>17a. Does anyone in the family own a car, truck, recreational vehicle, motorcycle, or boat?</b>	<input type="checkbox"/> Yes (17b) <input type="checkbox"/> No } (18) <input type="checkbox"/> DK }
<i>HAND CARD FD3. Read categories if telephone interview.</i>	
<b>b. Altogether, how much are they worth?</b> Mark (X) only one.	<input type="checkbox"/> Less than \$2,000 <input type="checkbox"/> \$2,000 – \$4,999 <input type="checkbox"/> \$5,000 – \$9,999 <input type="checkbox"/> \$10,000 – \$19,999 <input type="checkbox"/> \$20,000 – \$49,999 <input type="checkbox"/> \$50,000 – \$99,999 <input type="checkbox"/> \$100,000 or more <input type="checkbox"/> DK
<b>18a. Is this [house/apartment] now –</b> (1) Owned or being bought by you (or someone in the household)?	<input type="checkbox"/> Yes (18b) <input type="checkbox"/> No (Ask (2))
(2) Rented for money?	<input type="checkbox"/> Yes (18e) <input type="checkbox"/> No (Ask (3))
(3) Occupied without payment of money rent?	<input type="checkbox"/> Yes } (19) <input type="checkbox"/> No }
<i>HAND CARD FD4. Read categories if telephone interview.</i>	
<b>b. About how much is this place worth on today's market?</b> Mark (X) only one.	<input type="checkbox"/> Less than \$25,000 <input type="checkbox"/> \$25,000 – \$49,999 <input type="checkbox"/> \$50,000 – \$99,999 <input type="checkbox"/> \$100,000 – \$199,999 <input type="checkbox"/> \$200,000 – \$299,999 <input type="checkbox"/> \$300,000 – \$499,999 <input type="checkbox"/> \$500,000 or more <input type="checkbox"/> DK
<b>c. Is it fully paid for or do you still owe something?</b>	<input type="checkbox"/> Fully paid for, nothing is owed (19) <input type="checkbox"/> Still owe something (18d) <input type="checkbox"/> DK(19)
<i>HAND CARD FD5. Read categories if telephone interview.</i>	
<b>d. What is the monthly mortgage payment?</b> Mark (X) only one.	<input type="checkbox"/> Less than \$500 } (19) <input type="checkbox"/> \$500 – \$999 } <input type="checkbox"/> \$1,000 – \$1,999 } <input type="checkbox"/> \$2,000 or more } <input type="checkbox"/> DK }
<i>HAND CARD FD5. Read categories if telephone interview.</i>	
<b>e. What is the monthly rent?</b> Mark (X) only one.	<input type="checkbox"/> Less than \$500 <input type="checkbox"/> \$500 – \$999 <input type="checkbox"/> \$1,000 – \$1,999 <input type="checkbox"/> \$2,000 or more <input type="checkbox"/> DK
<b>f. Does the monthly rent include meals and/or utilities?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
<b>19. [Do you/Does your family] own any other assets, such as another house, a business, or stocks and bonds?</b>	<input type="checkbox"/> Yes (20) <input type="checkbox"/> No } (Item D3) <input type="checkbox"/> DK }
<b>20a. [Do you/Does your family] own other property, such as another home, rental property, or land?</b>	<input type="checkbox"/> Yes (20b) <input type="checkbox"/> No } (21) <input type="checkbox"/> DK }
<i>HAND CARD FD4. Read categories if telephone interview.</i>	
<b>b. If [ you/your family] sold this other property now and paid off any debts on it, about how much would [you/your family] get?</b> Mark (X) only one.	<input type="checkbox"/> Less than \$25,000 <input type="checkbox"/> \$25,000 – \$49,999 <input type="checkbox"/> \$50,000 – \$99,999 <input type="checkbox"/> \$100,000 – \$199,999 <input type="checkbox"/> \$200,000 – \$299,999 <input type="checkbox"/> \$300,000 – \$499,999 <input type="checkbox"/> \$500,000 or more <input type="checkbox"/> DK

**Part D - INCOME AND ASSETS - Continued**

<p><b>21a. (Besides this property) [Do you/Does your family] own part or all of a business, farm, or professional practice?</b></p> <p><i>HAND CARD FD4. Read categories if telephone interview.</i></p> <p><b>b. If [you/your family] sold this business, farm, or professional practice now and paid off any debts on it, about how much would [you/your family] get?</b></p> <p><i>Mark (X) only one.</i></p>	<p>1 <input type="checkbox"/> Yes (21b)                  2 <input type="checkbox"/> No } (22)                  9 <input type="checkbox"/> DK }</p> <hr style="border-top: 1px dashed black;"/> <p>1 <input type="checkbox"/> Less than \$25,000                  2 <input type="checkbox"/> \$25,000 - \$49,999                  3 <input type="checkbox"/> \$50,000 - \$99,999                  4 <input type="checkbox"/> \$100,000 - \$199,999                  5 <input type="checkbox"/> \$200,000 - \$299,999                  6 <input type="checkbox"/> \$300,000 - \$499,999                  7 <input type="checkbox"/> \$500,000 or more                  9 <input type="checkbox"/> DK</p>	<p>91</p> <hr style="border-top: 1px dashed black;"/> <p>92</p>	
<p><b>22a. [Do you/Does your family] have any other savings, assets, or property? Include stocks and bonds and certificates of deposit (CDs).</b></p> <p><i>HAND CARD FD4. Read categories if telephone interview.</i></p> <p><b>b. Altogether, what is the present value of these other savings, assets, or property?</b></p> <p><i>Mark (X) only one.</i></p>	<p>1 <input type="checkbox"/> Yes (22b)                  2 <input type="checkbox"/> No } (Item D3)                  9 <input type="checkbox"/> DK }</p> <hr style="border-top: 1px dashed black;"/> <p>1 <input type="checkbox"/> Less than \$25,000                  2 <input type="checkbox"/> \$25,000 - \$49,999                  3 <input type="checkbox"/> \$50,000 - \$99,999                  4 <input type="checkbox"/> \$100,000 - \$199,999                  5 <input type="checkbox"/> \$200,000 - \$299,999                  6 <input type="checkbox"/> \$300,000 - \$499,999                  7 <input type="checkbox"/> \$500,000 or more                  9 <input type="checkbox"/> DK</p>	<p>93</p> <hr style="border-top: 1px dashed black;"/> <p>94</p>	
<b>ITEM D3</b>	<p>About how often did the Respondent appear to answer the questions in Part D, Income and Assets accurately?</p>	<p>1 <input type="checkbox"/> All the time                  2 <input type="checkbox"/> Most of the time                  3 <input type="checkbox"/> Some of the time                  4 <input type="checkbox"/> Rarely or never                  9 <input type="checkbox"/> DK</p>	95
<b>ITEM D4</b>	<p>About how often did the Respondent appear to answer the questions in Part D, Income and Assets honestly?</p>	<p>1 <input type="checkbox"/> All the time                  2 <input type="checkbox"/> Most of the time                  3 <input type="checkbox"/> Some of the time                  4 <input type="checkbox"/> Rarely or never                  9 <input type="checkbox"/> DK</p>	96
<b>ITEM D5</b>	<p>Enter the person number of the Respondent. If more than one, enter the person number of the one who answered the most questions in Part D.</p>	<p>Person number _____</p>	97-98

Notes



Section IV – YEAR 2000 OBJECTIVES		RT 93 3-4			
<b>ITEM IV2</b>	Refer to sample person selection label.	5			
<div style="text-align: center;"> <input type="checkbox"/> Y (Item A1)  <input type="checkbox"/> A (Section V, AIDS on page 59)                 </div>					
Part A – TOBACCO					
<b>ITEM A1</b>	Adult SP status. Begin here on Section IV callbacks.	<input type="checkbox"/> Available (1) <input type="checkbox"/> Callback required (Item 18 on Household page of HIS-1) <input type="checkbox"/> Noninterview (Response status on Back Cover)			
<p><b>These next questions are about cigarette smoking.</b></p>					
<b>1a. Have you smoked at least 100 cigarettes in your entire life?</b> If asked: approximately 5 packs		6			
1 <input type="checkbox"/> Yes (1b) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK } (Part B on page 51)					
<b>b. How old were you when you first TRIED cigarettes?</b>		7-8			
_____ Age 99 <input type="checkbox"/> DK					
<b>c. How old were you when you first started to smoke every day?</b>		9-10			
_____ Age 00 <input type="checkbox"/> Never smoked every day 99 <input type="checkbox"/> DK					
<b>2. Around this time LAST YEAR, were you smoking cigarettes everyday, some days, or not at all?</b> Mark (X) only one.		11			
1 <input type="checkbox"/> Everyday 2 <input type="checkbox"/> Some days 3 <input type="checkbox"/> Not at all 9 <input type="checkbox"/> DK					
<b>3a. Do you NOW smoke cigarettes everyday, some days, or not at all?</b> Mark (X) only one.		12			
1 <input type="checkbox"/> Everyday (4) 2 <input type="checkbox"/> Some days (6) 3 <input type="checkbox"/> Not at all (3b) 9 <input type="checkbox"/> DK (6)					
<b>b. How long has it been since you quit smoking cigarettes?</b>		13-15			
_____ (Number) <table style="display: inline-table; vertical-align: middle; margin-left: 10px;"> <tr> <td style="font-size: 2em;">{</td> <td style="padding: 0 5px;">                             1 <input type="checkbox"/> Days                              2 <input type="checkbox"/> Weeks                              3 <input type="checkbox"/> Months                              4 <input type="checkbox"/> Years                         </td> <td style="font-size: 2em;">}</td> </tr> </table> (Part B on page 51)		{	1 <input type="checkbox"/> Days 2 <input type="checkbox"/> Weeks 3 <input type="checkbox"/> Months 4 <input type="checkbox"/> Years	}	
{	1 <input type="checkbox"/> Days 2 <input type="checkbox"/> Weeks 3 <input type="checkbox"/> Months 4 <input type="checkbox"/> Years	}			
999 <input type="checkbox"/> DK (Part B on page 51)					
<b>4. On the average, how many cigarettes do you now smoke a day?</b>		16-17			
_____ Cigarettes a day (Number)					
99 <input type="checkbox"/> DK					
<b>5. During the past 12 months, have you stopped smoking for one day or longer?</b>		18			
1 <input type="checkbox"/> Yes } 2 <input type="checkbox"/> No } (7) 9 <input type="checkbox"/> DK }					
<b>6a. On how many of the past 30 days did you smoke cigarettes?</b>		19-20			
00 <input type="checkbox"/> None (7)					
_____ Days } (Number) } (6b)					
99 <input type="checkbox"/> DK					
<b>b. On the average, when you smoked DURING THE PAST 30 DAYS, about how many cigarettes did you smoke EACH day?</b>		21-22			
_____ Cigarettes a day (Number)					
99 <input type="checkbox"/> DK					
<b>7. Would you like to completely quit smoking cigarettes?</b>		23			
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK					
Notes					

<b>Part B – NUTRITION</b>		RT 94
		3-4
<p><b>1. Are you NOW trying to lose weight, gain weight, stay about the same, or are you not trying to do anything about your weight?</b> <i>Mark (X) only one.</i></p>	<p>1 <input type="checkbox"/> Lose weight (2) 2 <input type="checkbox"/> Gain weight (B1) 3 <input type="checkbox"/> Stay about the same (2) 4 <input type="checkbox"/> Not trying to do anything (B1)</p>	5
<i>HAND CARD YB1. Read categories if telephone interview.</i>		
<p><b>2. Are you currently doing any of these things to control your weight?</b> <i>Mark (X) all that apply.</i></p>	<p>01 <input type="checkbox"/> Joined a weight loss program 02 <input type="checkbox"/> Eating fewer calories 03 <input type="checkbox"/> Eating special products such as canned or powdered food supplements 04 <input type="checkbox"/> Exercising more 05 <input type="checkbox"/> Eating less fat 06 <input type="checkbox"/> Skipping meals 07 <input type="checkbox"/> Taking diet pills 08 <input type="checkbox"/> Taking laxatives 09 <input type="checkbox"/> Taking water pills or diuretics 10 <input type="checkbox"/> Vomiting 11 <input type="checkbox"/> Fasting for 24 hours or longer 98 <input type="checkbox"/> Something else – <i>Specify</i> <u>z</u></p> <p>00 <input type="checkbox"/> Nothing</p>	<p>6-7 8-9 10-11 12-13 14-15 16-17 18-19 20-21 22-23 24-25 26-27 28-29 30-31</p>
<p><b>ITEM B1</b> <i>Refer to HIS-1.</i></p>	<p>1 <input type="checkbox"/> SP was respondent for HIS-1 <i>(Transcribe question 5 from HIS-1, page 22-23, then ask 4a)</i> 2 <input type="checkbox"/> SP was not respondent for HIS-1 (3)</p>	32
<p><b>3a. About how tall are you without shoes?</b></p>	<p>(Feet)      (Inches)</p>	33-35
<p><b>b. About how much do you weigh without shoes?</b> <i>Read if SP is pregnant: Please give your usual weight before becoming pregnant.</i></p>	<p>(Pounds)</p>	36-38
<b>The next questions are about salt in your diet.</b>		
<p><b>4a. How often do you or the person who shops for your food buy items that are labeled "low salt", or "low sodium" — would you say always, often, sometimes, rarely or never?</b> <i>Mark (X) only one.</i></p>	<p>0 <input type="checkbox"/> Don't shop for food 1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Often 3 <input type="checkbox"/> Sometimes 4 <input type="checkbox"/> Rarely 5 <input type="checkbox"/> Never 9 <input type="checkbox"/> DK</p>	39
<p><b>b. When you sit down at the table to eat, how often do you add salt to your food — would you say always, often, sometimes, rarely, or never? Do not include salt substitutes.</b> <i>Mark (X) only one.</i></p>	<p>1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Often 3 <input type="checkbox"/> Sometimes 4 <input type="checkbox"/> Rarely 5 <input type="checkbox"/> Never 9 <input type="checkbox"/> DK</p>	40
<p><b>5a. When you buy a food item for the first time, how often would you say you read the NUTRITIONAL INFORMATION about calories, fat and cholesterol sometimes listed on the label — would you say always, often, sometimes, rarely or never?</b> <i>Mark (X) only one.</i></p>	<p>0 <input type="checkbox"/> Don't buy food (B2 on page 52) 1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Often 3 <input type="checkbox"/> Sometimes 4 <input type="checkbox"/> Rarely 5 <input type="checkbox"/> Never 9 <input type="checkbox"/> DK</p> <p style="text-align: right;">} (5b)</p>	41
<p><b>b. When you buy a food item for the first time, how often would you say you read the INGREDIENT list on the package — (would you say always, often, sometimes, rarely or never?)</b> <i>Mark (X) only one.</i></p>	<p>0 <input type="checkbox"/> Don't buy food 1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Often 3 <input type="checkbox"/> Sometimes 4 <input type="checkbox"/> Rarely 5 <input type="checkbox"/> Never 9 <input type="checkbox"/> DK</p>	42

<b>Part B – NUTRITION – Continued</b>		
<b>ITEM B2</b>	<i>Refer to age.</i>	<div style="text-align: right; border-bottom: 1px solid black; margin-bottom: 5px;">43</div> 1 <input type="checkbox"/> 65+ (6) 2 <input type="checkbox"/> Under 65 (Part C on page 53)
<b>6a. Do you have meals delivered to your home by an agency or organization like Meals on Wheels?</b>		<div style="text-align: right; border-bottom: 1px solid black; margin-bottom: 5px;">44</div> 1 <input type="checkbox"/> Yes (Part C on page 53) 2 <input type="checkbox"/> No } (6b) 9 <input type="checkbox"/> DK }
<b>b. Do you NEED to have meals delivered to your home (by an agency or organization like Meals on Wheels)?</b>		<div style="text-align: right; border-bottom: 1px solid black; margin-bottom: 5px;">45</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
<b>7a. In the past 12 months, have you taken a class or attended a presentation on health topics?</b>		<div style="text-align: right; border-bottom: 1px solid black; margin-bottom: 5px;">46</div> 1 <input type="checkbox"/> Yes (7b) 2 <input type="checkbox"/> No } (8) 9 <input type="checkbox"/> DK }
<b>b. Where was the health class given — at a senior center, hospital, or some other place?</b>  <i>If multiple classes, probe for the location of the most recent. Mark (X) only one.</i>		<div style="text-align: right; border-bottom: 1px solid black; margin-bottom: 5px;">47</div> 1 <input type="checkbox"/> Senior center 2 <input type="checkbox"/> Hospital 3 <input type="checkbox"/> Other place 9 <input type="checkbox"/> DK
<b>8a. In the past 12 months, did you participate in an exercise class or exercise program?</b>		<div style="text-align: right; border-bottom: 1px solid black; margin-bottom: 5px;">48</div> 1 <input type="checkbox"/> Yes (8b) 2 <input type="checkbox"/> No } (Part C on page 53) 9 <input type="checkbox"/> DK }
<b>b. Where was the exercise class given — at a senior center, hospital, or some other place?</b>  <i>If multiple classes, probe for the location of the most recent. Mark (X) only one.</i>		<div style="text-align: right; border-bottom: 1px solid black; margin-bottom: 5px;">49</div> 1 <input type="checkbox"/> Senior center 2 <input type="checkbox"/> Hospital 3 <input type="checkbox"/> Other place 9 <input type="checkbox"/> DK
Notes		

**Part C – CLINICAL PREVENTIVE SERVICES**

<b>The following questions are on immunizations.</b>		50
<b>1. During the past 12 months, have you had a flu shot?</b> <i>Read if necessary: This vaccination is usually given in the Fall and protects against influenza for the flu season.</i>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	
<b>2. During the past TEN years, have you had a tetanus shot?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	51
<b>3. Have you EVER had a pneumonia vaccination? This shot was first made available in 1977 and is usually given once in a person's lifetime.</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	52
<b>The following questions are about certain diseases and illnesses.</b>		53
<b>4. During the past 12 months, have you had diabetes?</b> <i>(If appropriate, read: Do not include diabetes diagnosed ONLY during pregnancy.)</i>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	
<b>5. (During the past 12 months, have you had) asthma, emphysema, chronic bronchitis, or tuberculosis?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	54
<b>6. (During the past 12 months, have you had) any kind of chronic kidney disease?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	55
<b>7. (During the past 12 months, have you had) liver disease, including cirrhosis?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	56
<b>8. In the past 12 months, have you suffered from extreme fatigue lasting one month or longer?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	57
<b>9. Are you currently being treated for any kind of cancer?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	58
<b>10. Have you ever been told by a doctor that you have had a heart attack, heart failure, a chronic heart condition, or rheumatic heart disease?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	59
Notes		

Part D – MENTAL HEALTH	
<p><b>1a. During the past 2 weeks, would you say that you experienced a lot of stress, a moderate amount of stress, relatively little stress, or almost no stress at all?</b></p> <p><i>Mark (X) only one.</i></p>	<p>1 <input type="checkbox"/> A lot                  2 <input type="checkbox"/> Moderate                  3 <input type="checkbox"/> Relatively little                  4 <input type="checkbox"/> Almost none                  5 <input type="checkbox"/> DK what stress is (4)                  9 <input type="checkbox"/> DK (1b)</p>
60	
<p>These next questions are about stress during the past 12 months.</p>	
<p><b>b. During the past 12 MONTHS, would you say that you experienced a lot of stress, a moderate amount of stress, relatively little stress, or almost no stress at all?</b></p> <p><i>Mark (X) only one.</i></p>	<p>1 <input type="checkbox"/> A lot                  2 <input type="checkbox"/> Moderate                  3 <input type="checkbox"/> Relatively little                  4 <input type="checkbox"/> Almost none                  9 <input type="checkbox"/> DK</p>
61	
<p><b>2. During the past 12 months, how much effect has stress had on your health — a lot, some, hardly any, or none?</b></p> <p><i>Mark (X) only one.</i></p>	<p>1 <input type="checkbox"/> A lot                  2 <input type="checkbox"/> Some                  3 <input type="checkbox"/> Hardly any or none                  9 <input type="checkbox"/> DK</p>
62	
<p><b>3. (During the past 12 months), have you taken any steps to control or reduce stress in your life?</b></p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  9 <input type="checkbox"/> DK</p>
63	
<p><b>4. (During the past 12 months), have you had any SERIOUS personal or emotional problems?</b></p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  9 <input type="checkbox"/> DK</p>
64	
<p><b>5a. During the past 12 months, did you seek help from family or friends for ANY personal or emotional problems?</b></p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  9 <input type="checkbox"/> DK</p>
65	
<p><b>b. (During the past 12 months), did you seek help from a therapist, counselor, or self-help group for ANY personal or emotional problems?</b></p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  9 <input type="checkbox"/> DK</p>
66	
<p><b>c. (During the past 12 months), did you seek help from a priest, minister, rabbi, or other religious counselor for ANY personal or emotional problems?</b></p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  9 <input type="checkbox"/> DK</p>
67	
<p>Notes</p>	

RT 95  
3-4

**Part E - PHYSICAL ACTIVITY AND FITNESS**

These next questions are about physical exercise.

**ITEM  
E1**

Mark from observation or previous information.

- 1  SP is physically handicapped (*Describe in notes, THEN 1*)
- 8  Other (*2 on page 57*)

5

HAND CALENDAR.

**1a. In the past 2 weeks (outlined on that calendar), beginning Monday (date) and ending this past Sunday (date), have you done any exercises, sports, or physically active hobbies?**

- 1  Yes (*1b*)
- 2  No } (*3 on page 58*)
- 9  DK }

6

**b. What were they?**

*Record in 2a on page 57, THEN 1c.*

**c. Anything else?**

- Yes (*Reask 1b and c*)
- No (*Mark "No" for all remaining activities in 2a, then go to 2b*)

Notes

**Part E - PHYSICAL ACTIVITY AND FITNESS - Continued**

NOTE: ASK ALL OF 2a BEFORE GOING TO 2b-d.			NOTE: ASK 2b-d FOR EACH ACTIVITY MARKED "YES" IN 2a.								
HAND CALENDAR.			b. How many times in the past 2 weeks did you (go/do) (activity in 2a)?			c. On the average, about how many minutes did you actually spend (doing) (activity in 2a) each time?			d. (What usually happened to your heart rate or breathing when you (did/went) (activity in 2a)? Did you have a small, moderate, or large increase, or no increase at all in your heart rate or breathing?		
2a. In the past 2 weeks (outlined on that calendar), beginning Monday, (date), and ending this past Sunday, (date), have YOU done any of the following exercises, sports, or physically active hobbies —											
YES NO			7			8-9			10-12		
(1) Walking for exercise? <input type="checkbox"/> YES <input type="checkbox"/> NO			7			8-9			10-12		
			14			15-16			17-19		
(2) Gardening or yard work? <input type="checkbox"/> YES <input type="checkbox"/> NO			14			15-16			17-19		
			21			22-23			24-26		
(3) Stretching exercises? <input type="checkbox"/> YES <input type="checkbox"/> NO			21			22-23			24-26		
			27			28-29			30-32		
(4) Weightlifting or other exercises to increase muscle strength? <input type="checkbox"/> YES <input type="checkbox"/> NO			27			28-29			30-32		
			34			35-36			37-39		
(5) Jogging or running? <input type="checkbox"/> YES <input type="checkbox"/> NO			34			35-36			37-39		
			41			42-43			44-46		
(6) Aerobics or aerobic dancing? <input type="checkbox"/> YES <input type="checkbox"/> NO			41			42-43			44-46		
			48			49-50			51-53		
(7) Riding a bicycle or exercise bike? <input type="checkbox"/> YES <input type="checkbox"/> NO			48			49-50			51-53		
			55			56-57			58-60		
(8) Stair climbing for exercise? <input type="checkbox"/> YES <input type="checkbox"/> NO			55			56-57			58-60		
			62			63-64			65-67		
(9) Swimming for exercise? <input type="checkbox"/> YES <input type="checkbox"/> NO			62			63-64			65-67		
			69			70-71			72-74		
(10) Playing tennis? <input type="checkbox"/> YES <input type="checkbox"/> NO			69			70-71			72-74		
			76			77-78					
(11) Playing golf? <input type="checkbox"/> YES <input type="checkbox"/> NO			76			77-78					
			79			80-81					
(12) Bowling? <input type="checkbox"/> YES <input type="checkbox"/> NO			79			80-81					
			82			83-84			85-87		
(13) Playing baseball or softball? <input type="checkbox"/> YES <input type="checkbox"/> NO			82			83-84			85-87		
			89			90-91			92-94		
(14) Playing handball, racquetball, or squash? <input type="checkbox"/> YES <input type="checkbox"/> NO			89			90-91			92-94		
(15) Skiing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (16)			96			97-98					
(a) Downhill? <input type="checkbox"/> YES <input type="checkbox"/> NO			96			97-98					
			99			100-101			102-104		
(b) Cross-country? <input type="checkbox"/> YES <input type="checkbox"/> NO			99			100-101			102-104		
			106			107-108					
(c) Water? <input type="checkbox"/> YES <input type="checkbox"/> NO			106			107-108					
			RT 96			6-7			8-10		
(16) Playing basketball? <input type="checkbox"/> YES <input type="checkbox"/> NO			RT 96			6-7			8-10		
			5			13-14			15-17		
(17) Playing volleyball? <input type="checkbox"/> YES <input type="checkbox"/> NO			5			13-14			15-17		
			12			20-21			22-24		
(18) Playing soccer? <input type="checkbox"/> YES <input type="checkbox"/> NO			12			20-21			22-24		
			19			27-28			29-31		
(19) Playing football? <input type="checkbox"/> YES <input type="checkbox"/> NO			19			27-28			29-31		
(20) Have you done any (other) exercises, sports, or physically active hobbies in the past 2 weeks?			33								
1 <input type="checkbox"/> Yes - What were they? 2 <input type="checkbox"/> No			33								
Anything else?			34-35			36-37			38-40		
If activity listed above, mark "Yes" for it; otherwise, specify <input checked="" type="checkbox"/>			34-35			36-37			38-40		
(a) _____			34-35			36-37			38-40		
			42			45-46			47-49		
(b) _____			42			45-46			47-49		
			43-44								

**Part E – PHYSICAL ACTIVITY AND FITNESS – Continued**

<p><b>3. About how long has it been since your last medical check-up?</b></p> <p><i>Mark (X) only one.</i></p>	<div style="text-align: right; border: 1px solid black; padding: 2px; float: right;">51</div> <p> <input type="checkbox"/> 1 Less than 1 year (4)  <input type="checkbox"/> 2 1 year, less than 2 years  <input type="checkbox"/> 3 2 years, less than 3 years  <input type="checkbox"/> 4 3 years, less than 4 years  <input type="checkbox"/> 5 4+ years  <input type="checkbox"/> 6 Never had a check-up  <input type="checkbox"/> 9 DK (4)         </p> <p style="text-align: right;">} (END interview)</p>
<p><b>4. During your last check-up, did the doctor recommend that you BEGIN or CONTINUE to do any type of exercise or physical activity?</b></p> <p><i>If "Yes", ask: Was that begin or continue?</i></p>	<div style="text-align: right; border: 1px solid black; padding: 2px; float: right;">52</div> <p> <input type="checkbox"/> 1 Yes, to BEGIN  <input type="checkbox"/> 2 Yes, to CONTINUE  <input type="checkbox"/> 3 Yes, BOTH  <input type="checkbox"/> 4 No  <input type="checkbox"/> 9 DK         </p> <p style="text-align: right;">} (END interview)</p>

Notes



**Section V – AIDS KNOWLEDGE AND ATTITUDES**

<p><b>ITEM V1</b></p>	<p>Refer to sample person selection label.</p>	<p><input type="checkbox"/> A (Item V2) <input type="checkbox"/> Y (End Interview)</p>		
<p><b>ITEM V2</b></p>	<p>Adult SP status. Begin here on Section V callbacks.</p>	<p><input type="checkbox"/> Available (1) <input type="checkbox"/> Callback required (Item 18 on Household page of HIS-1) <input type="checkbox"/> Noninterview (Response status on Back Cover)</p>		
<p><b>These next questions are asked to determine what people know about the disease AIDS.</b></p>				5
<p><b>1. How much would you say you know about AIDS — a lot, some, a little, or nothing?</b></p>		<p>1 <input type="checkbox"/> A lot 2 <input type="checkbox"/> Some 3 <input type="checkbox"/> A little 4 <input type="checkbox"/> Nothing</p>		
<p><b>2. In the past month, have you -</b> <b>a. seen any Public Service Announcements about AIDS on television?</b></p>		<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>		6
<p><b>b. heard any Public Service Announcements about AIDS on the radio?</b></p>		<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>		7
<p><b>c. received any brochures about AIDS from your workplace?</b> <i>Mark (X) only one.</i></p>		<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Not currently working 4 <input type="checkbox"/> Self employed 9 <input type="checkbox"/> DK</p>		8
<p><b>d. received any brochures about AIDS from a church or religious organization?</b></p>		<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>		9
<p><b>e. received any information about AIDS from the American Red Cross?</b></p>		<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>		10
<p><b>3. DO YOU THINK that doctors, nurses, dentists, and other health care workers should be allowed to REFUSE care to a person who has the AIDS virus?</b> <i>Mark (X) only one.</i></p>		<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> It depends – <i>Specify</i> _____ 9 <input type="checkbox"/> DK</p>		11
<p><b>4. I'm going to read some statements about AIDS. After I read each one, tell me whether you think it is true or false or if you don't know.</b></p>		True	False	Don't know
<p><b>a. The AIDS virus can be passed on through sexual intercourse between a man and a woman.</b></p>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
<p><b>b. A man with the AIDS virus can pass it on to another man through sexual intercourse.</b></p>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
<p><b>c. A pregnant woman who has the AIDS virus can give it to her baby.</b></p>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
<p><b>d. There is a vaccine available to the public that protects a person from getting the AIDS virus.</b></p>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
<p><b>e. A person who has the AIDS virus can look well and healthy.</b></p>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
<p><b>f. Oil-based lubricants, like vaseline, cause latex condoms to break.</b></p>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>

**Section V – AIDS KNOWLEDGE AND ATTITUDES – Continued**

HAND CARD A1. Read introduction if telephone interview.

**5. (For the next statements, tell me if you think it is very likely, somewhat likely, somewhat unlikely, very unlikely, definitely not possible, or if you don't know how likely it is that a person will get the AIDS virus infection that way.)**  
*(Now look at Card A1.) In general, how likely do you think it is that a person will get AIDS or the AIDS virus from –*

Very likely	Somewhat likely	Somewhat unlikely	Very unlikely	Def. not possible	Don't know
					18
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
					19
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
					20
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
					21
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
					22
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
					23
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
					24

**a. using public toilets?**

**b. working near or with someone who has the AIDS virus?**

**c. sharing plates, forks, or glasses with someone who has the AIDS virus?**

**d. sharing needles for drug use with someone who has the AIDS virus?**

**e. being coughed or sneezed on by someone who has the AIDS virus?**

**f. attending school with a child who has the AIDS virus?**

**6. How effective do you think the proper use of a condom is to prevent getting the AIDS virus through sexual activity? Would you say very effective, somewhat effective, not at all effective, or you don't know how effective it is?**

Mark (X) only one.

- 1  Very effective
- 2  Somewhat effective
- 3  Not at all effective
- 4  Don't know how effective
- 9  Don't know method

**7. Do you have any children aged 10 through 17?**

- 1  Yes (8)
- 2  No (10)

**8. Have you ever discussed AIDS with any of these children aged 10 through 17?**

- 1  Yes
- 2  No

**9. Have any of these children aged 10 through 17 had instruction at school about AIDS?**

- 1  Yes
- 2  No
- 9  DK

**10a. Do you feel that information about AIDS should be taught in schools?**

- 1  Yes (10b)
- 2  No } (11)
- 9  DK }

**b. At what grade in school should AIDS education start?**

Probe for EXACT grade if necessary

Mark (X) only one.

- 00  Kindergarten
- | Grade                         | Grade                               |
|-------------------------------|-------------------------------------|
| 01 <input type="checkbox"/> 1 | 08 <input type="checkbox"/> 8       |
| 02 <input type="checkbox"/> 2 | 09 <input type="checkbox"/> 9       |
| 03 <input type="checkbox"/> 3 | 10 <input type="checkbox"/> 10      |
| 04 <input type="checkbox"/> 4 | 11 <input type="checkbox"/> 11      |
| 05 <input type="checkbox"/> 5 | 12 <input type="checkbox"/> 12      |
| 06 <input type="checkbox"/> 6 | 97 <input type="checkbox"/> Refused |
| 07 <input type="checkbox"/> 7 | 99 <input type="checkbox"/> DK      |

Notes

**Section V - AIDS KNOWLEDGE AND ATTITUDES - Continued**

<p><b>11a. In the past 12 months, has your workplace offered an organized AIDS education program to its employees? Do not include merely distributing brochures as an organized education program.</b></p> <p><i>Mark (X) only one.</i></p> <p>_____</p> <p><i>HAND CARD A2. Read categories if telephone interview.</i></p> <p><b>b. In the past 12 months, have you attended an organized AIDS education program at any of these places?</b></p> <p><i>If "Yes," ask: Which?</i></p> <p><i>Mark (X) all that apply.</i></p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Not currently working</p> <p>4 <input type="checkbox"/> Self employed</p> <p>7 <input type="checkbox"/> Refused</p> <p>9 <input type="checkbox"/> DK</p> <hr style="border-top: 1px dashed black;"/> <p>1 <input type="checkbox"/> A church or other religious organization</p> <p>2 <input type="checkbox"/> A family planning clinic or STD clinic</p> <p>3 <input type="checkbox"/> A hospital, HMO clinic or other health facility</p> <p>4 <input type="checkbox"/> A school</p> <p>5 <input type="checkbox"/> A social or civic club</p> <p>6 <input type="checkbox"/> Your workplace</p> <p>7 <input type="checkbox"/> Some other place - <i>Specify</i> _____</p> <p>8 <input type="checkbox"/> Attended no programs</p> <p>9 <input type="checkbox"/> DK</p>	<p>31</p> <p>32</p> <p>33</p> <p>34</p> <p>35</p> <p>36</p> <p>37</p> <p>38</p> <p>39</p> <p>40</p>
<p><b>Now, I am going to ask some questions about giving blood donations to a blood bank, such as the American Red Cross. But this does NOT include blood drawn at a doctor's office for laboratory analysis.</b></p> <p><b>12. Have you ever given a blood donation?</b></p>	<p>1 <input type="checkbox"/> Yes (13a)</p> <p>2 <input type="checkbox"/> No } (13c)</p> <p>9 <input type="checkbox"/> DK }</p>	<p>41</p>
<p><b>13a. Have you given blood since March 1985?</b></p>	<p>1 <input type="checkbox"/> Yes (13b)</p> <p>2 <input type="checkbox"/> No } (13c)</p> <p>9 <input type="checkbox"/> DK }</p>	<p>42</p>
<p><b>b. In what month and year did you last give blood?</b></p>	<p>_____ / <b>19</b></p> <p>Month      Year</p>	<p>43-46</p>
<p><b>c. Do you expect to donate blood in the next 12 months?</b></p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p>	<p>47</p>
<p><i>HAND CARD A1. Read categories if telephone interview</i></p> <p><b>14. In general, while GIVING A BLOOD DONATION to a blood bank, how likely is it that a person will get the AIDS virus?</b></p> <p><i>Mark (X) only one.</i></p>	<p>1 <input type="checkbox"/> Very likely</p> <p>2 <input type="checkbox"/> Somewhat likely</p> <p>3 <input type="checkbox"/> Somewhat unlikely</p> <p>4 <input type="checkbox"/> Very unlikely</p> <p>5 <input type="checkbox"/> Definitely not possible</p> <p>9 <input type="checkbox"/> DK</p>	<p>48</p>
<p><b>The next questions are about the blood test for the AIDS virus infection. No questions will ask what the results are of any tests you may have had.</b></p>		
<p><b>15a. (Except for tests you may have had as part of blood donations,) Have you ever had your blood tested for the AIDS virus infection?</b></p>	<p>1 <input type="checkbox"/> Yes (16)</p> <p>2 <input type="checkbox"/> No (15b)</p> <p>9 <input type="checkbox"/> DK (26 on page 63)</p>	<p>49</p>
<p><b>b. Is there any particular reason why you have not been tested?</b></p> <p><i>If "Yes," ask: What is the reason?</i></p> <p><b>Any other?</b></p> <p><i>Do not read list.</i></p> <p><i>Mark (X) all that apply.</i></p>	<p>01 <input type="checkbox"/> No reason</p> <p>02 <input type="checkbox"/> Don't consider myself at risk of AIDS</p> <p>03 <input type="checkbox"/> Doctor/HMO did not recommend it</p> <p>04 <input type="checkbox"/> Don't believe test results are accurate</p> <p>05 <input type="checkbox"/> Don't believe anything can be done if I am positive</p> <p>06 <input type="checkbox"/> Don't like needles</p> <p>07 <input type="checkbox"/> Don't trust results to be confidential</p> <p>08 <input type="checkbox"/> Afraid of losing job, insurance, housing, friends, family, if people knew I was positive for AIDS infection</p> <p>09 <input type="checkbox"/> Other - <i>Specify</i> _____</p> <p>99 <input type="checkbox"/> DK</p>	<p>50-51</p> <p>52-53</p> <p>54-55</p> <p>56-57</p> <p>58-59</p> <p>60-61</p> <p>62-63</p> <p>64-65</p> <p>66-67</p> <p>68-69</p>

**Section V – AIDS KNOWLEDGE AND ATTITUDES – Continued**

<p><b>16a.</b> How many times have you had your blood tested for the AIDS virus infection (NOT including blood donations)?</p>	<p>01 <input type="checkbox"/> One time (16b) <span style="float: right;">70-71</span></p> <p>(Number) Times } (16c)</p> <p>99 <input type="checkbox"/> DK</p>
<p><b>b.</b> Was it in the past 12 months?</p>	<p>1 <input type="checkbox"/> Yes } (17)</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p> <p style="text-align: right;">72</p>
<p><b>c.</b> In the past 12 months, how many times have you had your blood tested for the AIDS virus infection (NOT including blood donations)?</p>	<p>00 <input type="checkbox"/> None in past 12 months <span style="float: right;">73-74</span></p> <p>(Number) Times in past 12 months</p> <p>99 <input type="checkbox"/> DK</p>
<p><b>17.</b> In what month and year was your (last) blood test for the AIDS virus infection?</p>	<p style="text-align: right;">75-78</p> <p style="text-align: center;">/ 19</p> <p style="text-align: center;">Month Year</p>
<p><i>HAND CARD A3. Read categories if telephone interview.</i></p> <p><b>18.</b> Which of these would you say were the reasons for your (last) AIDS blood test (NOT including blood donations)? (Just tell me the numbers of your answers.)</p> <p>(Anything else?)</p> <p>Mark (X) all that apply.</p>	<p>01 <input type="checkbox"/> Just to find out/Worried that you are infected <span style="float: right;">79-80</span></p> <p>02 <input type="checkbox"/> Because a doctor asked you to <span style="float: right;">81-82</span></p> <p>03 <input type="checkbox"/> Because the Health Department asked you to <span style="float: right;">83-84</span></p> <p>04 <input type="checkbox"/> Because a sex partner asked you to <span style="float: right;">85-86</span></p> <p>05 <input type="checkbox"/> For hospitalization or a surgical procedure <span style="float: right;">87-88</span></p> <p>06 <input type="checkbox"/> To apply for health or life insurance <span style="float: right;">89-90</span></p> <p>07 <input type="checkbox"/> To comply with guidelines for health workers <span style="float: right;">91-92</span></p> <p>08 <input type="checkbox"/> To apply for a new job <span style="float: right;">93-94</span></p> <p>09 <input type="checkbox"/> For military induction, separation or during military service <span style="float: right;">95-96</span></p> <p>10 <input type="checkbox"/> For immigration <span style="float: right;">97-98</span></p> <p>11 <input type="checkbox"/> For some other reason – Specify <u>z</u> <span style="float: right;">99-100</span></p> <hr/> <p>97 <input type="checkbox"/> Refused <span style="float: right;">101-102</span></p> <p>99 <input type="checkbox"/> DK <span style="float: right;">103-104</span></p>
<p><b>19.</b> (Not including a blood donation) Where did you have your (last) blood test for the AIDS virus?</p> <p>Mark (X) only one.</p> <p>If "Clinic", Probe: <b>What kind of clinic is that?</b></p>	<p>01 <input type="checkbox"/> AIDS clinic/counselling/testing site } (20)</p> <p>02 <input type="checkbox"/> Community health clinic</p> <p>03 <input type="checkbox"/> Clinic run by employer</p> <p>04 <input type="checkbox"/> STD clinic</p> <p>05 <input type="checkbox"/> Family planning/prenatal clinic</p> <p>06 <input type="checkbox"/> Other clinic</p> <p>07 <input type="checkbox"/> Doctor/HMO } (22)</p> <p>08 <input type="checkbox"/> Hospital/emergency room/outpatient clinic</p> <p>09 <input type="checkbox"/> Military induction, separation or military service site</p> <p>10 <input type="checkbox"/> Immigration site</p> <p>11 <input type="checkbox"/> At home/home visit by nurse/health worker</p> <p>12 <input type="checkbox"/> At home – self testing kit</p> <p>13 <input type="checkbox"/> Other location – Specify <u>z</u> } (20)</p> <hr/> <p>97 <input type="checkbox"/> Refused</p> <p>99 <input type="checkbox"/> DK</p>
<p><b>20.</b> When your blood was (last) tested for the AIDS virus, were you REQUIRED to give your name?</p>	<p style="text-align: right;">107</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>7 <input type="checkbox"/> Refused</p>
<p><b>21.</b> (Again not including blood donations,) AT THE TIME they drew blood for your (last) test for the AIDS virus, did a health professional talk with you about the transmission, prevention or treatment of AIDS or about the meaning of the test?</p>	<p style="text-align: right;">108</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p>
<p><b>22.</b> Did you get the results of your (last) blood test?</p>	<p style="text-align: right;">109</p> <p>1 <input type="checkbox"/> Yes (23)</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Only notified if there was a problem } (26 on page 63)</p> <p>9 <input type="checkbox"/> DK</p>

<b>Section V – AIDS KNOWLEDGE AND ATTITUDES – Continued</b>	
<b>23. How long did you wait to get the results?</b>	<div style="text-align: right;">110-112</div> (Number) $\left\{ \begin{array}{l} 1 \square \text{ Days} \\ 2 \square \text{ Weeks} \\ 3 \square \text{ Months} \end{array} \right.$ 999 □ DK
<b>24a. Did a health professional talk with you about AIDS when you were GIVEN THE RESULTS of your (last) test?</b>	<div style="text-align: right;">RT 98</div> <div style="text-align: right;">3-4</div> <div style="text-align: right;">5</div> 1 □ Yes (24b) 2 □ No } (25) 9 □ DK }
<i>HAND CARD A4. Read categories if telephone interview.</i>	
<b>b. What kind of topics were covered in the discussion of AIDS? (Just tell me the numbers of your answers.)</b>  (Anything else?)  Mark (X) all that apply.	01 □ How AIDS is transmitted <span style="float: right;">6-7</span> 02 □ How to prevent transmission <span style="float: right;">8-9</span> 03 □ The correct use of condoms <span style="float: right;">10-11</span> 04 □ Needle cleaning/using clean needles <span style="float: right;">12-13</span> 05 □ Dangers of needle sharing <span style="float: right;">14-15</span> 06 □ Abstinence from sex <span style="float: right;">16-17</span> 07 □ Contraception <span style="float: right;">18-19</span> 08 □ Safe sex practices <span style="float: right;">20-21</span> 09 □ Other – Specify $\nabla$ <span style="float: right;">22-23</span>
99 □ DK/Don't remember <span style="float: right;">24-25</span>	
<b>c. Did you ask questions about the information provided?</b>	<div style="text-align: right;">26</div> 1 □ Yes 2 □ No 9 □ DK/Don't remember
<b>d. Were you given any information that you did NOT understand?</b>	<div style="text-align: right;">27</div> 1 □ Yes 2 □ No 9 □ DK/Don't remember
<b>25. Were the results given to you in person, by telephone, by mail, or in some other way?</b>  Mark (X) only one.  If more than one given, mark lowest numbered response.	<div style="text-align: right;">28</div> 1 □ In person 2 □ By telephone 3 □ By mail 4 □ In some other way 9 □ DK/Don't remember
<b>26. Do you expect to have [a/another] blood test for the AIDS virus infection in the next 12 months, not including through blood donation?</b>	<div style="text-align: right;">29</div> 1 □ Yes (27) 2 □ No } (29 on page 64) 9 □ DK }
<i>HAND CARD A5. Read intro and categories if telephone interview.</i>	
<b>27. (I'm going to read some reasons people might have the blood test for the AIDS virus infection.)</b>  Tell me which of these statements explain WHY YOU expect to have the blood test in the next 12 months. (Just tell me the numbers of your answers).  (Anything else?)  Mark (X) all that apply.	01 □ Because you want to find out if you are infected <span style="float: right;">30-31</span> 02 □ Because it will be part of hospitalization or surgery you expect to have <span style="float: right;">32-33</span> 03 □ Because you expect to apply for life or health insurance <span style="float: right;">34-35</span> 04 □ Because you expect to apply for a job <span style="float: right;">36-37</span> 05 □ Because you expect to join the military <span style="float: right;">38-39</span> 06 □ Because of guidelines for health care workers <span style="float: right;">40-41</span> 07 □ Because it will be a required part of some other activity that includes automatic AIDS testing <span style="float: right;">42-43</span> 08 □ Because it is required in your non-health care employment <span style="float: right;">44-45</span> 09 □ Because you plan to have/begin a sexual relationship <span style="float: right;">46-47</span> 10 □ For some other reason – Specify $\nabla$ <span style="float: right;">48-49</span>
99 □ DK/Refused <span style="float: right;">50-51</span>	
<b>28. Where will you have a blood test for the AIDS virus infection?</b>  Mark (X) only one.  If "Clinic", Probe: "What kind of clinic is that?"	<div style="text-align: right;">52-53</div> 01 □ AIDS clinic/counselling/testing site 02 □ Community Health Clinic 03 □ Clinic run by employer 04 □ STD clinic 05 □ Family planning/prenatal clinic 06 □ Other clinic 07 □ Doctor/HMO 08 □ Hospital/emergency room/outpatient clinic 09 □ Military induction/separation or military service site 10 □ Red Cross/blood bank/blood drive 11 □ At home/in a visit by the nurse/health practitioner 12 □ At home – self testing kit 13 □ Other location – Specify $\nabla$
97 □ Refused 99 □ DK	

<b>Section V - AIDS KNOWLEDGE AND ATTITUDES - Continued</b>		
<p><b>29a. Have you ever known anyone personally who had AIDS or the AIDS virus?</b></p>	<p>1 <input type="checkbox"/> Yes (29b)                  2 <input type="checkbox"/> No                  7 <input type="checkbox"/> Refused                  9 <input type="checkbox"/> Don't know if has/had AIDS or the AIDS virus } (30)</p>	<p>54</p>
<p><b>b. Who was that — a friend, relative, co-worker, or someone else?</b>                   Mark (X) all that apply.</p>	<p>1 <input type="checkbox"/> Friend                  2 <input type="checkbox"/> Relative                  3 <input type="checkbox"/> Co-worker                  4 <input type="checkbox"/> Someone else - Specify <u>      </u></p>	<p>55 56 57 58</p>
<p>7 <input type="checkbox"/> Refused                  9 <input type="checkbox"/> DK</p>		<p>59 60</p>
<p><b>30. What are your chances of GETTING the AIDS virus; would you say high, medium, low, or none?</b>                   Mark (X) only one.</p>	<p>1 <input type="checkbox"/> High                  2 <input type="checkbox"/> Medium                  3 <input type="checkbox"/> Low                  4 <input type="checkbox"/> None                  5 <input type="checkbox"/> Already have AIDS or AIDS virus                  7 <input type="checkbox"/> Refused                  9 <input type="checkbox"/> DK</p>	<p>61</p>
<p>HAND CARD A6.</p> <p><b>31. (I'm going to read five statements. AFTER I have read them all.) Tell me if ANY of these statements is true for YOU. Do NOT tell me WHICH statement or statements are true for you. Just IF ANY of them are.</b>                   Read statements only if telephone interview.</p> <p><b>a. You have hemophilia and have received clotting factor concentrations.</b></p> <p><b>b. You are a man who has had sex with another man at some time since 1980, even one time.</b></p> <p><b>c. You have taken street drugs by needle at any time since 1980.</b></p> <p><b>d. You have traded sex for money or drugs at any time since 1980.</b></p> <p><b>e. Since 1980, you are or have been the sex partner of any person who would answer "Yes" to any of the items I have read.</b></p>	<p>1 <input type="checkbox"/> Yes to at least one statement                  2 <input type="checkbox"/> No to all statements</p>	<p>62</p>
<p>The next questions are about Tuberculosis, or TB.</p> <p><b>32. Are you worried about catching TB?</b></p>	<p>1 <input type="checkbox"/> Yes (33)                  2 <input type="checkbox"/> No } (34)                  9 <input type="checkbox"/> DK }</p>	<p>63</p>
<p><b>33. How worried are you about catching TB - a lot, some, a little, or not at all?</b>                   Mark (X) only one.</p>	<p>1 <input type="checkbox"/> A lot                  2 <input type="checkbox"/> Some                  3 <input type="checkbox"/> A little                  4 <input type="checkbox"/> Not at all                  9 <input type="checkbox"/> DK</p>	<p>64</p>
<p><b>34a. How much would you say you know about Tuberculosis - a lot, some, a little, or nothing?</b>                   Mark (X) only one.</p>	<p>1 <input type="checkbox"/> A lot                  2 <input type="checkbox"/> Some } (34b)                  3 <input type="checkbox"/> A little }                  4 <input type="checkbox"/> Nothing (V3 on page 65)</p>	<p>65</p>
<p><b>b. Do you know how TB is spread from one person to another?</b></p>	<p>1 <input type="checkbox"/> Yes (34c)                  2 <input type="checkbox"/> No (V3 on page 65)</p>	<p>66</p>
<p>HAND CARD A7. Read categories if telephone interview.</p> <p><b>c. As you understand it, how is TB spread from one person to another? (Any other way?)</b>                   Mark (X) all that apply.</p>	<p>1 <input type="checkbox"/> Breathing the air around a person who is sick with TB                  2 <input type="checkbox"/> Through food and water                  3 <input type="checkbox"/> By sexual intercourse                  4 <input type="checkbox"/> It is inherited from parents                  5 <input type="checkbox"/> From mosquito or other insect bites                  6 <input type="checkbox"/> Other - Specify <u>      </u></p>	<p>67 68 69 70 71 72</p>
	<p>9 <input type="checkbox"/> DK</p>	<p>73</p>

**Section V – AIDS KNOWLEDGE AND ATTITUDES – Continued**

<b>ITEM V3</b>	<p><i>Refer to age.</i></p>	<p>1 <input type="checkbox"/> 59 or under (35) 2 <input type="checkbox"/> 60+ (End Interview)</p>	74
<b>35.</b>	<p><i>HAND CARD A8. If telephone interview, end interview.</i></p> <p><b>This card shows seven methods of birth control. Which of these do you think is the MOST effective for preventing pregnancy?</b></p> <p><i>Mark (X) only one.</i></p>	<p>0 <input type="checkbox"/> Diaphragm 1 <input type="checkbox"/> Condom (rubber) 2 <input type="checkbox"/> IUD (loop, coil) 3 <input type="checkbox"/> Rhythm (safe period by calendar) 4 <input type="checkbox"/> Foam 5 <input type="checkbox"/> Pill 6 <input type="checkbox"/> Withdrawal (pulling out) 7 <input type="checkbox"/> DK methods 9 <input type="checkbox"/> DK</p>	75
<b>36.</b>	<p><i>Refer to Card A8.</i></p> <p><b>Which of these do you think is the MOST effective for preventing sexually transmitted diseases such as syphilis, gonorrhea or AIDS?</b></p> <p><i>Mark (X) only one.</i></p>	<p>0 <input type="checkbox"/> Diaphragm 1 <input type="checkbox"/> Condom (rubber) 2 <input type="checkbox"/> IUD (loop, coil) 3 <input type="checkbox"/> Rhythm (safe period by calendar) 4 <input type="checkbox"/> Foam 5 <input type="checkbox"/> Pill 6 <input type="checkbox"/> Withdrawal (pulling out) 7 <input type="checkbox"/> DK methods 9 <input type="checkbox"/> DK</p>	76

**RECORD FINAL STATUS ON BACK COVER.**

Notes

RT 86  
3-4

**10. Response Status**

5	7	9	11
<p><b>a. Section III A (Access to Care)</b></p> <p><b>Interview:</b>                  1 <input type="checkbox"/> Complete } <i>(Mark mode)</i>                  2 <input type="checkbox"/> Partial } <i>Explain Partial</i>                                    } <i>in notes</i></p> <p><b>Noninterview:</b>                  3 <input type="checkbox"/> Refused } <i>Explain</i>                  4 <input type="checkbox"/> Other } <i>in notes</i></p>	<p><b>b. Sections III B-D (Health Care, Income and Assets)</b></p> <p><b>Interview:</b>                  1 <input type="checkbox"/> Complete } <i>(Mark mode)</i>                  2 <input type="checkbox"/> Partial } <i>Explain Partial</i>                                    } <i>in notes</i></p> <p><b>Noninterview:</b>                  3 <input type="checkbox"/> Refused } <i>Explain</i>                  4 <input type="checkbox"/> Other } <i>in notes</i></p>	<p><b>c. Section IV (Year 2000 Objectives)</b></p> <p>0 <input type="checkbox"/> No person 18+                  7 <input type="checkbox"/> Not required</p> <p><b>Interview:</b>                  1 <input type="checkbox"/> Complete } <i>(Mark mode)</i>                  2 <input type="checkbox"/> Partial } <i>Explain Partial</i>                                    } <i>in notes</i></p> <p><b>Noninterview:</b>                  3 <input type="checkbox"/> Refused }                  4 <input type="checkbox"/> SP Temp. } <i>Explain</i>                            Absent } <i>in</i>                  5 <input type="checkbox"/> SP Incapable } <i>notes</i>                  6 <input type="checkbox"/> Other }</p>	<p><b>d. Section V (AIDS)</b></p> <p>0 <input type="checkbox"/> No person 18+                  7 <input type="checkbox"/> Not required</p> <p><b>Interview:</b>                  1 <input type="checkbox"/> Complete } <i>(Mark mode)</i>                  2 <input type="checkbox"/> Partial } <i>Explain Partial</i>                                    } <i>in notes</i></p> <p><b>Noninterview:</b>                  3 <input type="checkbox"/> Refused }                  4 <input type="checkbox"/> SP Temp. } <i>Explain</i>                            absent } <i>in</i>                  5 <input type="checkbox"/> SP Incapable } <i>notes</i>                  6 <input type="checkbox"/> Other }</p>
<b>Mode of Interview:</b>			
<p>All or most of the supplement was conducted —</p> <p>1 <input type="checkbox"/> In Person 2 <input type="checkbox"/> By Telephone</p>	6	<p>All or most of the supplement was conducted —</p> <p>1 <input type="checkbox"/> In Person 2 <input type="checkbox"/> By Telephone</p>	8
<p>All or most of the supplement was conducted —</p> <p>1 <input type="checkbox"/> In Person 2 <input type="checkbox"/> By Telephone</p>	10	<p>All or most of the supplement was conducted —</p> <p>1 <input type="checkbox"/> In Person 2 <input type="checkbox"/> By Telephone</p>	12

Notes